

The Decade Dance

Jon O. Neher, MD

Valley Family Medicine, Renton, Wash

ABSTRACT

This essay portrays the moment an adult survivor of childhood sexual abuse tells his physician about his traumatic past. Because of denial by both parties, the diagnosis had remained buried for years, and opportunities for appropriate intervention were repeatedly missed. When the patient is finally able to face his past, it unleashes a torrent of potentially lethal anger that challenges everyone involved.

Ann Fam Med 2005;3:462-463. DOI: 10.1370/afm.347.

Mr. Kelley (not his real name) sits on the examination table, a collection of tics and spasms, refusing to meet my gaze. His obvious anxiety suggests that he is building up to some important disclosure. "You know," he finally says, looking out the window, "I've never told anybody about this..." He clears his throat. "I was sexually abused as a kid."

I stare at him blankly a moment, his statement not registering. Then slowly, the enormity of what he just said starts to sink in. "I'm sorry to hear that," I tell him, knowing the words are inadequate. His revelation, however, instantly sheds a chilling light on his many and chronic peculiarities.

Ten years ago, I had welcomed him into my practice and took my first history and performed my first physical examination on him. At the time, he was in his early forties, with thinning red hair but a boyish, freckled face. Throughout his initial visit (and ever since), he avoided making eye contact and spoke only in short, nervous sentences. I noted in the chart that he had never married, and he reported no close friends. Although I was concerned about his social isolation, he seemed so acutely ill at ease that I thought it might actually be unkind to press for more details. I promised myself I would ask about it later, but never did.

Eight years ago, I found a small melanoma on his back. Mr. Kelley had accepted the news as if it was no consequence, as if the possibility of disfigurement or death was a mere annoyance. Fortunately, he did well medically. Mr. Kelley, I now understood, had already faced far greater challenges than skin cancer.

Four years ago, Mr. Kelley developed a rectal prolapse that required surgical repair. I asked him if he had any thoughts about why the condition might have developed. Mr. Kelley said only that he had a problem with chronic constipation. That explanation seemed to be enough for the surgeon. I don't think the surgeon or I even considered the possibility of perineal injury.

Back in the present, Mr. Kelley tugs at his collar and coughs. "I was fired from my job, too."

"When was that?" I ask.

"Last week."

Two years ago, Mr. Kelley had been injured at his job in a warehouse when he slipped on a wet floor and hurt his back. Although lumbar imaging showed only some arthritis and minor disk disease, his pain incapacitated him. The episode also unleashed from him a torrent of anger. As I filled out innumerable work capacity forms, white-hot rage poured out of

Conflict of interest: none reported

CORRESPONDING AUTHOR

Jon O. Neher, MD
Valley Family Medicine
3915 Talbot Road South #401
Renton, WA, 98055
jon_neher@valleymed.org

him at my office. It poured out of him at the job site too, until everyone there became just a little afraid of him, marking him as the type of man who might just "go postal."

Part of his anger was directed at his injury and his work situation. But I knew the man well enough by now to suspect that, at its root, this rage went far deeper. I suggested that he see a counselor for anger management. Initially reluctant, he eventually followed through on the suggestion. Those anger management sessions must have been effective. He now knew with absolute certainty where his anger was coming from.

"The abuse went on for years, you know," he adds. A sardonic grin flashes across his face. "I tracked him down on the Internet—found out that he's still alive. He's down in Rock Ridge ... across the street from a grade school."

His personal darkness seems to close in around us. Mr. Kelley stiffens. "All I want to do now ... is go down there and *kill* that bastard!" he spits.

I suddenly feel lost, not expecting and certainly not prepared for this. "Is that something you are planning to do, Mr. Kelley?" I ask, guessing that having a plan or purchasing a weapon might increase the likelihood of violence. Mr. Kelley shifts his gaze out the window again and does not answer. In a moment of near panic, I believe he might actually carry out his threat.

"You know it's not a good idea," I blurt out, not knowing if confrontation is the right thing to do. "In the long run, it won't make you any happier."

He sits silently for a long moment, his eyes focused somewhere far away. My pulse pounds in my ears as I watch his face intently. Finally, he takes a deep breath, looks down at the floor, and says, "No, I suppose not."

I relax a little, but I am not ready to trust that the situation has been diffused so quickly. "Is it all right with you if I call your anger management therapist and tell her about this?" I ask, extremely thankful that I have solid backup already in place.

Mr. Kelley squirms where he sits on the examination table, as if the thought of anyone else knowing makes him very uncomfortable. Finally, the internal struggle ends. "Sure, I guess. I guess that's okay."

"Good. Let me do that right now."

I step out of the room and a wave of fatigue causes me to sag against the wall. Intense emotions vie for recognition. I feel anger at the abuser, sorrow for Mr. Kelley, apprehension about his dangerous rage, and disbelief that we have been running circles around the central issue of this man's life for as long as I have known him.

I take a few slow, deep breaths and try to regain my composure. Was there any way of avoiding this crisis by getting to the truth sooner? Mr. Kelley's defenses had obviously been strong, but sadly, I realize I never asked any probing questions that might have helped him tell his story.

I push up from the wall, vowing to take more diligent and courageous social and sexual histories from now on. While I may not get a full account right away, I owe it to Mr. Kelley and every other hidden abuse survivor to at least start the conversation.

I need to make a phone call. With the right diagnosis, we can finally start the process of healing.

To read or post commentaries in response to this article, see it online at <http://www.annfammed.org/cgi/content/full/3/5/462>.

Submitted January 11, 2005; submitted, revised April 26, 2005; accepted May 2, 2005.

Key words: Child abuse, sexual; physician-patient relations; essay