

## Perspective

# Tolerance of Difficulties, Ways of Growth and Bits of Bugs and Holes

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Submitted: 20 July 2025

Accepted: 01 September 2025

Published: 02 September 2025

ISSN: 2578-319X

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Ahmed had been hospitalized twice as a young man at ages 22 and 24 for about six months each time. As a child he was placed in schools for special education which helped contain his difficulties and aid growth. He knew he was aware of some kind of disturbance at a very young age. He recalls a defining moment at the age of five as he looked out his apartment window and saw trees crawling with bugs and the trees themselves became bugs. When he looked at the sky the clouds were bugs and bugs were between clouds as well. As he kept looking he also saw holes in the sky and holes in the trees. Holes and bugs. When he told his parents they were not much help, playing it down, saying he was “seeing things”.

His father was a janitor who helped take care of several buildings. He saw his father destroy hornets’ nests and various kinds of insects and small animals, leaving a hole where life had been. Flying and crawling bugs of many kinds. The small animals included mice, rats, squirrels and even snakes among the creatures that found their way near or into buildings. It was part of his father’s job to try to keep the buildings in his care livable for the people in them. In this process

he made and filled many kinds of holes. His mother was a seamstress who repaired and helped make clothes for cleaners/tailors stores in the neighborhood. She repaired and made many kinds of holes as well in process of being helpful and doing her job.

As he neared and entered his teens his reflective capacity grew and in important ways turned inward as well as outward. He began to think of holes and bugs in himself as well as others. He knew that going bugs was an image for going crazy that could apply in little and big ways, a crazy passing thought or even a way of life. He heard his parents talk about people who went bugs-crazy and began to hear of such things in school as well. Perhaps more importantly, he began to think of holes and bugs in himself that had more of a role in his life than he realized.

As he left high school he was bewildered as to what to do. Go to more school? Make a living? How? What did he love in life? What could he do? Since a child he liked to draw. He tried to draw plants and trees and figures like other children but somehow it did not take. It did not come through. The bugs and holes pressed in on him and began to co-opt his art and perhaps heart as well. If I had known him then I might have shared one of my favorite sayings by Eddington: “Something unknown is doing we don’t know what.” All he knew was that he was being swallowed up by the bugs and holes he saw and felt. His parents took him to doctors who recommended hospitalization, which was followed out the first time when he was 22.

To some degree, an important degree, the hospital stay was restful. People took care of him, tried to help him, gave him medication and conversation. He could not know that some of the new negative feelings he might have felt could have been side effects of the medication. But on the whole he felt much better even though images of bugs-holes remained, in time they had less power. He particularly valued sharing experiences with fellow inmates and received permission to try to draw some of them.

In about six months his hospital doctors suggested he can leave but recommended staying on medication and being in therapy. Ahmed was happy to gain freedom of movement but the happiness did not last. In the next year he went through three therapists and became erratic with medication. Once more he was overwhelmed with bugs-and-holes and two doctors consulted recommended re-hospitalization.

Ahmed’s second hospitalization turned out to be much like his first. A mixture of restfulness, feeling cared for, enlivened by talking with fellow inmates, somewhat helped by medication and doctors’ encouragement. Possession by bugs and holes diminished and he was again discharged. And again he left the first therapists he saw and became erratic with medication.

I did not know what to expect when he entered my office. I read his background reports so was prepared for a short stay. At the time of writing this paper Ahmed is 33 and we have been together seven years. We were both surprised he has stayed with me this long. We spoke a number of times about what made this possible and what he says seems unbelievably simple. Although the overall atmosphere at the hospital was helpful, caring and positive he felt a hard to define pressure to get better faster. It was more an implicit attitude than anything easily pointed to. Ahmed would say things like, "You seem to want to help too but you're not in a rush. We have a schedule, times we see each other, but it's not tightly packed with one thing after another. Now we do this, now that and then that. Sometimes we don't say much, sometimes a little more or less or a lot - it's more unpredictable. You don't keep asking how my "symptoms" are doing - are you seeing fewer holes or bugs today? You don't seem on the lookout hunting for signs of improvement. You might say, "Tell me more about the bugs or holes at the moment. What are they doing? Can you describe them? What can you say about them now? Can you draw some? Would you like to? Would you tell me a story about them? Make up a story?"

Sometimes I would sound more like a therapist and ask about the origins of his predicament. What does he remember about when? What were the first ones (if there were first ones) he remembers like? How have they changed? How are they changing now, if they are changing? Ahmed begins to thaw out, tells me about beautiful moments, wounds, hurts, injuries. Surviving, not surviving, coming ND HJSeven in his hurt.

It was nearly three years ago a major turning point seemed to occur. He asked if he could draw me as a bug, make a bug out of me, show the bugs in my being and maybe holes too, all kinds of holes, holes bugs crawl or fly in and out of, holes they make themselves or were part of their bodies and being. I could feel I was blending in with him and his haunting imagery. I couldn't help noticing the similar sound of holes and wholes. Was he trying to say

that wholes had holes in them and holes somehow were touched by wholes?

I found the bug portraits he began to do of me and others fetching, touching, somehow revelatory, opening expressive dimensions of experience and we would try to tell each other what kinds of feelings and moments they shared and offered. At some point it occurred to me others might benefit from seeing them too and wondered out loud to him. He began taking his drawings to a nearby park and began to set them up to show. Others soon found them and appreciatively asked to buy some. He began selling his drawings in the park, something he had not thought of doing before and was surprised and moved by the responses they were getting.

Ahmed's life was changing and he wasn't sure how it happened or what would happen. He felt more positive regard between himself and others, more mutual appreciation and caring. He was aware that his self-abuse and self-attacks were lessening. It was a little mystifying how more acceptance of his drawings felt like more acceptance of himself, self-acceptance.

The hard picture of "symptoms" called hallucinations and delusions began, in part, to soften into something creative that opened realities. It was not long before his drawings began to appear in local art-book stores and small local museums. Obviously a new phase of life had begun, at first sneaking up on him and then saying, Hello, Ahmed, we're with you, are you with you too? It was hard to believe but it was happening.

Needless to say, this did not mean troubles were over. Our self-harm, injuries, self-difficulties are with us all life long, taking different forms over time at different ages and situations. How do we learn to become a good friend and creative enemy to ourselves rather than scare ourselves to pieces and do ourselves in? As the saying goes, "it takes a village," an internal village with many possibilities ever learning.