Against Odds

— A Case Study —

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INTRODUCTION

The case I am going to describe concerns the difficulties encountered by a 38-year-old single woman called Rachel, who has been in therapy with me for eight years. Only the first two and a half years will be discussed here. The reason for presenting you only the first two and a half years of our work is due to the difficulties that we encountered during this period.

Rachel was a doctoral candidate of psychology. Prior to beginning analysis with me, she had treatment three times a week with Dr.P. through the University Health Services. After fifteen months of treatment, Dr.P. gave her the news that he was leaving the area. She presented her problem as having difficulty working on her dissertation and completing the Ph.D. degree. Besides the working block there was the problem of an unsatisfying eight-year relationship with her boyfriend.

HISTORY

Rachel was the younger of two siblings. Her brother was eleven months older. She was born in one of the Arab countries where her family

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was well established. When her mother was seventeen, she married a man ten years her senior and was soon pregnant with her first child, a son. It was an extremely difficult pregnancy requiring her mother to stay in bed during the entire questation with sickness and vomiting. One month after the birth, she became pregnant again with her second child, Rachel. Her mother obviously was not ready to go through another pregnancy and has in fact told Rachel the pregnancy was unwanted. Two months following Rachel’s birth, her mother was expecting another child. However, this pregnancy was terminated as a therapeutic abortion in the early stages. Since her mother was physically and emotionally exhausted from her pregnancy and abortion, Rachel was taken care of by her grandparents for a few months.

When Rachel was five years old, the large extended family left their wealth and social position behind and emigrated to Israel.

Rachel had no recollection of life in the country where she was born. However, she vaguely remembered that her father was harassed by the police in the airport when the family left the country. Then Rachel witnessed her father crying.

In Israel, the family initially lived in a kibbutz. She remembered that she disliked taking showers in the public shower room. She fought with her aunt because she did not want to take her clothes off in public. While her brother did not like this procedure either, he accepted it; but Rachel took a shower with her clothes on. As soon as her family was settled, they moved into their own home.

Rachel and her brother started school at the same time and remained in the same class throughout junior high school. In fact, they even sat next to each other. Initially her parents bought only one book for both of them; later the parents started to buy each his and her own books to end their constant fighting. Rachel’s brother was a top student throughout school while she was only an average student. He was well liked by teachers but she was often punished by them. Competition between
the two was keen. The negative effects of this competition have led Rachel to say that her mother and father’s lack of effective guidance in this respect was one of their biggest shortcomings as parents.

Rachel said her brother was not only bright but also an extraordinarily disciplined student. He always did his homework as soon as he came home from school. In contrast, she stayed out late and postponed her homework until the last minute. Most of the time she got up in the middle of the night or early in the morning and copied her brother’s work. Unlike him, she had a lot of problems learning Hebrew. Her father spent considerable time teaching her Hebrew and she improved. However, she would intentionally make mistakes to frustrate her father and keep his attention on her.

Outside the classroom, Rachel and her brother got along well. She was a tomboy and played with boys rather than girls. When she got into fights, her brother defended her. Her brother was in many ways a substitute parent because her parents were not able to guide her.

As she put it, “My parents are living in Israel but they are originally Arab. My parents, especially my mother, had tremendous problems adjusting to a new culture. She did not know the language nor the social system. She felt helpless.” Her mother suffered from psychosomatic illnesses: G.I. problems and severe skin disease. The patient was envious of her friends who were of European origin. She did not want her parents to speak Arabic. By the fourth grade, Rachel was lying about her country of birth, pretending that she was of European origin.

Her latency was marked by constant power struggles with her father who, as she described it, had very little understanding of her. Her parents paid little attention to her. She said, “The only way I was recognized was when I was bad.” In adolescence, deciding the rebellion and argumentation were not to her liking. Rachel became well behaved.

She began to menstruated at the age of eleven and sensed her mother’s negative reaction. She remembered her mother suggesting that the menstr-
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ruation would probably not return for several months and recalled lying about it for five months when her period returned faithfully. As a teenager she felt very ugly though in retrospect she knew she was quite attractive.

Rachel’s sixteenth year presented a crisis. Other boys and girls of her age were preparing for military service but her family did not permit her to join. Even the grandfather objected. Once again she was the “rebel.” In an effort to punish her parents for not allowing her to enlist, she did not talk to her father for six months. She had wanted to join the army because she felt suffocated at home and also she was a good athlete. There are two types of exemption from the military: one is marriage and the other is religion. Her parents wanted her to use religion as an excuse; she felt that made her religion a hypocrisy. Her brother even said to her, “What are you worrying about? You will be a secretary anyway. Just get a job and make money.” She felt ashamed in front of her girlfriends. She finally succumbed to family pressure. But in later years she would lie about having served. The brother went on to a high ranking position in the military.

At the age of nineteen, she had her first romantic affair with a 26-year old man. There was conflict about sexuality due to her parents’ insistence that she should remain a virgin until her wedding day. After experimentation with oral sex she lost her virginity and learned to enjoy the previously suppressed sexuality. Her five-year relationship with this man was quite an ambivalent one. Rachel claimed that she did not love her boyfriend but liked the attention. He was very successful financially but not educated enough for her. She felt she deserved someone better and she controlled the relationship. Toward the end of the affair she became pregnant. Without any hesitation, she terminated the pregnancy. While she was slowly ending this relationship, she began to see another man whom she was attracted to but, feeling guilty, she took a six month leave of absence from her public relations job in an insura-
nice company and came to the United States. She was 26 years old at this time. She had another reason to leave; her job was unsatisfying and all her friends, including her brother, who was then working on his M.S. degree, were married. Travelling to the U.S. was her way of escaping an unsatisfying experience.

She has been in the United States for twelve years, except for eight months she spent in Israel collecting data for her Ph.D. Six months after arriving in the U.S., she matriculated at a university in New York City. She was then living with her maternal uncle who was 59. Her uncle is an independent and academically gifted member of the family. He was divorced and travelled a lot. The two grew to be interdependent. He provided her with shelter, food and emotional support while she provided him with companionship and emotional support.

In the second year she met a man, a classmate, with whom she had a love relationship and continual problems over the years. He was bright and verbal but not emotionally open. She described him as “defended, non-supportive and narcissistic.” She viewed him as discharging emotional conflict and frustration through contact sports. They spent much time together but they constantly fought, argued and competed with each other. They were not committed to each other, nor could they separate.

PREVIOUS TREATMENT

Previous treatment was very much a part of the problem we encountered in our work because Rachel still felt anger and rejection around the painful termination with Dr.P. She saw Dr.P. as warm, and erotic transference developed. She was attracted to his blond, blue-eyed looks. The erotic transference was analyzed and she worked a lot on her hostility towards men, her tendency to idealize and then be competitive. She became more aware of her feelings towards her father. She could
not vent much anger toward Dr. P. during the termination and felt that it was displaced to her love relationship. Dr. P. suggested she could eliminate the fantasies and troublesome transference aspects by seeing a female therapist. She was referred to Dr. Y, a female therapist. Dr. Y was seen as “dynamic, the ideal model, yet too cold.” Dr. X, another female therapist referred by Dr. P. was “warm and motherly,” but the fee was too high. She then applied to several analytical institutes for low-cost treatment.

The patient was known to the Institute before being referred to me: she had already gone to two therapists there. With the first assigned therapist she had a nine-minute stormy session which ended when she walked out of the room. Soon after that she wrote a very angry letter to the Institute. The nine-minute session, as she described it, seemed to be a power struggle between the analyst and patient. In that session Rachel insisted that the analyst present her credentials before the patient talked about her problems. She felt the analyst was forcing her to disclose her problems. She walked out.

With the second assigned analyst the problem was the fee. The analyst offered only a year contract to work with Rachel at a low fee. She was very angry about this. She claimed that there was no guarantee that her financial status would be improved in a year. The case went back to the Institute waiting list.

When Rachel was introduced to me as a “difficult patient,” I was skeptical about the possibility of working with her. However, after I read her initial evaluation I became attracted to this case because of her cultural background. Thus our first meeting was arranged.

I was anxious and curious while I was waiting for her and was pleasantly surprised when I saw her. She had dark curly hair. was of medium height, was an attractive woman and seemed friendly. At the first meeting she expressed anger toward her previously assigned analysts in a strikingly deep, forceful voice. She constantly contradicted herself with her
anger and guilt feelings. It was clear that she was quite disturbed by the previous experiences.

Her presentation was detailed and footnoted with psychological interpretations. She would not allow any interruptions. I was just an attentive listener. She asked me for my credentials and background including my nationality, length of stay in the country, length of time as a psychiatrist, and year of candidacy at the Institute. I answered all her questions as clearly as possible and the session ended with her expression of mixed feelings toward me. On one hand, she felt comfortable talking with me. On the other hand, she was skeptical about working with a foreign analyst, especially an Oriental one. Since she was a foreigner herself, she rather preferred to have a Jewish American analyst so she could learn about customs and language.

She was fully capable of thinking aloud and said whatever came into her mind. I was not able to help in the decision making process. We arranged a second consultation.

The second hour was not much different from the first. She displayed strong ambivalence towards me and spent much time expressing positive feelings towards Dr. X whom she preferred among the twelve analysts she had met. It became a conflict for her to decide between the low cost three times a week or the once a week therapy with Dr. X. She then expressed her ambivalent feelings about Dr. X. Because Dr. X was very warm and motherly it would make it difficult for her to express and deal with her anger. It was Rachel’s assumption that Dr. X would help her more quickly. She knew she needed more than once a week and that she could not afford Dr. X. She decided to see me for another four or five sessions as a trial. After that I took a two-week vacation. Upon my return I found a message from her for another emergency consultation. However, the decision for her analysis with me came about forcefully due to a sudden crisis.

The crisis was about her uncle who decided to invite his South Ameri-
can girlfriend to live with him. This would require separate living arrangements. He had been a kind of father figure, providing her with emotional and financial support. She was not in a condition to separate from him either emotionally or financially. Furthermore, his girlfriend was a few years younger than the patient and Rachel was in a very anxious state and needed to talk about the situation. Thus, our contract was arranged.

After a couple of weeks in which the sessions focused mainly on her anxiety over the separation from her uncle, the patient presented her first dream. “I had a vague dream last night. The son of my childhood girlfriend died.” In real life, the friend, whose name was Yael, lost a brother when her son was born. The son was named after the friend’s brother. I suggested to the patient that this dream could be about her unconscious wish to be an only child. She reacted with increased anxiety to my interpretation of her dream. She indicated that this was a recurring dream. She said, “Your interpretation makes sense even though I was not in touch with my feelings.” In the following session, she brought up an interpretation of her own. She said, “It could be a transferential dream.” She associated Yael as a soft spoken person who was warm and motherly. “Yael is very much like you” (therapist). The patient interpreted the dream as her way of expressing her feelings towards me about my request for permission to tape the sessions. She said, “I don’t want you to be successful because I am competing with you. So, I’m killing your child in the dream.” The child symbolized my success. She expressed her mixed feelings about it further, “I’ll do anything to interfere with your success, but in the long run I know taping the sessions should be beneficial for me.” She added, “It’s interesting for me to talk about anger towards you. When I saw you the first time, I liked you. One of the issues I was concerned about was that I might not be able to get angry at you the same way I was when I met Dr. X. It was a very important issue for me.”
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As happened with the first assigned analyst, the power struggle was one of the major issues in Rachel's life and it also became on issue in her analysis in the process of going to the couch. She said, "I know I should be on the couch because I'm in analysis." To that I replied with a simple gesture meaning, "Go ahead if you want to." But she perceived it as if I were giving her an order. She refused to do it and that became an issue for the next two months. What she was actually doing was projecting the power on me and fighting with it. It was a repetition of her childhood conflict with her father.

As I described earlier, during her latency, Rachel was constantly in power struggles with her father. She gave me an example: when she was seven years old, she had some trouble with her feet and could not wear shoes. Her father ordered her to wear shoes. She refused. A big struggle resulted between father and daughter. She remembered her terror when he took her to the police station over this issue. Finally, in front of the police station she gave in.

Her transferential issue with me had an important role throughout analysis and has achieved considerable change. As a routine opening, she often said, "I didn't want to come here today," or "I don't know why I'm here." She also expressed frustration about not being able to get angry in the session. On one occasion she scolded me when I apologized for being late. She said, "How can I get angry at you when you apologize to me?" On another occasion she criticized me for giving her a few extra minutes when she was late by saying, "You don't set limits on me."

Her complaint of an inability to get angry in the session was one of the symptoms of her depression. She often said, "I feel numb. I'm not even able to cry." She slept a lot and ate compulsively, gaining twenty pounds in a few months after she started analysis with me. It made her self esteem lower.

Besides her depression, many other issues came up in analysis related
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to her dissertation. Some were her relationship with her brother and her cultural upbringing, especially the meaning of success for women in that culture.

While we were working on such issues, she presented a dream. "I had a dream last night. In the dream I was going somewhere in order to file some papers related to my dissertation. I was walking on the street. On the way I met my brother. I asked him, 'Where are you going?' He said, 'Somewhere.' So I asked him, 'Aren't you going to do your dissertation?' He said, 'No.' I asked him again, 'Why don't you do it?' He said, 'I'm not going to do it.' It suddenly clicked. My determination to do my dissertation ceased. In the middle of the intersection I stopped. He continued to cross the street. I don't know how the dream ended."

This dream helped her recall how she used to compete with her brother. She said, "He was a star in school and a good son at home while I was so bad. He even tried to do things like cleaning and cooking at home. I was supposed to do it but he initiated it." One example was when her brother was sick in bed. The patient returned from the playground and found the house had been cleaned and dinner prepared by her brother. It infuriated her. So she went out and brought mud into the house. She soiled the whole floor with it. She recalled that her brother didn't hit her or hate her. He said that he would tell his parents that they did it together. He even extended himself as a good person. Later, she felt guilty about what she had done to him. She felt her parents did not have many expectations for her while they were ambitious for her brother. "My achievement should come from the man whom I married. The woman's identity is completely dependent on the man." She continued, "When I was sixteen I flunked. I was very worried about it. My father said, 'Why are you so worried? You will get married anyway. It doesn't make any difference.' I think that was the message from my parents."
The issue of recognizing her own ability separate from her brother became a focus in her analysis. My effort to concentrate on her qualities and talents seemed to irritate her. She was very resistant to accepting her own abilities and strengths. She said, "My brother is superior to me. That is a fact. He is a successful man, professionally and financially. He has a family. He is happy. That is all that counts. Even if I get my Ph.D. or even ten Ph.D.'s it wouldn't mean anything in terms of feeling inferior to my brother." She went on, "I know I'm idealizing him a lot. I should feel angry towards him but I'm not in touch with it. We are very close, we share common experiences; I trust him. He was my protector. I was rather afraid of losing him." Whenever I tried to point out her own ability, she became annoyed and complained that analysis wasn't helping her. At the same time, she said it was supportive therapy.

The patient put herself in a deprived situation with me as she usually did with other people. The following dream demonstrates this issue. "I had a dream this morning. I came to therapy. It was summertime. The tape was turned on, it was music. You said you were going to take a vacation. It's not now but later. There was someone else in the office, I did not know who she was. She was getting married. She offered me chocolate. You also gave me chocolate. It was very attractive and colorful. I put it near the couch. You said you were going to France. You had three children. You were divorced. You were going to visit your ex-husband. I asked you, 'When are you going to leave?' You said, 'I'll tell you later.' 'It would be a very short visit. Only two to three weeks.' You turned on the music again. I left the room. I realized I didn't take the chocolate you gave me. I said to myself it must be my way of expressing my anger to you. The dream ended."

Her associations to the dream were the following: "I didn't get anything from you because I was envious of you. Even though you are a foreigner, you are well put together and in a position where you are
not just a therapist but you are in analytic training. Competition between you and me was there. In real life I have no awareness of any envious feelings or jealousy towards you as I never had towards my brother. It's interesting that you had three children in the dream. In real life my brother also has three children."

In the eighth month of treatment, we often struggled with her working block. One day she said, "I can't do it." So I said, "You will not do it?" She repeated, "I can't finish my dissertation." So, I repeated, "You will not finish it?" My statements triggered her rage towards me. She claimed that I put her down, I didn't understand her struggle. She criticized my technique, saying, "In analysis the timing of interpretation is crucial. What you did was not right in terms of timing. How can I trust you when you don't understand me?" She was extremely angry at me. In a later session I clarified it, but that did not matter. Finally, she threatened to quit analysis.

What the patient was doing was testing me and trying to engage me in a power struggle with her. She said, "I know I'm your training case—you need me." She thought that she had power and tried to use it. Actually, she was putting herself into a depriving situation just as she used to with her father and others. Instead of fighting with her, I tried to explore her feelings. I then asked her how she would feel if I agreed with her about terminating the analysis. I also reminded her she had a contract about analysis.

We spent several sessions dealing with the different aspects of this issue. I knew Rachel was acting out. I pointed this out to her, but if that was what she wanted to do, I would respect her decision. In doing this, I was able to gain a certain objectivity in understanding this patient. Hence, the day she demanded my final answer, I was able to say, "I'm not in authority to tell you what you should do. If you decide termination is the best solution for you, please do so." When she was given the freedom, termination was no longer the issue. However, her criticism
of me continued.

In the eleventh month of treatment, she again talked about her resistance to coming to analysis. She said, “You were using certain techniques. Instead of pushing me to stay in analysis, you gave me a choice. If someone gives me an order, I fight, I rebel. I was proud of what I did with the first assigned analyst. With my father, I had to fight with him, that was my only way of becoming myself. I wanted to be independent. But if someone gives me a choice, freedom, I become confused. I feel guilty. So I do what they want me to do. I really resent you. My resentment is that I have to continue to come here.”

The intensity of her anger towards me created a process parallel to her difficulty of working on her dissertation. It was clear that she displaced her frustration onto me. Through this process she was pushing me away from her and depriving herself. It was clear that this issue was linked to her childhood conflict with her father. Once more our work focused on her upbringing and I tried to address her relationship with her mother. She replied, “It’s different. I was not able to get angry at my mother. She was a helpless woman in terms of dealing with me. She didn’t know what to do with me. She was not able to give me any direction. It was easy to get angry at my father but not at my mother. My mother lost her mother when she was four years old. When I had a fight with my mother, she used to say to me, ‘I wish I had a mother.’ She used to make me feel guilty and angry. It’s interesting that nowadays I am very protective of my women friends. I am very loyal to them.”

For the next couple of months the sessions were peaceful. At the end of the twelfth month of treatment, Rachel came for a session and sat in the chair instead of going to the couch. I was puzzled. After a few minutes of silence, she announced, “This will be my last session with you.” After explaining the reason, I realized that she was quite disturbed by an incident that happened with an aunt who was visiting from Israel. The aunt confronted her about her dissertation. She told
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her either to finish her Ph.D. or get married; to stop wasting her life. The patient felt devastated. She was very lost and depressed. Once more she blamed the analysis. I inquired whether stopping analysis would be helpful. She replied, “It doesn’t do anything for me anyway. At least if I stop coming here it would save money and time.” So I replied, “If that would be helpful for you, try it. If you feel twice a week or once a week would be more helpful than three times, please do that. If you think stopping your analysis is the solution, do so. But if you need me, I will be available for you.”

Her angry tone of voice suddenly dropped. With a sincere manner and voice she said, “How can you say so? If I were a therapist, I would never be able to talk to my patient like you did to me, that’s why I can’t be a therapist.” Her statement touched me deeply. After that she was gradually freed from her working block. She was able to do the first part of her defense around this time.

The power struggle was also quite present in the way she related to men. In the romantic relationship which was current during this period, she chose a man who, according to her, was a loser. As she said, “He was equally deprived by his parents, like me.” She went on to say that he was the youngest of three siblings in an upper middle class Protestant family. His mother was viewed as a very rigid and controlling woman while the father was passive and detached. He emphasized sports to his children and although his two elder brothers were successful athletes, Rachel’s boyfriend was a sickly child who was rather academically gifted. He never felt accepted by his father. In her relationship with this man, Rachel was continually interpreting his behavior and telling him the dynamics of his problems. He did not appreciate her interpretations. He wanted her to just listen to him but she refused to do so. Hence, their struggles were endless. On numerous occasions, I pointed out that he was entitled to live his life as he pleased. Nevertheless, she fought with him repeatedly and tried to change him.
Around this time, she decided to visit her family in Israel. Before she left, she proposed marriage to her boyfriend. She decided to marry him in order to obtain a “green” card. She felt entitled to do so. She said, “I wasted ten years with him.” He reluctantly agreed with her under the condition that they draw up a contract. So she drew up a contract as he directed, emphasizing that there were no strings of attachment and no financial responsibility involved. The “green” card marriage, however, never came true as he cancelled at the last minute. She was feeling very angry at the time of her departure for Israel.

In September the patient returned feeling very distressed. She was thinking about her relationship with her boyfriend and wanted to try it once more. She wanted him to make a commitment to her and she to him. At the first meeting with her boyfriend after her return, he told her about an affair he had while she was gone. He then said to her, “We are two losers. What would we do together?” It was totally unexpected news for her. She could not sleep all night. She reexamined his affair. She then understood his position, saying, “He must be desperate too. This woman is young, she admires him. It’s boosting his ego.” The patient did not feel angry at him. Instead, she became deeply depressed.

In the second session after her vacation, I had moved from the Institute to my office. She wouldn’t accept the change of office, saying that the timing was bad and she wasn’t ready to accept this change. She said, “This is not a place for me. Why should I trust you? I have had too many changes. I’m not ready for it.” She claimed that changing the place stopped the whole process. I could not quite understand what this change meant to her. She was persistently late for her sessions and silent for a good part of the session. Then she said she didn’t want to come, that she was unable to let out her feelings. So her sessions were not useful to her and she didn’t want to spend more time and energy on her analysis.
I asked, “What is going on with you?” She replied, “You tell me. Why don’t you talk? I’m sick of talking. Now it’s my turn to listen. So, what’s your understanding of what’s going on? I wish I could say I desire to talk but I don’t. Analysis doesn’t work for me anymore. My relationship with my boyfriend didn’t work, I’m not angry at him but my rage toward you is great.” Her anger lasted for four weeks and it led nowhere. I became irritated with her. She didn’t give me a chance to work it out. She totally paralyzed me. She again brought up the issue of cutting down the sessions. I then confronted her. “Why do you bring up the termination whenever you are unhappy with your life? Isn’t this the way you are depriving yourself?” She disagreed with me. The anger triggered by the circumstances of her life was displaced towards me.

I was bewildered by her anger over the change of the office. I had a feeling that it related to her interaction with her parents during her vacation. I suggested it to her but there was no response.

She came to the session at the end of the fifth week after her vacation in an angry and nasty mood and again raised the issue of decreasing the sessions. By that time I was very irritated and frustrated with her. I said, “You are doing it again. You are frustrating me and pushing me away as you have been doing in the past. As you know it’s your acting our behavior. Please stop acting like a child and let’s get to work.” She yelled, “You see me as a child, then, there is no hope. There is not reason to continue the analysis with you.”

For the next six sessions, she called me exactly five minutes before each session to cancel. At the seventh session she walked in and sat in the chair, announcing that she would come only once a week. She said, “I know it’s acting out. However, since I did not feel the need for analysis while I was away from it, it proves that the analysis has not been important for my life. So it’s okay. I’m going through a difficult time. I have no energy to deal with it now.” She wanted to save money
and time. I asked her, "What made you decide to come once a week instead of terminate?" She answered that since she had not yet finished her dissertation, she felt she would need a place to vent her frustrations about it and she had no energy to put into another therapist.

In the next session she repeated that she felt relieved after she made the decision. She talked about her concern over the anger in the previous session and she expressed the desire to listen to the tape of the session. I agreed to give her the tape.

The next session she brought the tape back and said, "I was so afraid of my rage, I couldn't believe my reaction. I was not feeling comfortable listening to my own anger. It was totally surprising to me. I didn't know I was that angry." During the next two months, while she was coming on a weekly basis, our work addressed the meaning of the office change. She didn't have much to say about this issue.

In working this out, I came to realize that this issue might be linked to the psychological implications of her family emigrating to Israel. At that point I related my own childhood experience during the Korean War, especially when we moved from one city to another where we had no food and were near starvation. I remembered how angry I was at the adults. My understanding then was that the change of place caused the hunger. I shared my own experience with Rachel. She was not able to be in touch with any of her feelings about it. However, we had a chance to explore some of her feelings related to adjusting to a new culture and language.

Since she was not able to speak the language when she moved to Israel, she was not even able to ask the teacher's permission to use the bathroom. On numerous occasions she was helplessly crying and urinating into her clothes. I also addressed her transference. "If I were a member of your family while you were so angry at me, who would it be?" She immediately replied, "It's my father."

Once again we examined her power struggle and her feelings of being
deprived by him. Along the same line we examined the relationship with her boyfriend in light of the repetition of the power struggle with her father. Shortly after leaving the office, she phoned me from a public telephone booth and requested another session. The extra session was arranged for the next morning. After that her sessions gradually returned to three times a week.

In conclusion, analysis was able to eliminate her writing block. Since then her attitude towards analysis drastically changed. She did not bring up the issue of termination again.

In June of that year, she successfully held the advanced seminar which was the second step for her Ph.D. degree. In July the same year, she had a temporary summer job in a private university and was able to show her best ability. She was praised by her supervisor and these events contributed to an increase in her self esteem and confidence in her own abilities.

Around this time she reported another dream. "In the dream I came into my session. You changed your hair style. Your hair was blond. You didn't look Oriental any more. You had two children, a daughter and a son. You are an Askinage Jew. This is the first time I learned your life." This dream demonstrated that she finally had developed trust in me.

We finally developed a working relationship.

The psychoanalysis undergone by Rachel was aimed at undoing her pathogenic defenses, thereby enabling her to regain the energy which had been considerably blocked in her conflict. This initial period of her analysis alleviated her working block.

The main issues focused on during this period were:

1) Father-daughter relationship in which power struggle seemed to be the main element of the relationship.

2) Transference — her transferential reactions were not only a repetition of her father-daughter relationship but also the brother-sister relatio-
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Aship. A number of times in the treatment I was perceived as the brother with whom she was competing. At other times, I was the father she engaged in power struggles. The brother-sister relationship is also significantly related to the dynamics of her writing block.

The relationship with her mother was not touched upon during this period.

3) Countertransference. Many times in the treatment of this patient my countertransferential reactions enabled her to loosen her resistance towards repressed impulses.

4) Difficulty relating to men. Rachel tended to repeat her patterns of family interaction in her relationships with men.

EPILOGUE

The patient, after eight years of analysis, is now the wife of a businessman, the mother of a daughter, and the chairwoman of a psychology department in a junior college.