A Psychoanalytic Psychotherapy on a Neurotic*

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Introduction

It is good luck that I have a chance to have my case of psychoanalytic psychotherapy supervised by Professor and Mrs. Sandler. The patient I am going to write about is a young lady. Who had been under my Psychoanalytic Psychotherapy for a relatively long period of time (at the moment 177 session, an year and 9 months) and I have, for the first time, used a couch to treat her of a neurosis. With this patient I have had very intense experiences and the frequent alternation of her conditions have perplexed me. Sometimes I doubt the psychotherapy itself when the patient’s condition was getting worse. So I have strongly desired to discuss this case with some authority on this field. What is difficult for me is that the patient’s condition is getting worse and she is showing erotizing Oedipal father transference and her negative mother transference to me. Through this supervision seminar I hope I can get much help, though. I have asked these questions of myself. Am I giving improper care? If so, what is it? How should I treat the patient’s erotic transference? Where in the therapeutic process are we, my patient’s and I? How can I help her from now on? How should I understand and solve

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the problems about the usage of medicines? I have recognized a lot of things during the preparation for this seminar. I found I had made many mistakes.

Beginning of Therapy

It was on one day in late October, 1990 that I first met Miss S. She visited me through the introduction of one of my patients. She was pretty in her neat dress and in her good manners, but looked sad and tense. She was a 28-year-old teacher at girls’ high school. She said that she got so nervous before her students that her face became stiff and words did not come easily. In the teachers’ room she had terrible difficulty in being with her colleagues because she had a feeling of heavy pressure. It was too much for her, so she seriously considered committing suicide. She spoke cautiously but clearly and coherently of her problems. Before she came to me she had received treatment in vain at a private psychiatric clinic for a year. This experience pushed her into deeper frustration and disappointment. At that time she was so exhausted and tormented with the sense of crisis that she would become a psychotic. She was going to resign from the school. She said her symptoms had begun a year before treatment, when she had unwillingly withdrawn from the teachers’ union. (*The teachers union is a kind of labor union, which the Korean government has oppressed as illegal. In relation to the union. Some teachers were imprisoned and hundreds of teachers were dismissed from their positions by force. Before they were dismissed they were strongly urged on to withdraw from the union by their principals and school boards. The seceders felt a sense of shame and guilt thinking they had surrendered their great cause and became servile to the government.). With her principal’s insistent efforts to persuade her to withdraw from the union she at last wrote her signature on the written notice-to-quit. Saying to herself. “I cannot become a lonely fighter without a job.” But at that very moment of signing she regretted doing that. She thought she was an apostate. In the presence of her students she felt shame and lost self-confidence as a teacher.
To mention her *developmental process*, she was obedient and dutiful to her parents, was always exemplary in nearly every respect and did well in school. She had enjoyed her job and won much recognition as a teacher from above before she withdrew from the union. From then on she has lived her life as a defeatist who lost everything meaningful in life.

She had a similar experience when she was a junior in college. After joining a violent demonstration with the students in the sphere of radical activism, she fell into a deep skepticism. She thought, "I cannot join such dangerous demonstrations any longer. I would like to live an activist life, though." (*Activist life* means to participate in the student movement against the dictatorship of the government.) At that very night, she was stunned and terrified with a sharp pain in her heart as if it were stabbed. From that moment on everything around her looked dangerous to her and she was horror-struck. She had to be in a mental hospital for two weeks. Her father came to her and said, "I love you, dear. What's wrong with you?" At this point in her story, she shed tears, but tried to control herself. Anyway, she could not stand the confinement in the hospital, so she left there and lived a miserable life at home. She tried to overcome her anxiety. Fortunately she was gradually getting better and better. It took about six months until she was completely free from any anxiety or nervousness.

I could feel great sympathy for her despair, saying she seemed to me to have a feeling of helplessness resulting from the loss of the precious things she had had. She seemed to agree with what I said, with her tense look gone. It was worrying me to stop anti-anxiety medication abruptly: I prescribed a small dose of anti-anxiety medication and made an appointment for the day after tomorrow (*Only after she took an irregular medicine for a week or so, she stopped taking it on her own. It was because she thought that all her problems would not be solved by medication*). She left my office with a little more brightened look than when she had entered the room.
Dramatic disappearance of symptoms

It was in the second session after 2 days that she was somewhat delighted that she was thoroughly relieved from the symptoms which had tormented her for a year. She said it was surprising to find herself facing her students during teaching with pleasure and feeling assured among her colleagues in the faculty room at school. She could not understand this change, but have a thought that she had been assured and relieved, feeling herself understood, at that time, last session when I had told her that she had seemed to lose something precious. I was pleased with her dramatic change; I thought the empathetic understanding could have brought these effects because the medication throughout the whole year had been lost upon her.

But I noticed afterwards it was due to the gratification of transference desire that she would get some love and understanding from me; her ideal mother, and to the unconscious motivation that she would get some recognition from me as a good daughter who could please me as her ideal mother. I supposed that some conflicts which caused all her problems was latent somewhere in her unconscious (Brenner, C. 1976). I came to have an expectation that the treatment would be going well.

She told me of her family that her mother was a neurotic, cold and competitive woman, whereas her father was a charismatic, attractive and good-looking man. They had fought throughout their married life. She, as the eldest daughter, had to play an important part in making them stop quarreling. The conflict between her parents was so serious that she had to listen to what her mother complained of and console her all the time. She also had to play the role of a good wife to her father, and the role of a mother to her younger brother as well as to her sister who was hostile to her.

She was aware that she had gotten over the tormenting symptoms. Because she was still afraid of a relapse of them and wanted to understand herself more, she made a contact with me for the treatment. We decided to meet
twice a week.

Reappearance of symptoms

Her good condition became worse after the 7th session. It was because my cancelling the appointment owing to unexpected personal problems was unconsciously interpreted as her being abandoned by me. In her inner world, I was looked upon as an ideal mother who could understand and solve all her difficulties. She seemed to consider herself an abandoned child by her own mother. In the 8th session she showed her desire to approach me and to be loved, and her fear of being disliked, deserted, abandoned by me. This theme was repeated again and again as a main theme of therapy.

Oedipus Complex

She told of her dream and fantasy that reminded me of the Electra Complex. For instance,

"This is a fantasy striking me in the bus in a moment. I saw someone covered with excrement in the restroom. It was a man. I have a memory but I’m not sure it was dream or fantasy. When I was around 10 years old. Father prepared the bed and told me to lie on my back undressed. And when I was a little girl, I suffered from entozoa around the anus. Father used to undress me, washing my butt and anus. And I remember he used to urinate in chamber pot in the room. Though I tried to control myself. I was very curious and glanced at his penis. I had a sexual arousal then. This may be a sort of Electra Complex that I have read about in a book.”

(***Her cheeks flushed.***)

In Session 38. She said that “I am pretty good in these days. I have no more anxiety at school. Ah! how good is it, I am comfortable. Last Friday night I could watch TV together with my parents and laugh. By the way, the next morning I happened to be just with my father at the door to go
to work. I was waiting: he tied the strings of his shoes. Ail of a sudden, I hit upon an idea of his holding my legs as if he were playing a joke. But I was not embarrassed.

I remember I was frightened because of fantasy of stabbing my mother with a knife whenever I saw the kitchen knife in my childhood. I feared lest father should hold my leg, or cut them off.”

I thought that two images about father: erotic and sadistic images-the sadistic image seems to be used to defend the erotic Oedipal wish (Freud, S. 1925 & Gabbard, G. 1990).

Hostility to her mother

She showed such a strong indignation to want to kill her mother, who did not love her at all. Her mother, in the world of her unconscious, was an aggressor attacking her to bleed. The threat of this aggressor made her central conflict. For example, in the 25th session she brought a dream.

“I killed something like a cat. I had great terror and a guilty conscience. Father asked me where the cat was. Actually I killed and hung it behind the kennel. The dead cat became nearly mummified. Nobody noticed the fact, and yet I was startled and trembled in dreadful anxiety as if I had committed a terrible crime. It changed to the next scene. It was an emergency that one of the family members fell ill seriously. The patient may have been my mother.”

Therapist: Is there anything you can think of?

“I like dog so much but not cats in the slightest. I had a guilty conscience as though I had killed a man. Irrevocable. I could not but expect that I would go to hell. The cat seemed to be one of the family members. Father would lose his temper even when a goldfish was dead.

Might it be my mother? I have hatred against my mother. I was vexed with her about why she had raised me that way. I have one memory that I was upset because of her. I was at a loss of what to do when I had the
first menstruation and I ran to my mother. That day she lost her heart and temper because she had had her money lost. She put me off, and flung a sanitary napkin against the waste basket angrily. I felt a certain shame and anger. I thought she was not a person who could understand me. In my childhood I seemed not to love her. When I quarreled with my brother and cried. I refused to go up to my mother, just crying alone outdoors. Probably most kids may talk to their moms, but I never did.”

To evade mother’s revenge was to be a good daughter

As for the patient who did not get any affection and attention when young, the way to evade Mother’s revenge and to be loved by her mother was to be a good daughter. She tried to be polite and to be a model of what a woman ought to be. In every relation she had with me, she was polite, neat and concerned about me. When she could not control her emotion and burst into tears, she was ashamed and regretful that she had lost her self-control. She offered a certain narcissistic resistance. The following sessions show such a mental state.

“When I was 3 years old, mother had a hard labor. She said that the pains were gone away as I stroked her abdomen, saying “God save my son! (**She was sobbing). One day, when I was 6. I polished my grandma’s shoes to make her glad. I was sometimes at the idea that is was I rather than she that played a Mother’s role. Far from mother’s accepting me. I accepted her.”

“I feel restless and uneasy before you. I’m afraid you come to ignore me because I spoke and acted recklessly. In college, though my advisor encouraged me to come to see him, is was not easy for me to stop by his office.”

Therapist: You’d like to be on more friendly terms with me, I presume. But you fear that I think of you as an annoying person. However this state of mind is exactly the same as the one that a child who wants to be loved by its mother but expect her cold reaction beforehand, and tries to read her mind. The conflicts you had in your childhood seem to repeat in your relation
to me. Don’t you think this sort of conflict is just the past and has already expired?

"Yes I think so. I cannot thank you enough. I could not bring the present I had bought for you just because you might think I wanted to have a special relationship with you."

**Powerful transference gratification**

During the 74th session, I was asked to lend the collections by Vincent Van Gogh’s and lent to her. In the next session, she said she could not understand why she was so happy, gay and sprightly these days. She said she thought her students were lovable and she wished to have her students amused by her own little jokes. She found she became so generous as to have a wish to give her fellow teachers some presents. Now because she does not know why she has changed, she feel some anxiety in some part of her mind. I could noticed the reason of her change afterward. The incident that I lent her the collections by Vincent Van Gogh’s satisfied her trasference desire. She came to have some sense of omnipotence and confidence as a little girl that she could do anything on her own. I realized that the transference desire was very powerful (Pines, D. 1987 & Brenner, C 1976).

**Use of the COUCH**

At the beginning of the 58th session. I recommended the "COUCH" to her, as I thought she could reach her even deeper inner world of mind by means of the therapy using COUCH. She remarked that she felt as if something sharp like a penis stabbed her. From the 80th session, she began to use the COUCH. The first reaction that she had in using it was tension as if she were stiff, and a pain in the chest. By and by she got used to it, which became more interesting for her. She could say more sufficient unconscious material. But she said she was baffled whenever she lay on the COUCH,
because she was conscious of her sexual organ. The following session is about the day she lay on the couch for the first time.

**Session 80:**

I advised her to try using the COUCH for 4–5 sessions and then she made up her mind to use it.

**Patient:** Something seems to press me down heavily. I'm afraid what I am going to tell you, lying on the couch.

I was fine all day. My class was not bad. At this moment my thought wanders around the school bus and school. Yesterday I talked with 'Sunee' on the phone (‘Sunee’ is her friend as well as my patient, who admitted to psychiatric hospital because of a delusion of persecution.) ‘Sunee’ said she would stop visiting you, because she had nothing to say. She asked me what I usually talked to you about. I thought it would be better for you to say something first when ‘Sunee’ could not utter a word simply because she had nothing to say. I thought if you had done so, she would not have told of not being able to visit you chiefly on account of anxiety. She would be in her fear of coming back to work where she might be ill again. She could look to you for a string of relief. Lying on the couch reminded me of her and made me feel awkward.

**Therapist:** Your comment why I had not taken hold of her reflects your own feeling that you want me to take hold of you, I suppose. Perhaps because you idealize me as your parent.

(*Silent*)

**Patient:** Now I feel as if I were floating and mummified. I would be more comfortable with some distance from you. I am in the fear that someone will knock at the door now.

(*Silent*)

I am constantly conscious of the fact that everyone looks me only in the face. At the moment, I feel as though I were set on the fireplace or displayed on the shelf. I have a great pain in my chest.

After finishing the session, she talked on for more than 30 minutes. It
was because the patient had severe pain in her chest. I was a little concerned and yet I decided to try the COUCH 4--5 times more under her agreement. Fortunately from the next session her pain went away. Now she does not show any serious resistance against using it.

**Experience of counter-transference as a role responsiveness**

Throughout the 90 sessions, her attitude on me showed father transference. It turned out to be counter-transference on me through projective identification. Her conflicts confirmed in her transference were Oedipal wish of Father, that is, to make father a sadistic assailant in order to keep and defend her incestuous wish. The following session shows not only father transference but counter-transference as my role response to it (Sandler, J. 1976).

**Session 97 : Thur, Oct, 31 '91**

Patient : During this week I have been in good humor, finding without reason that almost everything has been on a fairly good way. Comparing what I am with what I was, I got somewhat satisfied and confident. I was happy to see affectionate views of countryside on my way up to here. When I entered the hospital, I gave a long look at your office lit up. There were a few rooms which were still lit up. I felt sorry for you to think I made you stay there so late. I saw 4 cars parked. I wondered which car might be yours. It was the same curiosity that a little girl could have as to her parents. I came here, wondering what made me think so (**Smiling**) It is strange that I have such a thought today.

Therapist : What is it?

Patient : I was uneasy, wondering what you would think of me to see me lying on the couch. Now I feel as if you were my father.

Therapist : What kind of father do you mean?

Patient : I guess he is a father who tries not to distinguish between the good and bad conduct and to understand everything. You may refer to it as a story of transference.
Therapist: You mean you look upon me as your ideal father.

Patient: I have the same feeling as I had when my father made me comfortable. On summer nights he used to enter my room to smoke mosquitoes away and turn off the light when I was sleeping. In winter he used to check if my room was warm enough. He took care of me all the time. I think of him as a man who always looks after me, not making judgements on my deeds.

I am conscious of my sexual organ here on the couch, and it is most difficult to say that. But I become at my ease as I think that you will regard me as only a little girl to see a doctor.

Therapist: You can be comfortable if you are quite sure that it is nothing but a relation of doctor and patient. Then you can be free from a sexual threat. What made you think of your sexual organs?

Patient: I was ashamed, perplexed and afraid chiefly because you might regard what I said as my sexual desire for you.

Therapist: Any idea that occurs to you?

Patient: I'm reminded that my father would peep into the bathroom, and he would wipe my butt when I was young.

When I lay on the couch first. I thought you were far away from me. But you seem to be around me now. A few moments ago when I talked of father and a little girl, you looked as if you stood by me. But now, I may have felt somewhat unsatisfied.

Therapist: How pure it is that a little girl has a sexual desire, which is childlike, and she has a mind to touch her father's beard in his arms! But one day in the course of her growth, she sets ashamed and tormented by the conflicts resulting from others' moral judgment on her acts. You seem to be expressing such a conflict in your relation to me now.

Patient: My little nephew was delighted to put his finger into my mouth. I was humiliated to find the fact that even a child has sexual desire by nature.

Dream: (**She hesitated to speak.)

I had a dream that I smoked before the fireplace. My house. Father and
brother are out right now. Actually I had smoked a cigarette before. I had
got a cigarette out of my brother’s pack and smoked myself into composure,
appreciating it alone in the kitchen. It changed into another scene. On my
ride on a bike. I stopped to throw the cigarette into water, only to be detected.
I was frustrated in my dream.

Therapist: What do you think it is if your dream has any symbolic mea-
ning?

Patient: It was a pleasure and my wish as well to smoke a cigarette in
secret. I can smoke myself into composure. It makes me calm down and
look back on what is going on around me. When smoking in the kitchen,
I was not disturbed at all, feeling comfortable. In the dream, it was quite
in jeopardy riding a bike. I felt as though I were caught in the act of something
prohibited.

Therapist: You seem to be frustrated as you are detected in a forbidden
pleasure.

Session 99:

(**She was in casual wear, in her sneakers. Her features were childlike.)

Patient: I can see something new(**upon seeing a new covering for the
couch). I imagined something queer and surprising. It was a scene showing
that the psychiatrist, who is one of the characters of the movie, ‘The Silence
of the Lambs’, were eating human flesh. All at a sudden it reminded me
of you. If I were completely helpless, presently I mightly be eaten by you
and everything would be going on as you had expected. The threat I had
felt about you before was sexual imagination, which was changed into an
idea that you might sell me out to make me a prostitute.

(**Smiling)
I’ve got tired because you don’t say anything.

Therapist: You’re tired?

Patient: I get exhausted just as I often feel on Saturdays.

Therapist: The idea that I eat human flesh is a kind of unique fantasy,
Isn’t it? By projecting a sadistic, cannibalistic internal object on me, you
may regards me as a cheat, who eats human flesh and takes advantage of
the weak patients. This phenomenon says that you try to defend yourself
because you are afraid of the affairs with me. Just because you can keep
me from approaching you if I am a real cheat.

**Patient**: Frankly speaking, I am wondering whether it would be all right
to relax my attention here.

**Therapist**: You have opened your heart so far, and what makes you get
anxious?

**Patient**: I am not sure. Not enough to call it a fantasy anyway. I am in
the habit of thinking of the most dangerous thing possible. Probably because
of my timidity. It may be that I imagine the danger because I am not used
to comfortable circumstances. In the bus I could not but wonder whether
you were a real cheat and tried to make me have continuous therapy unnecessa-
ry. I was wondering if you were extorting money from me. I thought it was
the only loss I could imagine. It was one of the dangerous incidents I had
ever thought.

**Therapist**: It is a kind of caution a girl who is not good at swimming can
have in deep waters. Do you have any thought that you did not like to come
here?

**Patient**: On Thursday bumper-to-bumper traffic. It was not that I didn’t
want to come here. My supervisor said my look was so bright and beautiful.
I seemed to be an object of interest. Everything is going on well. I hope
I will come here without any hesitation or uneasiness. Today I thought you
and I had better talk of something delightful and exciting, as I do with my
friends, though I know it’s also interesting to disclose something secret
in my heart.

**Therapist**: I understand that you could have the temptation of a exciting
and pleasant ordinary conversation.

One day of this time as I drove on, turned on the car record player. I
happened to have a paternal feeling. It chanced that the lullaby by Korean
composer, Yongha Yoon, reminded me curiously and momentarily of her.
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I used to lull my children to sleep by singing it when they were young.

Contents of the lullaby: Sweet dreams, our lovable babe. The strong winds are lulled. The colorful lights in the palace of dreamland bloom like beautiful flowers. I could recognize that this feelings were came from role responsiveness of her transference.

Influence of therapist's depression onto the transference

That day when she had the 104th session, I was in low spirits because of my personal matters. My depressed look at that time resulted in great frustration and indignation in her unconscious. This transference anger went on for several sessions.

Session 106:
It's not easy to talk today.

Therapist: Can it be because of my emotion I showed last session?

Patient: It could be. By the way, more than that. I can be reminded that something upset you that day. I had a strange feeling. It's not easy to express it but I had a pain in the chest. It may have been a pang of sadness. That night I fell asleep with the radio on, crying alone. I was in dismay at school the next day. I seemed to be left alone and barely able to take hold of my weak heart. You looked even better when I raised myself and looked at your face than what I had expected as I lay on the couch. But as I lay down, your emotion looked like an exaggerated one. That you could such an emotion made me uneasy and restless. It is true that I got at that time.

Therapist: What made you get angry?

Patient: I guess you didn’t think that your conduct would have effect on my treatment. But it tells on me indeed. I guess I got angry with you just because you were not in composure but only to exert a bad effect on me. I seemed to be disturbed though I sat still. It made me disappointed and furious. At that time I talked to you smiling. Actually I smiled to disguise my anxiety. I suppose. I don’t think I was seriously disturbed that day, but

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it was the next day that I found I had been quite disturbed. You did retort against me. You looked perplexed, angry at my words. Anyway I did not feel goo the next day. As if I turned out to walk alone. I thought you did not want to give me care any longer.

On my way here to the hospital I wondered if you might feel awkward, and I was afraid you should think I had been imprudent because I had been talking with a faint smile that day. On the contrary I had a mind to come here to see what your reaction would be.

My fellow teacher, who taught Korean and was a member of Teachers Union, asked me to go to the theater together. We left school earlier than usual and were delighted to see the play. While in the theater, I wanted to recommend it to you. You, who had looked irritated and critical since the last meeting, at that moment seemed to be changed into the person making me feel at ease.

Friday night suddenly I thought I were quite affected by that. But to think of it, it’s nothing. I wondered why I had not had any dream in spite of my terrible experience. My friend asked me if something was wrong, and I answered I had some terrible problems. The dream that I had had that night is as follows: I conversed with you at your home. You were in shabby clothes. You were rather an inactive, exhausted, old man. You were not a man of attention and sincerity. The next scene was that I quarreled with my mother. I protested crying that no one was harder on me than she and that nobody was as good a girl as I. I saw my head was bleeding and felt as if the blood ran down my head, ear, and neck. I hurried to you and exaggerated my anxiety, saying that my head was bleeding. You wiped off the blood without sincerity. Your conduct was due to your sense of obligation.

I dreamt another Dream: I went up into mountains with my fellow teachers. The married teachers pretended to be most wise. Turing my back, I found you carried other mens’ equipment like an idiot. I can remember I approached the summit and presently I awoke.

Therapist: Anything you can associate with your dream?
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Patient: I seem to express so directly what I feel. In the dream you looked so tired, insincere. But in spite of just a sense of obligation, you wiped off the blood. It seems that my dream about climbing the mountains resulted from the thought I had had. You seem to be so strong and sincere but I don’t think you have some manly strength and sturdy spirit, which I could find in my father. You seem to be rather like a woman. I tried imagining what different features you have from other men. I wondered whether you would be treated like a woman. But you carried their luggage. I was a little disappointed. You were not a man of confidence.

Therapist: You saw an old and incapable man, I guess it was I, that gave obligatory treatment to you, who were covered with blood because of the fight against your mother.

Patient: I inevitably thought that the therapy would have an effect on me and that I had no wish to come over here in disappointment. I thought there might be no good and that everything would be got through. The future seemed to be gloomy and dark(**As she told me the time of the play, she paid the doctor’s fee**).

Since she experienced me in a depressed mood, she showed a mother transference more clearly. She looked like an outrageous girl who was deserted by her own mother. She might hope for a strong woman in me. She had had been lost of much money. Looking at me in depression, she was excessively worried. just as she had been in her childhood. It was because she was afraid that her mother in low spirit would get angry with her. The anger she had with her mother her childhood repeated during the therapy. The reaction went on for several sessions after that.

Session 120:

Patient: I expected it to be difficult to talk with my mother. When she looked angry with me, I made believe that I thought she was quite easy to talk with. What I did may have made her gloomy. I feel a certain shyness at getting worried at my age just because of my mother. I can recognize a little girl in me.
Talking with you yesterday, I felt deceived by you. You said it was neurotic to call for one's mother like a little girl when one has grown up. I can understand what you said, but actually it is hard for me to act as an adult. I was startled to find my mother entering as I was watching TV with my father. I thought she was jealous. It gave me an odd feeling. In that night I dreamt a dream: Father lay down in his room. I was overwhelmed with embarrassment at the sight of his penis erect and I went out not to see it. I was reminded of the Electra Complex.

**Therapist:** I suppose now that the problems of the Oedipal period are caused by those unsolved dependent wishes during the Pre-Oedipal period. It may be that there is a possibility to have her father to herself owing to the bad relations between parents.

(**Her nodding)**

**Patient:** Mother told me what a fortuneteller had said. The fortuneteller said my parents' marital love would be so changeable all the time. And I would be the mediator that could make them compromise. I had a horrible memory. Quarreling with her, father ran after mother to skick her with a needle. She ran away I went out to find her. I thought then I should play a good part ont only in helping her out but in undersanding father.

Your clear explanation makes me clear and confident.

**Therapist:** This conflict of inner self will be confirmed later through some fantasies and dreams you have.

(**She seems to be satisfied with good therapy.**)

*session 122:*

**Patient:** I have had good life. It occurred to me that now I got as well as ever. I seem to be able to give others a piece of advice, feeling sincere and confident. Compared with the time when I wrote to mother, crying, I feel so comfortable now. I was confined to somewhere in my mind before, but I am free. I feel gradually gradually the self-confidence that I am not abnormal any more.

(**1-Therapist-thought that it was the effect of interpretation**)}
Monster living in her inner world

However, her condition became worse again since 123th session. She said that a monster lived in her inner world. The new feeling that the monster might get out gave her a certain crisis and anxiety. And it was when she returned from the psychiatric clinic that she began to think that her face in the mirror looked like that of a monster, so dark and strange. She was a junior student in university when she returned from the clinic.

Something began to force her back upon her recollection of the monster. According to her explanation about the monster, it has the features of a psychiatric patient, and of a child whose sexual organs only developed. It tried to attack the penis of mine or the male professors. She is worried because she should hide the monster. That’s why she had anxiety in front of her students.

There was something stiff about the atmosphere of the room which she was only with her father. She hated her mother, for the mother did not understand her anguish due to the matter. When she met her friend suffering from schizophrenic disorder, she identified herself with her friend.

The monster seemed to be ‘a child-within’ with an Oedipal wish, of which incest she could not stand. The child-within was a poor, miserable one that could not be beloved by anybody. The child with forbidden wish, lonely and angry, cried trembling in anxiety just because its own desire and anger might cause its parents to desert or revenge themselves on it (Sandler, J. Holder, A. D. Dare, C. 1973 & Brenner, C. 1976)

Her anxiety and depression were so serious and lasting that I increased the number of treatments from twice to 3 times a week, beginning with 138th session. By and by her condition has improved ever since. Psychotherapy for her continued three times a week for about 10 sessions, though she got a little better.
Oedipal paternal transference

The 177th session is proceeding as of today. She is under working through having the recurrent Oedipal theme. For these 3 months, regarding me as a Oedipal father, she has wanted to have me to herself even after a treatment has done. When she heard me talking with my wife over the phone. She felt betrayed and realized that I had my own personal life as well as the hours of treatment for her. One day a great anger arose to hear me humming when she waited for the elevator shortly after the treatment. Even after finishing the treatment, she wanted me to lead my life in the same atate as hers. It also showed a paternal transference that she had some fantasies that she and I came to commit suicide or live in the pastoral suburbs.

The negative transference due to the frustrated transference desire made a treatment be at stake, along with her aggravated condition. She became so anxious that it was not easy to continue her work in school.

The question of medication (Dewald, P 1969)

Having a certain feeling of crisis, she finally took a dose of anti-anxiety drug prescribed by me two years ago. She went to work the next day, and the medicine had no effect on her. She gave me a ring. It was for the first time that she phoned me from school. She said, "I took medicine, but it was lost upon me. How soon does it do me good?" Briefly I told of the medicine. I felt sorry for her pain but I was afraid of the possibility of aggravation. That's why I advised her to take one more dose just in case one dose no effect.

In the 175th session that day, she said, "The moment I took medicine, I felt a little easy. After an hour or so, all the pain was gone so fast that I happened to think there would be something wrong not in my inner self but somewhere in the brain. I supposed it could be a chemical problem."
So I answered, “This experience can give me important information in understanding your inner life. The medicine you took is anti-anxiety medication and as you told me that it sedated your anxiety and made you comfortable. Also it made it possible to improve the symptoms of being tense in front of your students, and even to change your self-image that you considered yourself insignificant. Now all we have to do is find what the deep-rooted cause of your anxiety is.” She said, “I am so dependent on you lately. Anyway, I will take medicine until I return from the trip to France. Before I began to take medicine, I was afraid of leaving you to go to France for the training program for teachers.”

**Arising separation anxiety**

She was afraid of leaving me as if a little girl parted from her mother. She said, “When I feel worried, painful, and restless, parents do me little good. I can turn to you for help. Only here in the treatment room. I can be free from all my anxiety. The day before yesterday I had felt so comfortable and had a mind to take a nap right here.”

I prescribed some medicine for her to give her enough rest and sedation. But she told me that the irritating symptoms were gone and she felt that the presence of her mind gave her even a sense of mystery and emptiness. She didn’t take medicine any more. She thought that I might have deceived her by prescribing just vitamins. She told of her fantasy that I might rob her of all her salary envelope. When she was paid at school. She told of this strange fantasy with great difficulty.

On the contrary, she associated me with a person of unselfishness and affection. She told of a French movie, The Indo-China, that she had been reminded of me by the scene in which a soldier wiped a little girl’s blood away, gave her what little water he had, and at last moistened her lips with his spittle. I thought she projected the splitting good & bad object on me alternately. She said, “It occurs to me that my mother and father are all

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mixed only to become reflected in you."

So far

For about one year and nine months after the start of psychotherapy began, she has sometimes had difficulty in treatment just because of resistance which come from up-and-down of her anxiety and depression, erotizing transference but tried fruitfully to master the resistance. She has met a man in search of her husband-to-be, and made a plan for her married life hopefully in the near future. She is planning to lead a life independent of her parents.

Though she had intended to quit her job at the beginning of her therapy, she still has her job. Besides, she has won the first prize in the nation-wide examination, and passed the examination selecting some teachers for an overseas training program. Getting over her anxiety, she changed her mind to take part in the program for which she had longed. She suggested that she continue a regular interview with me by phone, leaving for to attend a month-long program. I approved of the interviews by phone, except during my summer vacation. I thought she wanted refuelling by means of phone: her umbilical cord.

Summary

This clinical case was prepared to case conference of psychoanalytic psychotherapy which was supervised by professor and Mrs. Sandler. With this patient I have had very intense experiences such as erotizing Oedipal paternal transference, transference cure, Oedipus complex of patient, and counttransference as a role responsiveness. So I seeks to demonstrate these inner experiences in therapeutic situation. Through this supervision seminar, I could get much help. I appreciate for professor and Mrs. Sandler.
Mrs. Anne Marie Sandler’s comments on this case
Comments on professor Moo-Suk Lee’s presentation

The first encounter of the psychoanalytic doctor with a future patient is always of central importance. The patient has decided to come and to submit to a searching interview because he or she is suffering from painful symptoms which are beyond the person’s capacity to overcome. Even though the patient comes to see the psychiatrist on his or her own free will, and is consciously hoping for cure, unconsciously the patient will approach the doctor with a whole set of fantasies and affects. The patient may, for example, imagine that the doctor is incredibly clever and kind, that he might take pity on the patient’s suffering, but at the same time the patient worries whether the doctor will think him or her worthy of help. The patient may be very frightened of the doctor, fearing accusations or rejection. Some patients may feel very and unworthy of help, and may feel compelled to create situations where they feel punished to satisfy their internal unconscious sense of guilty. Every patient who comes for a consultation has an active unconscious life of fantasies and these fantasies will include the relationship between the patient and the doctor as a central theme.

Let us look at the first interview between Professor Lee and Miss S. We hear that the patient visited the doctor through the introduction from one of his other patients. We must assume that this person was very positive in recommending Professor Lee and this is bound to have created a whole array of fantasies in the mind of the patient. Some could, for example, be: will the doctor like me as much as my friend? I wish he would like me best. What if he thinks me stupid, bad or boring? Now these thoughts and feelings will influence the tenor of the interview and the doctor has to try to include them in his assessment of the patient.

In the first interview, as it is given to us in this presentation, we are told of a pretty, neat, well-mannered patient, who spoke clearly but cautiously.
She informed the doctor that her symptoms had erupted when she was forced to withdraw from the teachers' union. We learned that immediately afterwards she felt 'an apostate', felt shame and lost her self-confidence as a teacher. It appears that what the patient is describing is a very difficult and upsetting episode in which she felt confronted by authority, and in some ways had her own desires crushed. This state of affairs created inside her great conflicts between her inner morality and ideals on the one hand, and her sense of outrage and resentment, on the other. As the interview proceeds we learn that the patient had a previous experience when she was a junior in college: after taking part in a violent demonstration. She felt that she could not go on joining such dangerous demonstrations, yet she wanted to lead an activist life. That very night, she was woken by terrifying stabbing pains in her heart. She became horror-struck. This experience at junior college throws light on the more recent episode of the teachers' union. It would seem that both events represent an internal confrontation, a confrontation between two aspects within herself. We can make the hypothesis that she found in the demonstrations an acceptable way of expressing her opposition and resentment towards authority and that she had been able to actually do this, because she could pacify her conscience that it was for a good cause. She was also part of a group, and we know that superego demands diminish on the individual as group influence takes over. But of course, during the confrontations, we have to assume that she essentially felt alone, as she later did when principal of her school put pressure on her to withdraw. Being alone put her in touch with her own conscience, with her own superego demands, and she was overcome with anxiety as if she unconsciously feared that her aggression had become uncontrollable and very dangerous. It appears that the patient then made use of the defence mechanism of externalisation, making the outer world a very dangerous place from which she could withdraw or towards which she had to be very cautious. She escaped from an internal conflict by creating an external one.

As we are trying, always tentatively, to make as much sense of the stories
of our patients as we can, it is very important to listen as carefully as possible, to the discourse of the patient, and to monitor one’s own reactions. The patient tells us that she was an obedient and dutiful daughter, which would indicate that she is a person with strong ideals, someone who knows right from wrong. It is very helpful to hear, a little later in Professor Lee’s report, of further details of Miss S.’s family. She reports that her mother in neurotic, cold and competitive, whilst father is charismatic, attractive and good-looking. Without implying in any way that the patient is not truthful, the interviewer has always to remember that the patient does not necessarily give an objective view of her past life and of her past relationships. What is given is a highly subjective account as perceived and unconsciously organised by the patient. At first glance, her story seems to indicate that the mother is the difficult member of the family, the one who is at fault. The father, so attractive and good-looking, is the object of love and admiration.

When the patient goes on to describe the violent battles between her parents and her role of peacemaker, we can more easily understand that conflicts over aggression and violence may play a central part in the pathology of this patient.

I want to make two further remarks about the initial contact with a patient who wishes to get psychoanalytic treatment. The first one relates to the problem of medication. When a doctor offers to help a patient with a psychoanalytic approach, he is taking the view that he and the patient will together explore the thoughts and feelings of the patient through what has been called ‘the talking cure’. The assumption is made that the symptoms of the patient are due to emotional problems and that the understanding of their psychological origin will dissipate them. Quite a number of patients, particularly at the beginning of a treatment, are on some sort of medication. It had been my experience that, if at all possible, the role of the psychiatrist or doctor who prescribes medicine should be taken by a colleague in order to leave the psychoanalyst entirely free to deal with the psychological preoccupations of the patient. Giving medicine acquires unconscious meaning for the patient,
A Psychoanalytic Psychotherapy on a Neurotic

and it is unadvisable for the psychoanalyst to so actively and concretely intervene in the patient’s symptomatology. His task is only, with the help of the patient’s free associations, to try to understand the unconscious meaning of the patient’s productions. When the psychoanalyst understands the conflicts, defences or fantasies of the patient, he will give an interpretation aimed at giving the patient some insight into his unconscious functioning. It is usually quite easy to tell the patient that the psychoanalyst does not give medicine, but that a colleague will take care of that side of the treatment.

The second comment I would like to make concerns the first remarks made by the analyst to the patient. In the reported by Professor Lee, we hear that he commented that the patient must feel helpless at not being able to function adequately as a teacher, especially as she had so enjoyed her job and had won much recognition from the people over her before she fell ill. It must have been an enormous relief for this young woman to have a doctor, a professor and thus a person above her, express sympathy and understanding. But what is equally of great importance is the impression that throughout her life this patient maintained an internal equilibrium by searching approval from parental figures. By being the exemplary child she hoped to get love and affirmation from the grown-ups around her, and this helped to quell what must have been unconscious conflicts over her hostile wishes. This first remark of Professor Lee must certainly have pleased the patient very much and she in turn wanted to satisfy her doctor by pleasing him. So suddenly — one could nearly say magically — lost her symptoms. We see here how the empathy of the doctor influenced the psychodynamics of the patient, and one could imagine that it influenced her when she was a child. In a way we could say that unconsciously the doctor’s presence was misunderstood as a repetition of what happened in childhood. The reassuring remark made the patient want to understand the cause of her helplessness and suffering, but only wanted to gain love and appreciation from her doctor, thus forgetting the analytic task. She had transferred the emotions of childhood on to the figure of the doctor. In analysis, any such transference manifestation, although
it does provide the most important material for the analysis, is in principle a resistance to the analytic work. It is a resistance because the wrong connection of past emotions with the present obscures the real possibility of exploring the underlying pathology. In the case of Miss S. we see what Freud has called a flight into health’ and such improvements are not trustworthy, they are not based on the patient’s understanding of her pathology. The entire improvement is based on a love for the analyst, and any change in the feeling relationship towards the doctor will endanger all the improvements. This is one of the reasons why Freud gave up hypnosis as a means of treatment. It turned out that the improved patients remained improved only as long as they remained on good terms with the doctor.

In the case of Miss S., when Professor Lee had to cancel an appointment she felt abandoned and neglected as if she had a special claim of his time and attention. We can assume that in the course of the first seven sessions, she imagined herself to be Professor Lee’s favourite, as she had wished as a child to be her father’s favourite, replacing her mother in his affections. The face of her session, her dream was shattered and her symptoms reappeared.

There are many comments one could make on the wealth of material reported by Professor Lee, yet I shall resist the temptation to do this. To give a comprehensive account of the meaning of the patient’s productions, of Professor Lee’s interpretations, and of the subtle interaction between the two protagonists would lead me to write a very full paper indeed. What I was asked to do was to make some comments, so I shall end this discussion with one last remark. When a patient and a psychoanalyst decide to embark on a treatment, they agree to meet several times a week at prearranged times for exactly 50 minutes. The patient gets used to this timetable and relies of it. Feeling held in that way, the patient will gradually reveal more and more of his or her inner thoughts and fantasies. The patient will undertake a kind of journey into his most intimate and private life, and with help of the analyst will attempt to give meaning to the experience of the new relationship. Beha-
viour, emotions, beliefs and defensive maneuvers which had been at the root of the unwanted symptoms, but which had been repressed and therefore unconsciously are relived in the analysis. However, because they are not acted upon but noticed and spoken about, because the resistances to facing conflicts, disappointment and pain are contained in the analytic relationship, the patient can recover, little by little what had been disowned. What had become unconscious will become available to the patient to give meaning to what is going on in the present. In this process of gaining insight and taking responsibility for one's behaviour, and acquiring a new meaning for one's inner life and motivation, the patient, with the help of the analyst, will create a personal narrative to make a fuller sense of the past. This is a long and delicate process which is difficult to reproduce in a clinical paper, and Professor Lee needs to be commended for attempting it. The writer of a clinical presentation is, indeed, faced with a dilemma. In order to give the reader a full idea of the analytic process, the themes as they develop from one session to another are invaluable, but when a case has been seen over a long period of time, the writer has, of course, to choose what segments to highlight and what to ignore. In this paper on the treatment of Miss S. we had the privilege of following the complex development of a strong transference between Miss S. and her analyst. We were also given a chance to witness the analyst's feeling towards the patient, feelings which at times obscured the analytic relationship because the analyst was in the grip of his own feelings of anxiety, guilt and frustration. In order to understand most deeply the productions of the patient, the analyst has both to monitor the patient's ongoing material and the emotions expressed as well as analysing his own feelings, thoughts and personal resistances to understanding what the patient has brought.

I hope that these few rather general remarks will express correctly my admiration for Professor Lee's courage and determination in trying to help some of his patients by means of the psychoanalytic method.
References


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신경증의 정신분석적 정신치료 1례

이 무 석
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어머니에 대한 적대적이고 외존적인 욕구와 아버지에 대한 긍정된 에디투스 육망에서 유래한 갈등을 가진 여자 환자를 28세부터 일년 9개월간 정신분석적 정신 치료를 하였다. 그녀의 증상은 대중 앞에 서면 초라한 자신이 느껴져서 얼굴이 굳 어지고 긴장되어서 말이 안나오고, 사무실에서도 동료직원으로부터 느끼지는 압박 감때문에 그들과 함께 있기가 힘든 것이었다. 자신속에서 초라하고 사랑받지 못하는 천덕구리가 이란에를 봤다고 하였다. 너무나도 고통스러워서 자살하고 싶을 정도 였으며 지쳐있었고, ‘이리다가 내가 정신병자가 되는 것은 아니라’ 하는 의기양이 든다고 했다. 주 2회마다, 카우치를 이용하였고, 자유언상과 전이 및 저항 해석을 도구로 사용하였다. 치료 중 증상의 극적 호전과 약화의 변화가 반복되었고, 이 변화는 전이와 관련지어서 해석 되어왔다.