Early Parent Loss from a Developmental/Psychoanalytic Perspective: A Case Study

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The psychodynamics and the long-term effects of early parent loss have been studied extensively and are well documented. What is less well reported are cases of intensive psychoanalytic psychotherapy of children who have endured such a loss along with the long-term outcome made possible by follow-up sessions. Children who are traumatized by early loss often return for another round of psychotherapy as they encounter another developmental phase with its intrapsychic and external life changes. In the case reported here, there are three distinct phases and intensities of treatment, which is not unusual for parent loss cases. This paper presents discussions of the process of a young girl’s psychotherapy sessions, period of child psychoanalysis, and return for later developmental help further mourning the mother she lost at the age of ten. The report of an intense final follow-up visit precedes an overall discussion of the case.

Identifying Information

The patient presented as an attractive 11 year-old Caucasian female who was referred for psychotherapy by her pediatrician. She lived with her father, a dentist in a small town approximately 50 minutes from Denver, Colorado. Her mother died in September 1990, one month before Elizabeth’s eleventh birthday and six months prior to her initial assessment. She was a tall, slender pre-adolescent, unaware of her own charm and attractiveness.

Developmental History

Elizabeth was the product of a normal planned pregnancy. She was conceived after her parents had been married for seven years and felt ready for a child. Her father described the marriage as an unusually happy one and stated that they were overjoyed to have a daughter. She was a cuddly baby and responded well to both of her parents. She was breast fed until approximately 8 months of age. Her mother, who was a master’s level mental health professional, quit working just before Elizabeth’s birth to become a full-time mother. Her father stated that it was difficult for him to remember exactly when she accomplished developmental milestones, but that he remembered that his daughter talked early and walked right before her first birthday. He described her as a curious toddler who seemed to enjoy life a lot.

The father recalled that around the age of two, Elizabeth had particular difficulties when he and his wife would go out for the evening. She would become very unhappy to be left with a babysitter and wanted to accompany them. He did not remember that she had stranger anxiety, but that she did have separation anxiety. The separation anxiety could be relieved by encouraging her to cuddle with her transitional object, her favorite blanket.

When she was four, the family moved from Oregon to their current home some 20 miles outside of Denver. Elizabeth was enrolled in preschool for the first time and was somewhat shy and awkward at the beginning. However, her father remembered that she settled in and soon liked being with the other children and teachers. She and her mother were always very close and her mother took great delight in spending time with her.

Her mother was quite an outgoing person and was able to help Elizabeth with her shyness by inviting other children over to the house and encouraging her socialization. Elizabeth did quite well both academically and socially in grade school. She was praised by teachers both for her academic work and her popularity. She always had a lot of friends, but was unusually concerned about what other children thought about her. Her father stated that no matter...
how many children seemed to like her, she worried about the one that did not seem interested in her. She was always extremely jealous of the most popular girl in the class and sometimes became obsessed with that person.

Elizabeth was unhappy to be an only child. However, her father explained that he and his wife never intended to have a second child and were happy to have just one. She was close to her maternal grandparents who lived in another state and came to visit her about twice each year. She also went to visit her father’s extended family at their lake home over the summer. Both of her father’s parents died when he was an adolescent. He stated that he knew how overwhelming parent loss could be because when he was 14 his father died in a plane crash and when he was 17 his mother died in a car accident.

**History of the Problem**

In August 1989, Elizabeth’s mother was diagnosed with inflammatory breast cancer. The prognosis was not good, but she was very optimistic and decided to pursue the most aggressive treatment possible. Her mother underwent surgery and then had five rounds of chemotherapy between Thanksgiving (late November) and Christmas 1989. In March 1990, she had a serious relapse. She went for treatments at M.D. Anderson Hospital in Houston, Texas and then was a patient at Duke University in Durham, North Carolina from April 1990 through June 1990, to undergo a bone marrow transplant. During the stay at Duke, Elizabeth was able to visit her mother only once-over the Memorial Day weekend (late May). Her mother came back to Colorado in June but the family received the bad news that the cancer had metastasized to the brain. Her mother died at a Denver hospital in September 1990. She had been hospitalized there for about six weeks before she died. Elizabeth saw her mother the Thursday night before she died on Friday morning.

It is important to note that Elizabeth was very distressed during her last visit with her mother. In a confused state, her mother had incorrectly called her by her aunt's name. Elizabeth had become quite distraught and tearful because of this and felt angry with her mother. She struggled with intense guilt because she felt angry the last time that she saw her mother.

During the six weeks before her mother died, Elizabeth had developed some rituals and obsessive thoughts and feelings about her mother’s illness. For instance, if she would forget to tell her mother that she loved her upon leaving the hospital, she would make her father bring her back upstairs so she could tell her mother that she loved her. Her fear was that if she did not say those “three little words” her mother would die in the night and it would be her fault.

Her father reported that the extended family was extremely helpful when his wife died. Both of his two sisters and sister-in-law came to help out when she died. Elizabeth’s maternal aunt lived down the street and was very supportive and helpful to both Elizabeth and her father. Another aunt was a psychologist in a distant city and was very concerned about her. It was this aunt who encouraged the father to seek psychological treatment for Elizabeth.

According to her father, Elizabeth “went down mentally and mood-wise” after a Christmas trip to Florida four months subsequent to her mother's death. In middle and late January, she began to say that she did not want to live. She would say that she wanted to kill herself so that she could be with her mother. She complained to her father that she hated school and that nobody liked her. However, her teachers reported that she was popular with other children.

Her father did not know how seriously to take Elizabeth’s statements and was very distressed by them. She became afraid of the dark and afraid to sleep alone in her own room. Her father slept on a futon on the floor in her room. He was very pained by her difficulties and did not know how to handle them. He recalled that her mother would often lay down with her until Elizabeth could fall asleep and then go into their bedroom. She was particularly demanding of her mother’s presence after her mother became ill and began chemotherapy.

Elizabeth attended an excellent elementary school in her hometown. Her teacher showed a genuine interest in her, and it was this teacher who reported to her father that she had overheard Elizabeth talking of suicide and of hating her life. At that time, she attended a support group at school one day a week with other children who had experienced losses. Both Elizabeth and her father reported that schoolwork had become quite a struggle for her. She had a very hard time concentrating in the autumn of her mother’s death. For instance, it took her “forever” to write a book report or to complete her homework. Her father stated that she used to be a very organized child and appeared to love learning. She was in the Challenge Program, which was quite demanding. Difficulties with concentration, organi-
Psychotherapy Sessions:
March 1991–February 1993

1. Initial therapy session

The patient entered the playroom hesitantly and looked around. She sat down on one of the beanbag chairs and waited for me to begin. I asked her if she knew why she was coming here, and she stated, “Yes, because I’m sad that my mother had died.” I asked her if she could tell me a little bit about that. She said that she missed her mother very much and that they used to have very long talks. Her affect was extremely sad and her voice very soft spoken. She stated that she could talk with her mother about anything and everything and that she cannot get used to her mother not being present. Elizabeth was fighting back tears and looking down at the floor.

She stated that sometimes she thinks she hears her mother calling to her and that makes her wonder if she is “losing her mind.” As though she had said as much as she could bear, she asked if she could draw a picture. Elizabeth then drew a picture with lots of clouds on it and said that she liked to think of her mother in heaven looking down on her. Christmas had been very hard and she wondered if she would ever get used to her mother not being around. She said she wanted to draw another picture but did not know what to draw. I asked her if she could draw a picture of her family. She drew a picture of her mother, her father, and her dog in front of their home.

Elizabeth asked if she could play and chose a game entitled, “Don’t Spill the Beans.” [The phrase, “don’t spill the beans,” is an American idiom for not saying or revealing something that should be unspoken.] Her choice of this game revealed her own ambivalence about telling me about her mother’s death, her own despair, and her anger over such a traumatic loss. She began playing the game in total silence, careful not to allow even one bean to spill from the wobbling top of the little container. Her shaky hands and sad expression were poignant.

I asked Elizabeth if she could tell me about school. She said that she was very unhappy there—that she could not pay attention anymore and that her mind wandered a lot of the time. When I asked her what her mind wandered to, she said she thought that it was not fair that other kids still had their mothers. Elizabeth told me that none of the other children in the support group had a parent who had died, but were instead experiencing the effects of divorce. Elizabeth found the group helpful and liked to go. However, at other times, she would become furious, crying about how “stupid the other kids were—that their parents might be divorced, but were still alive.” She felt as though none of her friends understood. She stated that when she heard about a murderer or a robber not receiving a major punishment or being sent to prison, she wondered “why God let them live and made my mother die.”

She spontaneously stated that she could not stand scary movies anymore. She used to like them, but now even the dark scared her. Elizabeth stated that she closed her eyes when the movie character E.T. got sick because it made her so sad. She spontaneously reported two dreams. Dream One—"Willy Wonka and I were on the steps of a swimming pool. There was a glass wall with candy on the other side. There was a glass wall with candy on the other side. The windows all around the room were shaking. Trees were squishing and there was weird, scary music. A dark monster popped out with a rotted out face. I woke up sweating.” Dream Two—"I dreamt about a bedroom with two beds in it all piled on top of each other. I woke up sweating on that one, too. I can’t stop dreaming about it.”

The patient reported symptoms of depression at this initial meeting including difficulty sleeping, loss of interest in daily activities, preoccupation with death, suicidal thoughts, and many uncontrollable crying episodes. She also expressed many feelings of guilt (i.e., guilt if she should laugh because people would think that she did not miss her mother). If she started to experience pleasure, she felt she should not do this and heaped psychological abuse upon herself. On our initial meeting, it appeared that she was stuck in the grieving process and having a very hard time working through the complicated feelings that any child would experience around so painful a loss.

2. Initial diagnostic impression and treatment plan

After six sessions of careful assessment, my diagnosis was major depression with complicated bereavement. I recommended weekly psychotherapy for the patient to help her deal with her feelings about the loss of her mother as I felt that she was stuck in the grieving process, terrified of mourning her mother, and at risk for a prolonged devel-
Peggy Stall Glascoff

I also contacted her school teacher to see if as much support as possible could be arranged for her there. I arranged to meet with her father every two to three weeks to follow her progress at home and to offer him support. I strongly urged her father to accept the recommendation for psychotherapy for himself, but he felt that this was unnecessary and that he would work through his grief himself. Like his daughter, he appeared to be clinically depressed.

3. Course of initial treatment

The patient was seen in weekly psychotherapy beginning in March 1991. She attended a total of 24 months of treatment and appeared hungry for a relationship with a maternal object. She was quite adamant, however, about explaining that no one would take her mother’s place—not her aunt and certainly not me.

Nevertheless, the initial transference appeared to be one of a soothing, comforting mother. She responded well to clarification of her feelings and was able to tolerate gentle interpretations about her anger and her fears of her magical thinking. Yet, when she felt the need for sessions to be longer and questioned why they had to end at 45 minutes, she found me to be a very depriving object. Rather than expressing anger at me, she would become petulant and tearful. She was quite resistant to looking at her own anger and how difficult it was for her to express it directly. Angry affect was quickly transformed into depression.

Separation anxiety and fear of further loss predominated her psychic life. For example, when her father had to go on a brief business trip, she was very frightened that something might happen to him or that his plane might crash. Similarly, when I went on vacations, she worried about me. Once, when I was ill with a throat infection, she became concerned that I might have throat cancer and die. She also had a great deal of fear about herself becoming sick and dying. She was preoccupied with environmental hazards as well as medical diseases.

For well over a year, she and her father seemed to be merged in a miserable depression. There was an air about them that almost appeared to be “you and me against the world.” Finally, after 21 months of her treatment, Elizabeth’s father was willing to accept a recommendation for psychotherapy for himself. I believe the reason he changed his mind and was willing to move forward at that time was so that he would not be alone and lonely. He talked about his difficulties in getting on with his life and his feelings of guilt in leaving his wife behind.

Elizabeth’s father began psychotherapy with a senior analyst and benefited greatly from his treatment. It was this analyst’s opinion that Elizabeth’s father had never had the opportunity to work through his grief around his own parents’ deaths and was now totally overwhelmed with the complex mixture of trying to grieve for his wife and his deceased parents at the same time. Just as his daughter had fears of losing him, he admitted to his analyst that he had frequent nightmares of his daughter dying or getting cancer.

To my surprise when her father began to feel better, the patient seemed to feel worse. When he began to show some interest in a woman for the first time and take her out to dinner, Elizabeth became both anxious and furious. She was frequently reduced to tears and accused her father of not caring about her mother. Her father was so concerned that he called me one night and stated that he would quit dating the woman he was involved with if it were too stressful for Elizabeth. Instead, I suggested to him that his daughter needed to deal with her mother’s death and to get on with her life as he was trying to do. I also asked him to come in for another session so that we could talk about a more intensive form of treatment for her. It was becoming painfully clear that not only her mother’s death, but also pre-Oedipal as well as unresolved Oedipal issues were complicating Elizabeth’s future psychological development.

Before that next session, the patient became extremely upset and suicidal on the anniversary of her mother’s birthday. Her father had a dinner date that night and she thought it was wrong for her father to take out “some other woman when it was her mother’s birthday.” As Elizabeth talked about it, it was almost as if her mother were alive and her father were having an affair with another woman. Her jealousy of this woman was apparent as well as her fear that her father would totally abandon her should he become more involved with this woman. It was of some help when her father had a “heart-to-heart” talk with her and explained to her that regardless of what happened in his future life and whether he remarried, he would always have enough love to give his daughter.

4. Recommendation for child/adolescent psychoanalysis

At this meeting with the patient’s father, I made a re-
commendation for psychoanalysis for Elizabeth. He asked many questions with regard to what kind of treatment it was, what kind of outcome he could expect, how long the treatment would take, and the like. It was quite a Herculean effort to arrange transportation for her from their small town and back four times a week but he made arrangements for a cab to bring her to Denver and then he picked her up after work. When I consulted with the father’s analyst about whether this was too stressful for the father, it was his opinion that the situation was progressing well and that he had never heard the father complain about the transportation.

The patient’s response to the idea of analysis was initially quite positive. She seemed eager for the extra time though she complained bitterly about the taxi ride the first two days. She stated that her reason for agreeing to analysis was wanting to get over hating her life. She said that she either “wants to be happier or wants to be dead.” She also wanted to get over her fear of illnesses and diseases and the worry that something bad was going to happen all the time.


Elizabeth was often surprised, even mystified, by the intensity of her anger with me as she struggled with a blossoming negative transference. While she had contained the full extent of her disappointments and anger with life, God, her parents, and me in once a week treatment, psychoanalysis offered her the safety and holding environment where she could finally reveal and integrate these “mean” feelings.

When angry with me, she often feared that I would not want to see her the following day. At times her fear of my retaliation for her rage was so great that she would call on the phone to confirm that I wanted to see her for her regularly scheduled session the next day. Interpretations of her resistance as well as transference interpretations were difficult for her to assimilate. Part of Elizabeth longed to keep her mother in an idealized state, remembering only the good and happy times, never the empathic failures or frustrating moments that are a part of every child’s development. When a memory surfaced in which she had been angry with her mother for “expecting too much of me,” she almost panicked and accused the analysis and me of trying to steal her happy memories of her mother.

Tolerating ambivalence towards a beloved person became a major goal of her analysis and the only way she could mourn her mother and move on with her own life. Periods of separation (weekends and vacations) offered us the chance to look at the profound impact her mother’s illness and times away from Elizabeth for medical treatments had on her development. “How could I have been mad with her when she was so sick?” she tearfully asked me. Yet she came to understand that she had been angry and displaced this anger onto other objects, including herself. Under different circumstances Elizabeth’s parents might have been able to help her learn to deal appropriately with her anger rather than to displace and internalize it, but they too were overwhelmed with the mother’s illness. She could now acknowledge that her mother and father had not been perfect parents. Perhaps she did not have to be perfect to be loveable either.

Interpretations of her fears of her own aggression and budding sexuality became more acceptable to her as she felt safer in the analytic situation. Transference interpretations of her fears of my retaliation were repeatedly offered, but only truly heard when she was ready to integrate such important psychological information. As she spoke what she had previously considered unspeakable, many of her symptoms were relieved, particularly the intensity of her debilitating depression. Energy appeared to be freed up for typical adolescent interests and academic pursuits.

The timing of these interpretations was critical and an important part of my learning process in supervision. My own temptation was to interpret too early in the process. I learned from my supervisor that, indeed, “patience with a patient is a virtue.” I also learned that child/adolescent analysis presented me with uncertainties regarding technique that were different from conducting an adult analysis. The best example was the afternoon session in which Elizabeth finally told me, only ten minutes before the session was to end, that she had started menstruation that morning. She was upset rather than pleased and pleaded that I not tell her father. However, there was the matter of obtaining the feminine supplies that she needed at that moment. After a brief period of internal dialogue with myself and wondering what my supervisor would think, I told Elizabeth I would walk with her to the store across the street and purchase the necessary items.

Together we bought the supplies and I was surprised by
the intense degree of her embarrassment. Her displeasure was only heightened when the clerk at the store who picked up on the subtleties of the event commented that, “This is one of those special mother-daughter moments.” Elizabeth blushed profusely and as we left the store said in an angry voice, “You’re not my mother and I am glad you are not my mother.” Moments later she was asking for help in telling her father about the physical and psychological milestone of menarche.

It was a pivotal session in clarifying our analytic and real relationship. It was also the first time that Elizabeth was able to admit that there were times that she hated her mother for dying and that she sometimes hated herself for wishing that I was her mother. Needless to say, this extra-analytic event provided much “grist for the mill” in our subsequent sessions together, regarding not only her feelings about her mother’s death and her feelings about me, but also her feelings about becoming a young woman.

As in many cases of child/adolescent analysis, both my supervisor and I would have preferred that Elizabeth continue for more in-depth analytic work. Significant progress had been made with regard to a resolution of her major depression, lessened though still present anxiety, ability to enjoy school and friends, and ability to tolerate separations from her father. The four times per week sessions appeared to have been helpful, but problem areas which remained were an overly harsh superego, survival guilt, worries about the future, and a tendency to lose interest in boys when she felt that they were becoming emotionally attached to each other.

As Hansi Kennedy and George Moran explained in their cogent paper on the aim of child analysis, only a relatively small group of child analytic patients suffer solely from clear-cut childhood neuroses. “Where the disturbance is due not only to internal conflict but also to developmental psychopathology deriving from a mixture of early neglect and damage, lost opportunities for development, unavailable or inconsistent objects, and other sorts of environmental influences, the analyst will have to recognize that a purely interpretative approach may not achieve the desired aim” (Kennedy & Moran 1991, p.184).

Elizabeth was an excellent example of a child who could not be restored to something that was tragically missed in her early development. Indeed, her analysis involved not only grieving the mother she had lost through death, but also mourning the mother she longed for and would never have as she took future developmental steps forward.

The patient wanted to try to make future developmental steps on her own. Her analysis was “interfering” with her participation in after-school activities and fun. Progress had been made in that she experienced normal adolescent pleasure in life and that her time was not taken up with rituals and worries. She accused me of wanting to keep her in treatment forever. My supervisor, Robert Tyson, M.D., helped me look at my own countertransferences and my difficulty with “letting her go.” The patient and I agreed that should she run into difficulties again or find there were hurdles to her happiness she would call me.

Each Christmas (1994–1996) Elizabeth sent me a card with her school picture and a letter documenting how she was doing. From time to time she also left voice-mail phone messages, telling me about an academic honor, a new boyfriend, or a vacation trip she was taking. It is interesting to note that she would always remind me to tell her if I was moving from my office so that she could “keep track of me.”


Not surprisingly, the adolescent tasks of leaving home and choosing a college were extraordinarily difficult for Elizabeth. In her unconscious mind and dreams, leaving home was the most complex of separations and was equated with death. It was as though both she and her father could not survive this major life transition. It is important to remember that Elizabeth’s father had lost both of his parents by the time he was 18.

Elizabeth called asking for “just a few appointments.” She could not complete her college forms; the essay questions upset her. Indeed, she had walked out of the first SAT exam in tears. She was again struggling with depression and “a wish to just sleep my life away.” However, at other times she would feel excited about going to college. As soon as she felt excitement, this pleasurable feeling was followed by guilt. She claimed to alternate between worrying that her father would be “horribly lonely” and that he would marry the woman he was dating and forget all about her.

In this 15-month period of one session per week treatment, Elizabeth and I seemed to recapitulate the process of her earlier analytic work. However, now she was older, had increasing capacity for insight, and even stronger cognitive abilities. What was fascinating to experience was the extent
to which she had kept me alive in her mind and inner life during the two years we had not had sessions. I frequently had to remind her that she needed to tell me about something she just assumed I knew. Having a good sense of humor, Elizabeth would sometimes laugh and say, “I think I told you that in my head.”

There was much anger unleashed at me for not just telling her what to do—especially where to go to college. Interestingly, when I wondered if her consideration of Duke University as a possibility was related to her mother’s treatment there, she became enraged and accused me of trying to tell her what she could and could not handle. Again, as parent loss victims must do, she grieved her mother on yet another level. All of her friends had mothers who were helping them with college plans and decisions. “When will I quit missing my mother? I guess when I die myself,” was her answer.

Elizabeth graduated valedictorian of her high school class, giving a speech entitled, “The Influence of the Past on Our Present and Future.” It was a remarkable speech, a tribute to her early attachment to her mother, the dedicated parenting of her father, and her own intellect and spirit. In spite of an added dose of the usual college student’s anxiety upon leaving home, she went to an excellent college in Boston. When I tried, at our last session prior to her departure for college, to give her the scrapbook she had made about her mother, she asked me to retain it for “safe keeping.” She stated she would see me sometime in the future anyway. She reminded me to let her know if I were to move out of my office.

Final Visit: September 2002

As I had promised Elizabeth, I did let her know that I was moving out of my office and leaving Denver. She asked if she could come in to say good-bye. She was the last patient I saw in my Denver office, which somehow seemed appropriate. Elizabeth was, and is, a powerful reminder of the fact that we continue to learn and to grow from our patients. I do not think that it is happenstance that I chose to present Elizabeth to the Korean Psychoanalytic Study Group when given the honor of selecting an adolescent patient for a case presentation and discussion.

The striking young woman who walked into my office in 2002 bore little resemblance to the depressed young girl of eleven years earlier. She had just returned from a trip to Australia, a graduation present from her father and stepmother. Elizabeth had graduated with honors from a highly selective college. Her future plans were to spend a semester studying intensive French in Paris. She had been accepted into an excellent business school in California to begin studies the following year.

She wanted to know my future plans and where she might reach me. I told her that I would be joining my husband in just a few days where he was teaching for a semester in Seoul, Korea. An avid traveler herself, she stated that Seoul was on her list of places to visit in her life and asked that I send her a postcard, which I did. The theme of needing to know where I physically am in the world continued. I promised to give her my address in the event that she would need a referral for psychological help in the future. This time when I offered her the scrapbook she had made about her mother’s life and death eleven years earlier Elizabeth agreed that she would like to take it. Both of us knew the significance of that symbolic action.

Discussion

During her last visit, Elizabeth once again needed to be reminded that there was much about the last four years that I did not know. As many discussants in both Seoul and Denver have noted, Elizabeth had kept the transference alive in spite of geographic separations and the absence of continuing analytic sessions. She pulled out pictures of her college graduation, her boyfriend of two years who was to enter law school in September 2002 (also in California), and some pictures of herself with her Mom, Dad, and assorted relatives that her aunt had given her after her college graduation.

Such a case brings to life the profound influence of the unconscious as well as the power of both the real and the transference relationship. For children who have progressed through a long-term psychotherapeutic relationship, I believe it is of great value to remember the importance of the therapist as a real developmental object as well. Elizabeth’s work with me also raised again the question of whether the transference relationship is ever truly resolved. Certainly, in this case one feels the powerful interplay of transference and countertransference from the first to the final sessions and even beyond (Tyson 2002).

I am sure that it is easy for the reader to detect the countertransference issues with which I struggled. Certainly,
I dealt with “rescue fantasies” in dealing with this child’s palpable grief. At times I felt a wish to be her mother rather than to help her grieve for the mother she had lost. At such times one becomes acutely aware of the value of the tripartite model of training where one has the opportunity to: 1) learn theory with analytic teachers in classes with other candidates; 2) examine one’s own blind spots and unresolved childhood issues in a personal psychoanalysis; and 3) benefit from the insights and suggestions of a senior supervising analyst for guidance.

“One on feeling and being felt with” (Furman 1992) played a very significant role in helping Elizabeth tolerate painful and previously unacceptable aspects of her grief. Being able to tolerate the affect of anger in the transference and then in relationship to her memories of her mother made it possible for the mourning process to progress and let her get on with her life. Several of the Korean psychiatrists were quite struck by the fact that Elizabeth’s mother had not been able to help Elizabeth prepare for her death even when the mother knew it was inevitable. I found myself surprised by my own defensiveness toward this mother I had never known even though I intellectually agreed with their point.

Relinquishing her parents and their internalized representational objects as well as objects of authority had been a struggle for Elizabeth. She often wondered with me what her mother would have thought of a particular boy she liked or of a feeling she struggled with or a difficult decision she made. Indeed, Elizabeth had been deprived of the regulating comfort her mother’s love would have brought during the second separation/individuation phase of adolescence. At such times she often experienced great fluctuations in her self-esteem as well as a profound sense of inner object loss.

Although I had little actual data regarding the period of time when her superego was forming, one could not help but be struck by the perfectionistic and critical nature of Elizabeth’s superego. As the Tysons succinctly concluded in their book: “One can then ask whether it is oedipal resolution that consolidates superego functioning leading to autonomy or more consistent superego functioning that facilitates oedipal resolution. Having raised the question, we answer that it must be both.” (Tyson & Tyson 1990, p.220). In Elizabeth’s case, her unresolved grief, unconscious guilt, and harsh superego had further complicated a difficult mourning process as well as the resolution of her Oedipal conflicts.

At specific times of the year that involved important anniversaries, Elizabeth would suffer profoundly. On two occasions she struggled with suicidal thoughts and wishes to join her mother. As noted in the case history, one of the reasons the patient and her father agreed to engaging in a period of psychoanalysis for Elizabeth was her suicidal feelings at the anniversary of her mother’s birthday. She would often experience angry and/or depressive reactions during important holidays, like Thanksgiving and Christmas.

George Engel’s courageous paper analyzing his own anniversary reactions raised the question of whether certain profound losses in life are ever “actually completely resolved and to what extent the impact over time of such losses is cumulative” (Engel 1975, pp38). Most analysts and psychotherapists agree that these losses become woven into the fabric of one’s life, but for most individuals are predisposing factors which can lead to later depressive events and struggles with loss.

Elizabeth showed the capacity for the self-analyzing function when she summed up her own evaluation of her current life at the end of our last meeting. “I’m happier than I’ve ever been. I feel pretty now, not ugly like when I was a teenager. I have a boyfriend who loves me and I’m even glad my Dad has a really good wife to share his life with. I think I’ll always get a little nervous before big trips and big life events, but I won’t let that stop me. I wish I wouldn’t worry that when things are going great that something bad might happen. I think that comes from having your childhood innocence lost too early in life.” I think she is right.

Author’s Note and Acknowledgements

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References

Freud A(1965) : The concept of developmental lines. Psychoanal. Study Child, 18 : 245-265
Tyson R(2002) : Personal communication, September 10