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LETTER FROM THE EDITORS

Dear colleagues,

While growing up the abstract future soon becomes the reality of the present and then the memory of the past. But in our minds, once traumatic situations and their accompanying impulses and feelings are repressed, time keeps the present tense. Again and again, this is what we learn from our patients.

If in full co-operation between patient and therapist, the royal road to the unconscious is taken and the gateway to consciousness is open to the de-repression of the traumas, our patients live and experience that painful past as if it were all in the here and now. It is only after this painful past is experienced to the full extent in the reality of the present - over and over again - that the patient will tell us that from there on the former traumatic experiences may harmlessly stay and rest in his mind as memories of the past. The articles in this July-issue of the Ad Hoc Bulletin will prove it again !

Susan Warshow's patient (notwithstanding prior therapy) was haunted by depression, chronic anxiety and nightmares. After having restructured the patient's ego-adaptive capacity, Susan Warshow took the patient's nightmares as "radar-signals" for the buried trauma. And as time stood still while the patient lived the complex of impulse and painful feelings, it became clear where the nightmare really had begun and why the baby had been suicidal. You may understand that we will not disclose the plot here, so read for yourself !

Felix Julien wrote the second article "Marie's smile".

Although this woman hadn't a clue how she did it, she knew that she was prone to mess up her love-relations. This time she was determined to put an end to the dominance of her superego and to make her relation with her new beau a success. Felix Julien's work of 3 hours duration on Marie's syntonic defenses, while being supportive of the patient's ego, stimulating and challenging her to drop her self-sabotage and to acknowledge and experience her impulse and feelings, offers a straightforward explanation for the patient being able to smile again from that session on!

Undoubtedly you will remember Robert Neborsky's article "Recognizing and working with an oedipal focus in ISTDP, part I", which appeared in the last Ad Hoc Bulletin. In that article Robert Neborsky had listed 10 psychotherapeutic goals to keep in mind when doing ISTDP with patients, suffering from oedipal problems.

The transcribed session outlined the achievement of the first 7 goals with "The virgin, who treated herself like a whore". Part II, which is published as the third article in this issue, illustrates Robert Neborsky's way of achieving the last remaining three goals with his patient, who was suffering from a mixture of oedipal and pre-oedipal problems.

In the process of working with a patient's sexual problems and sexuality, the therapist - at first blush - may be tempted to avoid exploring the physical components of the patient's sexual arousal and avoid helping the patient to visualize and experience the sexual impulse, guilt and grief in the transference (T) and in the past (P). Not so Robert Neborsky, who, with this article, will certainly help lots of therapists to deal with the patient's sexual feelings while doing ISTDP.

To end with: the authors, who contributed to this issue of the Ad Hoc Bulletin, hope that you will find the result as appetizing and stimulating as we do. And if it inspires you to write an article too, let us know !

Till we read and write again

Josette ten Have-de Labije

THE SUICIDAL BABY KANGAROO DREAMS REVEAL A HAUNTED CHILDHOOD

Susan Warren-Warshow, LCSW

Summary

The patient opens the session with terrifying, mysterious images and sensations from dreams and waking dream states. Whether to delve into this material, how deeply, and with what focus, are decisions the therapist has to make. In the transcript that follows, therapist and patient choose to immerse themselves in the labyrinthine tunnels of the patient's dream material, uncertain as to where they will ultimately emerge. As expected, the language and imagery of her nightmares is cryptic and encoded with defensive structure. The session, described in this article is viewed by the patient as pivotal to her personal transformation.

Introduction

Freud viewed dreams as the "royal road to the unconscious," to be accessed through dream interpretation. The approach, as herein described, is to facilitate the patient in discovering the meaning of her dream imagery through deep immersion in the felt experience of her nightmare entities, the kangaroo mother and the starfish womb.

The nightmarish imagery (crushed skull, tortured brain) presented by this 36-year-old female patient is fueled by a viciously attacking superego. Although she had had ten years of prior therapy with another therapist, her chronic, severe anxiety and intermittent episodes of major depression (recurring since age 23) had persisted. She exhibited very low ego adaptive capacity and high superego pathology. This was evidenced by socking herself in the forehead to the point of bruising, chronic migraines, holding on to fears of harboring cancer and dreading death. Procrastination robbed her of the satisfaction of fulfilling her creative goals and projects. She hated their home and wanted to move, but was too passive to do anything about it. She kept her eldest daughter, (age 8), at a distance, and related to her husband in a dependent, child-like and histrionic manner. She had marked problems with autonomy and intimacy.

Due to the conscious and especially the unconscious therapeutic alliance, the patient welcomed the opportunity to utilize her dream messages from her unconscious to liberate herself from the vestiges of her haunted childhood. This transcript is chosen because the patient declared this session to be pivotal to her personal transformation (as described in her comments at the end), and it also precipitated the final phase of treatment.

The patient entered therapy after a three-year break from a 10 year treatment with another therapist. Her symptoms had persisted and she little faith in therapy. She was sarcastic and disdainful in the initial session, and she saw this return to therapy as a final, desperate attempt to relieve her anxiety, depression and relationship difficulties. She felt especially guilty and disturbed by her inability to feel close to her oldest daughter, age 8. This was in sharp contrast to a sense of oneness with her youngest daughter, age 2. She was also distant from her husband and her aging, deteriorating parents, living in Italy where she was raised. She never visited her parents and avoided telephoning them. If her father answered one of her rare calls, he immediately passed the telephone over to her mother. He'd always been cruelly demeaning towards her, even calling her the "evil one." She resented being her father's least favorite, especially since she was the one who tried the hardest to please. She was the most rejected by her father. Her youngest sister had been hospitalized for anorexia and was unable to function. Her middle brother, four years younger, had a history of drug problems and incorrigibility. She avoided

her siblings because their problems were so burdensome.

Her parents never inquired into her life or the lives of her children, sent inappropriate gifts, made no effort to see her or her family, and never initiated phone calls. Nevertheless, she was disturbed that her children had no relationship with their grandparents. She felt a great deal of guilt and responsibility to compensate for her parent's unhappiness and unfulfilled, isolated lives. In a moment of new insight, she said: "I probably felt bad all my life about being angry at my parents." When she did call them, she was overcome with anxiety and told stories breathlessly and compulsively.

Her mother had a history of untreated depression and was alternately explosive and abusive or withdrawn and reclusive. In this latter state, she was neglectful and self-absorbed. The patient was left alone in her house as a very young child, while her parents played poker. When she was age two, she almost killed herself accidentally 3 times due to mother's neglect. Her mother bragged that once she was safe, she gave her infant daughter the "worst beating" for having scared her mother to death. Her family found humor in naming her the "suicidal baby". Once her parents forgot they had left her for hours in a car. Mother exhibited anti-social behavior when angry, i.e. stuffing chewing gum into a neighbor's keyhole or calling police with false complaints. The patient was terrified of her mother's unpredictable moods and worked hard to regulate them and make her happy. She was very protective of her father, viewing him as weak, a victim, and fragile. He was a passive and marginally functioning salesman who drank and spent his earnings on binges. Her mother transmitted her fear that father would not earn enough for them to live on. Friendships were discouraged and the patient was painfully isolated from the outside world. The defense of splitting was operating, with mother being seen as all bad and father as all good.

The emergence of impulse/feelings were blanketed with acute anxiety and channeled into both smooth and striated muscles. She complained of chronic migraines headache, nausea, severe hives and muscle tension. She was also prone to hypochondria, nightmares, and severe social anxiety. She avoided unfamiliar places or trying new things with her husband, children and friends.

Emotions were defended against by avoidance, verbal discharge (anxious talkativeness, speaking rapidly and in generalities), changing subjects as distraction, detachment, depression (with chronic fatigue and irritability) and impulsive acting out. Once she screamed hysterically at some workmen on the sidewalk, projecting that they were purposely obstructing her. Such out of control outbursts were painfully embarrassing to her. In the early phase of treatment, the patient would resort to regressive defenses and toss her long hair over her head, hold her head in her hands, avoid eye contact, weep and cry, hyperventilate, and would break out with hives over face, neck and chest. When enraged at others, she sometimes redirected her violent impulses by socking herself in the forehead and leaving bruises on her face. Because she feared loss of control of her impulses and was riddled with guilt, her body became the receptacle for her rage.

The patient transferred her style of relating to her parents onto others. As with her engulfing, narcissistic mother and rejecting father, she avoided conflict at all costs and defended against her retaliatory rage with compliance and excessive accommodation. Thus, she tolerated cruel devaluation from her husband, as when he said, "I have reason to be contemptuous of you", as well as his demanding, controlling and narcissistic behavior. She also put up with the unacceptable behavior of certain friends. Her hostility was indirect (passive-aggressive). Although sex could be exciting with her husband and she is orgasmic, she avoided sexual relations, fantasized about other men and was generally withholding in their relationship. He owned a business that was sometimes successful, but he also gambled their savings recklessly on speculative projects. She worried chronically about the family's financial security, recreating her insecurity with her father. Although she was good at managing money, she was unable to set boundaries with him. She considered divorcing him in the course of therapy, but ultimately insisted upon marital therapy and he cooperated.

Her shaky sense of self was evident in her lack of confidence in her perceptions and difficulty making decisions. She routinely returned items she'd purchased and was never certain what she liked or how she wanted to look. She pressured herself to be entertaining and became a chameleon to please and impress others. She resorted to lies and embellishments and compulsively revealed family secrets to seem more interesting which led to betrayals and feelings of guilt. She was deeply ashamed of this false-self aspect of her personality and set a goal to become authentic and true to herself in her relationships.

Treatment Considerations

The patient was motivated but highly resistant, due to severe superego pathology, with low ego adaptive capacity and extremely regressive defenses. A graded approach had been used to undo the ego's identification with her punitive superego, to promote the growing dystonicity of defenses, and to increase her capacity to tolerate emotional intensity without regression or somatization. Initially, she stated that she didn't want to be too dependent and that "none of me wants closeness". The patient came to recognize that her defenses against intimacy were highly self-destructive, given the emotional distance in her significant relationships.

Compliance had to be mutually and vigilantly monitored in the therapeutic relationship. Otherwise, it would have been death to the therapeutic alliance. It was important that she feel in control of the process and she was often reminded that she always had a choice, a real choice, whether to face her true feelings.

Significant work was done to build the therapeutic relationship and alliance through empathic mirroring, expressing compassion for her struggle to face overwhelming fear and guilt, and keeping anxiety at a manageable level through meta-cognitive monitoring. Encouragement to feel, using light pressure and little challenge, seemed to bring the best result. She became aware of her defenses and responded to empathy for the price she had paid through her unconscious, self-hurting choices and behavior. This led to a number of breakthroughs of sadness for self, heightening her compassion for her self-inflicted suffering. This was crucial to turning her ego against her defenses.

The patient was very sensitive to perceived criticism or abandonment, which she projected onto the therapist and current figures. Projections were dealt with through self-other restructuring and self-disclosure by the therapist, when indicated (i.e. "How do you perceive me as feeling towards you?" or "How do you anticipate I will react if you disclose your feelings?" or "choose NOT to disclose your feelings?", "What are you experiencing with me that gives you that impression?", "This is not a feeling I have" or "This is not coming from me.") Once the patient became aware of the projection, we would begin to explore it. "If we go with your perception, how are you then feeling towards me?"

Treatment Developments

The patient had multiple breakthroughs towards significant others, with a gradual elimination of regressive defenses. Her migraines ceased to occur. Her relationships with all family members and friends were significantly improved as she became more grounded in herself. In the course of treatment, she actively encouraged her anorexic sister to pursue therapy and brought her to the U.S. Her sister now lives near her, holds a job and lives independently. They enjoy each other's company. She still has little contact with her brother. Her marriage has improved and she was also able to arrange for a family reunion in Europe to celebrate her parent's significant anniversary. She can call them without anxiety and is more able to accept their limitations.

The patient is a devoted mother and very gifted artist, with many creative talents. As treatment progressed, she completed a major project and brought about a move to a home she loves, which she decorated with enthusiasm. Her intelligence, psychological mindedness and high motivation were important to the success of her treatment.

Transcript and Comments

We open at the beginning of a session that precipitated the final phase of treatment.

- Pt I'm feeling peaceful. (This pleasant feeling, occurring more frequently now, is one that the patient rarely experienced previously. It indicates the gradual undoing of identification with her punitive superego, massive neurotic guilt (conscious and unconscious) and a sense of being "bad," as her father had characterized her)
- Th What do you attribute that to?
- Pt I would like to know. It's very peaceful. I've been well and at peace and happy about things. There's the question, what do I attribute it to? I don't know, but parallel to that, since last week, I have also had anxiety, weird anxiety at night, something going on. I don't know what it is.

I've had this before and it's after I lie down, putting the kids to bed and reading them a book where I get this very scary feeling.

Th You told me about that once.

Pt I told you about that. It started with me having a nightmare and I'm not sure if it's a nightmare and I'm not sure if I'm really asleep, but it feels like I cannot wake up from whatever it is... and maybe it's an anxiety attack when I'm sleeping, I don't know.

Th It could be.

Pt Remember what you said at the time? It's amazing and it's really a kind of scary feeling, but very familiar feeling, you know. It's terrifying and at the same time I know it's very familiar. (Brief edit).

Th What precedes the fear? What are you feeling right before you get so scared?

Pt I feel great, at peace, I'm reading the kids a book. It's a very wonderful time of the night and we feel good and we're lying down and we're cozy and we...

Th How are you feeling, what would you say?

Pt Happy.

Th Happy. Loved? Closeness?

Pt Yes. It's funny. I forgot about this. This is exactly where we came to last time... (Patient references the earlier session in which this experience was explored)... and we concluded that it's like this connection, this intimacy or whatever that freaked me out... could it be?

Th What are the tears, Rachella, what are you feeling right now?

Pt Umm. It's not sadness, really. I start to contemplate that if I am happy and well and relaxing, and it just makes me feel...

Th And feeling loved.

Pt Yes.

Th And closeness.

Pt Yes. (Patient becomes tearful). Ahh, a feeling of relaxing and being well and loving and somehow too much.

Th Does that make you sad?

Pt Yeah.

Th Sad that you can't just enjoy it?

Pt All right, I feel that I'm enjoying it. (Patient has been sitting with her hands pushed in between her crossed legs. There is evidence of striated muscle tension at the emergence of sadness and complex feelings, a restraint of impulse in her hands).

Th Well, I mean enjoying it without punishing yourself in some way.

Pt Yes, Probably, yes. Why would it be there, why can't I just have it?

Therapist comments on a previous session in which patient was having close feelings towards the therapist, which activated her childhood experience of deprivation and longing to get close to her mother. Since her mother was emotionally distant (depressed), or engulfing and completely self-absorbed, there was a breakthrough of murderous rage in the transference. The patient made a link through the murdered eyes of the therapist to her mother. As with her children, positive feelings aroused complex transference feelings which were then defended against, repressed, and converted to anxiety (attack of the superego). Thus, she had robbed herself of enjoying the full pleasure of intimacy with the therapist as she had also done with her children at bedtime.

Th Were you having other feelings towards your children at the time?

Pt Well, I think there is always an underlying fear of losing them. Always a little tingle of...

Th Right, a loss.

Pt Fear where there's no danger.

Th And is there any other feeling that comes up now? Any other feelings that you have towards them?

Pt Feelings towards my kids, besides loving them and being afraid to lose them?

Th Uh huh.

Pt Not that I can think of. No. Not that I'm aware of. Not that I can name.

Th Uh huh. So the closeness triggers the fear of loss, right?

Pt Yeah, it does and at the same time, I have this kind of a swelling, engulfing fear, some anxiety that kicks in. (Hands are gesturing with excitement). The thing that's interesting about this anxiety is that I am not in any way afraid of it and trying to make it go away, it's not like that. (Patient snaps her fingers rapidly). I'm looking at it coming and it's... all right, all right. And it's the same thing that's happened before. I want it to happen because I want to get to the bottom of it.

Th You want to understand it.

Pt Yeah. Okay, okay, and it goes away. (She snaps her fingers in frustration). What was it - it's really weird. What's weird about it is it's this incredible feeling of how familiar this is. This is from my childhood. This is something I grew up with.

Th I would love to help you to get to this. How about if we keep looking to see if there are any other feelings under the anxiety, underneath the fear? We know that fear blankets other feelings. Try not to censor anything.

Pt Even though it's a scary feeling, there is some feeling of possibility and freedom that's associated with this whole experience. (Brief edit) It's not just a scary feeling. It's a disgusting feeling... It feels like, uh, it's a swallowing feeling of being unconscious or some kind of sort of third dimensional - it's weird I just can't explain it.

Th What's disgusting, what feels disgusting?

Pt Um, It feels that this - it feels, it's like being engulfed in some kind of organic matter of some kind,

but not physically engulfed, you know, and disappearing and just like going into this, you know, like a quick sand of organic matter of some kind where I won't be able to get out and I will get to unconscious and I won't have the possibility of getting out. I feel like I'm going towards that and it's kind of sucking me in.

Th What's disgusting about it?

Pt I can't explain it. I have this feeling - it's purely, uh, it's like being swallowed by an animal or something. Is that possible? Without being cut? Like just being swallowed, like starfish.

Patient shakes her head in embarrassment, laughs at the imagery, conveying anxiety and shame. The therapist chose to refocus on the dream material, brushing aside the defenses. Closeness to her mother always meant engulfment to the patient, which carried a sense of danger and destruction of the existence of her separate self. Punitive mother introject becomes punitive self, as patient now shames herself.

Th Don't worry about it. Uh huh?

Pt Okay, all right. You see the mouth of the starfish, (Patient is using her hands and arms very expansively to paint a picture of the images she is seeing in her mind, her eyes closing as she immerses herself and the therapist very freely in her experience) and you just go in there and it's dark and it's just like gooey, kind of uh, thing, and it's very dark and you're just getting squeezed and squished in and then you're going to go under into this black thing. (Again, the patient's hand movements are very expressive, painting a picture).

Th And it feels disgusting as you're going through this?

Pt Yeah, yeah, so it's terrifying and...

Th But also liberating, did you say? Freeing?

Pt What feels liberating is that I have the feeling, it's like, ahh! It's a word, it's on the tip of your tongue... You're looking for a word, you're looking for a word, (patient appears excited) and you know it's there, you know that sooner or later, it's like little drawers in your brain, it's going to pop out of one of the drawers, and there is some kind of mystery, an answer of me.

Alongside the excitement of possible self-discovery, the patient describes the intense terror of this nightmare, "the worst nightmare you could ever have".

Pt It's like being squeezed through some, uh, black organic something in my brain. It's like my body is normal and my brain is squeezed up in a way and with no access to the outside even though I'm still alive and breathing. (The therapist begins to imagine that this creative, curious child must have felt this kind of horrifying suffocation when the patient's mother denied her access to the outside world and to friendships, and also restricted her desires to explore her internal world of feelings. Now the patient squeezes her own brain as punishment for her awful feelings of retaliation, unconscious at this point). As though this could happen to me right now, as if my brain would pop and I would just be feeling that nightmare and not be able to get back.

Th So it's a loss of yourself, a loss of connection, a totally alone state, is it?

The patient begins to weep with sadness and the therapist again encourages her not to censor and to continue her exploration. The patient questions about the name of the mental illness where people "have visions? Schizophrenia?" she asks. "My feeling is that it's like something has got hold of your brain and you can no longer function in the world and you're trapped. It's this incredible torture and it's inside your brain". The therapist says that it sounds like death while still alive, in which she's lost herself but remains conscious

(the observing ego being aware of her annihilation). Therapist further reflects on a state of being totally alone in which there is no escape. Patient concurs.

Pt And I've had the dream where I want to get out of that thing, I want to get out of that thing, and I know I'm not dreaming, I know this is happening to me, I know it, I just have to wait 'til it happens, 'til it goes away. And I think it's a panic attack, I think it's an anxiety attack that I'm having. I'm terrified of having...

The therapist inquires as to whether patient has experienced similar feelings before.

Pt I remember being a child and having that feeling. I would go to sleep and there was no telling if it was going to happen to me but it was a repetitive thing. Yeah, I was really afraid to go to sleep. I was really afraid that it was going to happen. And I think I was 12 or a teenager. And then after that it happened for a long time and then after that it seemed to be going well and it happened once in awhile. It seemed like it occupied a big chunk of a period of time.

Th Mostly around age 12?

Pt I don't know why, um, my sister was born, 8, and we probably moved there when she was 5. I was 12, 13 when we moved to this place where it happened. So I associate it with this place that we lived. I know that I was alone in my bedroom, you know, a teenager...

Th Did it happen soon after you moved to this place?

Pt Probably, Umm, that's the time when I was most anxious, I was very, very terrified of my parents dying, leaving, not coming back. They would be going to that poker game and I was just terrified that they would not be coming back. I had a lot of fear. I was really anxious.

Th And what gave you that fear that they wouldn't come back?

Pt I was, I thought they were going to have a car accident, they would die, they were not going to come back. (The patient's unconscious wish to murder them for abandoning her, as they began leaving her alone at a very young age). I think that they portrayed the world to be such a scary place and also they didn't really, they were always afraid of the world and... (Here we see the roots of patient's social anxiety and fears of going to new places).

Therapist questions her about the effect of the move to a new home, and patient says that it was her lifelong dream to have her own bedroom and "at that place I had my own bedroom". It was the first time she'd slept alone. She continues:

Pt Yes, and I'm certain my mother was very weird at that point.

Th How's that?

Pt We have to always (inaudible). I think I started to realize a lot of stuff that was going on, that my mom was getting affected with some kind of depression, there was a lot of fighting between my parents, which I had never noticed before, was happening at that point. I had my little sister, who was very little, she was 3 or 4 years old, and I remember being scared for her, but I don't know of what. (The patient gets teary and the therapist asks to take a look at her feelings). I remember just being basically worried about everything and wanting to be good and my (middle) sister starting to take the wrong road and taking drugs and starting to really act out.

Th What did you worry about for your little sister? What were you scared of for her?

Pt I can't remember, even her appearance. I can't remember even a vision of her, but I remember, I always felt a guilt or something and I was not nice with her or something like that. I was really involved with myself and at war with my other sister. Um, my Mom was screwed up, my Dad was... (patient shakes her head, one hand squeezing her shoulder near her neck, the other shoved between her legs, suggesting striated muscle activation while burying the impulse between her legs)...

Th What were you feeling towards her?

Pt I think I probably felt anger towards her. I had this feeling of not wanting her to exist, while at the same time, I really wanted, I remember wanting her to be fine.

Th So you had mixed feelings of caring but at the same time you were also very angry, right?

Pt I was very ang... uh, I was very, uh, yeah, my teenage years, my teenage years (patient distracts from her rage).

Th Rachella, could we look at that anger that you felt towards your little sister, what that was like?

Pt Uh, it's going to be so difficult to even... (The patient shakes her head side to side and bites her mouth, redirecting impulse towards self). We were mean to her, we were mean to her and I don't remember being mean to her, but I know my sister said we were mean to her and she describes this, she remembers very well us being mean to her. (The patient disassociates from her cruel impulses and the therapist asks what she did to her).

Pt I was probably less mean to her than my sister was (minimization and rationalization). Well, uh, we would just tell her to shut up. She didn't have her voice and we would just put her down all the time. She was like a dimwit, a simpleton in everybody's mind. She was always quiet and if she wanted to talk about something, it was always something nobody wanted to hear or she'd talk about the conversation we were having ten minutes ago and we were just kind of being cruel towards her (The patient recovers some clarity but distances herself from taking personal responsibility by using the collective "we"). I really don't think my mother defended her.

Th So your mother was basically absent emotionally? And your parents were fighting...

Pt I just really remember wanting everybody to be happy (her hands, containing impulse, are again buried between her legs) and everybody to be okay and everybody to leave me alone so I wouldn't have the load of all their problems, their financial problems, my mother's depression, my sister's drug, my father refusing to see anything wrong with my sister's behavior (middle sister was all good and Rachella was all bad in father's eyes). She did everything wrong in the book and me trying to be perfect and failing miserably.

The patient laughs, covering intense feeling around this deep wound. She continued this pattern of working hard to please with her husband, friends, and family, thinking that by being perfect she would win the love that was always out of reach. Closeness equaled engulfment and loss of self and she sought refuge in fantasies of isolation, which was also self-punishing.

Th What do you feel talking about this?

Pt It was hard, it was hard (sadness welling up).

Th Yeah, it's an awful lot for a little girl to cope with.

Pt The amazing part is that I had no frame of reference of any kind to say to myself,

I am angry because my Mom and Dad are arguing or it's not fair that everything (sister) does is fine and he's not seeing her and it's not fair that he doesn't see that I'm perfect. And it's not fair that my little sister's getting all the love or whatever and she's probably being sweet and a baby and my mother kind of gives her that... (Again, hands are activated and the impulse is restrained by shoving her hands between crossed legs).

Th What tells you that you know you were angry at her?

Pt At my little sister? Because I left the house when I was 18, so she was 8. I have no memory of her other than one where I saw her roller-skate. That's my only memory of my little sister. I have no memory of the interaction with her.

Th So when you were around 12, she was about 2?

Pt Yep...

Th So she was an infant when you moved to this house.

Pt Oh! and I had the dream, I had the dream! Oh!! (She puts hands to forehead and pushes hair back in a gesture of excitement, looking up to ceiling). I had a dream about the kangaroo and a feather ... that was another thing that was freaky.

Th What was it - a kangaroo?

Pt A kangaroo, the kangaroo, a kangaroo. Boy, he was (inaudible). It's so hard to have a baby sister (The patient holds her hair back and gets teary again. The therapist encourages her to stay with her feeling). The dream was about having a baby and this kangaroo is scratching the baby with a feather and puts it in the oven and cooks it and that's another recurring dream that I had. (Sadness/guilt is commingled with angry impulse in hands, which are forcefully shoved between her legs). So I must have hated this baby and at the same time it's a nightmare so I probably loved the baby too. (She shows insight into her complex feelings and tears begin to come). I see Caroline now who's ten years old with Brittany (the patient's two daughters). She loves this baby, she loves Brittany, you know. (She compares herself negatively with her daughter, who loves her little sister. This is the first of three associations to her own children, suggesting that closeness with them at bedtime stirred complex feelings to mother and sister and necessitated she be punished by attacking herself with nightmarish images).

Th Right, right. So we know that you had these mixed feelings.

Pt I have a lot of guilt.

Th Are you in touch with the hatred at all that you would have felt towards this baby?

Pt Um, no, well I remember the dream very clearly but I have no memory of my mother holding her, of me even seeing her as a baby, none.

Th But I mean right now, Rachella, do you have any sense of that anger towards the baby, your baby sister?

Pt I feel guilty. (More tears, head down, avoiding my eyes in shame).

Th Yeah. For what?

Pt For being jealous.

Th For hating her?

Pt Yeah, for hating my little sister. I was 10 years old. I was, I wanted to be perfect. I just wanted to be getting some attention.

Th Yeah, of course you did. You weren't getting any and now here comes (another) child to take whatever little bit, you know, might be left over.

(The patient comments on her older sister getting love for being bad).

Th And now we have another sister who is a rival for attention and now you're attacking yourself, Rachella, for these feelings. You can't help the feelings that are there. But you know, you're rejecting them and that's what is harming you now. You know, if you didn't attack yourself with guilt, what do you imagine the anger was like towards her, in honesty?

Pt Well, I probably really wanted her to be gone and not exist and I think that's why I blocked out any image of her. I just wanted her not to exist.

Th Yeah. So this was fury. That's part of what you felt, right?

Pt Yeah. Yeah.

Th And does anything come to mind as to how you would have gotten rid of her, Rachella? How you really felt this rage towards her?

Pt I think the dream tells it all. It's very vivid in my mind, this idea of scratching this big beautiful, baby skin and just basically scratching it (she raises her hand and arm and demonstrates the force of the movement while the other hand remains pushed between her legs, her ambivalence and conflict reflected in her body), so it's torturing, torturing, you know, so I was torturing this baby and I was putting it in the oven which is like this horrible vision of, you know, further torture that led to death of this beautiful baby (she begins to scratch her own leg, again turning the impulse on herself), so I think that uh, that dream was so freaky, so scary.

Th Can you feel this now at all, that feeling of wanting to torture her?

Pt Yes. Yeah, I remember - I can see it, yes.

Th Can you feel it?

Pt I can feel it.

Th Tell me how you feel it. Where is it?

Pt It's in my fingers and I remember when Caroline was a baby, I had that feeling of... (2nd reference to her own child. Therapist wishes she'd not interrupted this sentence)

Th Listen, I think that's important too, but for right now, can you stay with the feeling towards your sister at that time, that feeling in your fingers, the feeling of wanting to get rid of her? (Patient takes a deep breath and blows it out, anxious about taking the next step). See if you can let yourself have that feeling, Rachella, without that feeling of...

Pt That guilt. (Said emphatically. Patient shows her awareness of the inhibitory emotion of guilt)

Th Yeah, without attacking yourself for it.

Pt Honestly, I just don't think I can go there because (she shakes her head no)...

Th Rachella, but you know, this is haunting you because these feelings are real, (inaudible), it's not that you, Rachella, would want harm done to your sister, but the rage inside did want harm, you know. It's a force unto itself. It may seem like an alien force, you know, but it's a force nonetheless and you know, we know, the cost, the price you pay, if you disavow any of these parts of yourself.

Pt Well, the feeling is the feeling of deliberately you know, wanting to cut that skin, that baby skin and just really wanting to scratch it... (Patient's hands and arms are now free and fully activated, demonstrating the exact movements she imagines using).

Th With your fingernails?

Pt With my fingernails or with something sharp and just you know...

Th Take a look and see what would the rage feel like doing?

Pt The rage feels like hurting, but it's not an impact of hurt, it's a deliberate slow torture kind of hurt.

Th Right. So how would the rage want to come out of you towards her?

Pt You mean more than just scratching her, the baby?

When the patient mentioned wanting to "cut that skin" and using "something sharp", other than fingernails, it was clear that there was more violence to her anger than scratching.

Th Yeah, what would you see?

Pt I think that scratching the baby is the most violent picture. (The patient shudders, shakes her head, but hands are relaxed showing relief of tension/anxiety)

Th Is that what the rage feels like doing? (Patient says yes). But didn't you say that maybe it's a sharp object?

Pt It's a feather but it's the pointy part of a feather. (The patient smiles, more covering)

Th So is it the fingernails or is it an object?

Pt It's not an object, it's the fingernails.

Th Look, Rachella, I know it's hard, but I really urge you to stay with it and just keep looking at this with me, what you see. You said that you want to get to the bottom and this is all part of it.

Pt I feel like... a criminal.

Th What do you see yourself doing that makes you feel like a criminal? What are you doing?

Pt I'm cutting this baby now with my fingernails, I'm cutting this baby's flesh with my fingernails.

Th Where do you see it?

Pt I see it on the baby's arm and it's on its body and I see that the baby is being hurt, really being hurt, and I see the baby bleeding and I see, you know, this torture, this picture of torture.

I feel so ashamed I can even picture it. And I'm so ashamed it's coming out of me. (Patient becomes choked up, tearful)

Th You're doing really well, Rachella. You know, you said this has been haunting you, you want to get to the bottom and we need to look at this if that's going to happen, to really look at the truth of what this rage felt like inside. (Patient is congested from crying, blowing nose, and shaking head in agreement. Therapist checks for consent, "do you want to keep looking?")

Pt Yeah. I think this feeling is very (pause)... I'm the kangaroo, you know, and I don't know why, but a kangaroo...

Th Go ahead.

Pt Umm, I don't know why I'm the kangaroo.

Th Okay, but what did you start to say?

Pt There's something very nurturing and nice about being a kangaroo. And so I'm lying. I look like I'm a nice... (pause) But really I'm not. So I'm a devious kangaroo.

Th You're both, Rachella. But can we look at the part that wants to claw the baby?

Pt Claw the baby.

Th Rachella, can you just stay with that and just take a look at what that results in, what's the end result? If all the rage comes out towards the baby, what do you see happening?

Pt I see a baby screaming and being in pain and I see torturing this baby and I think the baby bleeds and suffering and probably killing the baby, but though it doesn't come to that because...

Th Well, look, okay, Rachella?. Just look at all the rage, what the rage wants to do, if all the rage comes out and does what it wants to do, what does it come to? What do you see? If you don't look away and don't judge.

Pt Ohh, (sigh) okay.

Th What do you see? Just look objectively.

Pt Well, that's not part of the dream but I would like to kill this baby once and for all. (The patient steps out from under the cover of the dream and for the first time fully owns her murderous rage) And I'm in the kitchen so I'm right next to the oven. And I want to take a big knife and just cut its head off. (She makes a slicing movement with her arm without tension or anxiety). And just be finished with the movement and the screaming and just be finished with the baby. (Here the patient shifts from her focus on the baby's experience of torture and focuses instead on giving relief to herself)

Th Um mm. And where does the oven come into play? (Brief edit). You said you were in the kitchen by the oven. (The patient gets confused between the image in the dream and the impulse. Therapist suggests she forget the dream and focus on the impulse of the rage)

Pt The impulse is just to finish off this baby. Just to chop, just cut its head off. It's very small, very small baby. It's a naked baby, it's very small, it's an infant. (Guilt and shame have returned as hands are again shoved between her legs and her eyes are downcast) It's very small, round, cute tender baby and I cut it open, I scratch its skin, it's bleeding and it's screaming and it's in pain

and I'm just going to take this big knife and (she thrusts arm in downward motion, making a clucking sound), and cut its head off.

Th So what are you feeling as you're doing that?

Pt I feel some relief. I feel relief that this baby is dead. (Sigh)

Th Um mm. And what else do you feel?

Pt (Patient says something inaudible about guilt) I feel like I'm a duplicitous, a really strong duplicitous, dangerous, dangerous and bad.

Th So that guilt gets turned into self attack here, huh? Rachella, if you were to express why you killed this baby and you know, the baby could have understood before the baby died, what would you want the baby to understand about why her sister felt like doing this to her? Her name is what?

Pt Patrice.

Th What would you like Patrice to understand? What brought you to this feeling?

Pt I guess - I would tell her that I was sick and tired of her being just loveable, for being huggable, for being a baby.

Therapist asks if she saw the baby getting love. Patient reflects on this and says quietly "No".

Pt I remember the tenderness that a baby gets. I always loved babies. I loved babies before I had a sister and I love babies after. I've always loved babies. I love babies now, but I could not love this baby. And I loved the look of it. It was very attractive.

Th What would you feel like doing with the baby's body, Rachella? Can you also look at the baby's eyes too, Rachella, for a moment? What do you see, what do the eyes look like?

Pt (Long pause). The eyes are very innocent and beautiful and even happy.

Th But they're now lifeless, Rachella. They can't be happy, right, because the corpse's eyes wouldn't show any emotion.

Pt I'm seeing a doll's eyes.

Avoidance and denial defend against the horror of looking at the impulses to torture and kill her baby sister. Her sister becomes a doll, not human, so that neither she nor the patient can feel the pain inflicted by her rage. The therapist brings her attention back to the reality of the baby's corpse. Patient stretches and yawns.

Th Can you see her eyes?

Pt I'm trying. Ummm...

Th You look like you're really wanting to move away. Are you?

Pt I'm having trouble with the baby's eyes. All I see is the doll's eyes. I see my doll's eyes.

Th Well, that keeps us, that distances you from these feelings. We know these are towards your baby sister. She's not a doll, it's your baby sister. (She begins to think of her youngest daughter as her "frame of reference", making it more difficult to own her feelings. This was her third association

between her own children and unresolved rage/love/guilt from childhood) What do the eyes look like? The lifeless eye's of this baby's corpse? (Patient pauses for a long time) I think you're defending against (these feelings), Rachella, and...

Pt I'm trying.

Th I know there's a part of you that wants to really get to this. I know there is. But there's another part that doesn't want you to.

Pt So, I see, I see... (long pause)

Th If you don't slow yourself down or censor anything...

Pt Okay. If I see anybody's eyes it's my own, it's my own.

Th Do the baby's eyes look like yours? (A wave of grief comes. Hands are again thrust and buried between legs) It makes you sad. Tell me about the sadness coming up. If you don't block it.

Pt I feel sad, I feel sad for this baby who's been hurt so much. I can feel, um, the fear and the fear and the feeling that there is nowhere to go. (Her voice is trembling and she's very congested from the grief) And the feeling that it has to stop, you know...

Th Nowhere to go for protection? (Neither mother nor father protected her or her sisters. They did not contain her rage but allowed her and her middle sister to act out with cruelty towards her youngest sister)

Pt Yeah.

Th Nowhere to go to escape the torture ("Yeah"), helpless ("Yeah"), you can really identify with this baby. Basically, you've done to this baby what you felt was done to you.

The patient is blowing her nose, holding the tissue frozen to her face, shaking head in agreement, and holding on to enormous grief. The therapist drops her voice, encourages patient to release it, and reassures her that it's OK.

Th Let it come. It's okay. It's so sad for the helpless little child that you were.

Pt (sobbing)

Th Yeah, yeah. It's so painful.

Pt (crying) (sobbing)

Some shallow breathing becomes apparent as her grief commingles with anxiety. She covers her face in shame as huge waves of sobs break through. Therapist shifts to a cognitive focus and attempts to reach into her world and make contact. Her pain and sense of aloneness is heartbreaking.

Th Rachella, can you tell me any thoughts, anything that comes to your mind as you're feeling this? Rachella, you don't have to hide. It's OK. Rachella, you're hiding, you don't have to shut me out here. (Therapist raises her voice for emphasis, attempting to offer a corrective and healing attachment experience and says: "I'm here with you, I'm here with you, okay?" Patient shakes head yes in acknowledgement and a connection is made in this place of deepest sorrow and fear. The therapist responds with a soothing, "Yeah, yeah.")

Pt (Sobbing very heavily, making eye contact, shaking her head up and down as she has a sudden

realization). I think it happened to me. I really think it happened to me.

Th What are you making of it? (Therapist's voice chokes up as she immerses herself in the pain and horror of patient's experience).

Pt (The patient is now releasing sobs freely without anxiety or shame). I think my mother beat me.

Th What do you she think she did?

Pt She hurt me, she hurt me, she really hurt me. I know it because I, I just know it.

Th What's the picture of how she hurt you? What comes up?

Pt She hurt me, she hit me. She really hurt me.

Th Oh. What do you see?

Pt I see her really angry. I'm really scared. (The patient continues crying and hands are now relaxed. She is now able to use her ego to observe the terrifying trauma of her childhood)

Th What do you see her doing?

Pt I see her, I see her hit me, hit me repetitively me, telling me to shut up.

Th Where is she hitting you? Everywhere? How old are you?

Pt I'm little. I'm little. I'm so little.

Th How old do you imagine? Yeah. Can you talk?

Pt I'm a baby. I'm a baby who can't talk. And, uh, I'm afraid and I'm crying and I want attention and I get on her nerves. (Patient is calmer now, grief has been released, and her hands are relaxed) She doesn't have the patience, she's angry and I'm crying. Boy (she shakes head, pulls hair back). She's just unbelievably unfair. Disgusting!

Th What are you feeling when you recognize (this about) your mother? It seems like this is something that you really hadn't been in touch with before? (Therapist checks out the source of the memory, the reality of such an early memory)

Pt I'd never been in touch with the pain of it but I knew it happened. She says it happened. She knew it happened.

Th So, you were really doing to the baby what had been done to you.

Pt I did it to the baby and she did it to me.

This realization of the retaliatory nature of one's violent rage, experienced at a visceral level and able to be contained by both patient and therapist, is a powerful curative factor in relieving toxic guilt. Murderous rage becomes understandable and therefore more acceptable. The patient makes a slightly audible comment indicating she had disassociated as a child from the torture inflicted by her mother, which made her unaware that she was the first victim. As her guilt is relieved, she is free to connect with her rage.

Th How do you feel recognizing and connecting with the pain inflicted by her?

Pt I'm very angry at her, really angry, this monster, this bitch that hits her baby that's just being a baby.

Th Right. How do you feel that inside? Do you feel that?

Pt Um, I feel it in my fists. (She thrusts fists upward in free, punching movements). Just would like to crack her back and just whack her in her face, in her teeth (arms and fists are slicing and jabbing, freely connecting with the impulses, sitting upright with a center of power through her solar plexus) and just whack her. I'd like to have a wooden bat and just whack her over the head if she hits the baby (her arms hold the imagined bat, with a strong thrusting movement downwards) and just crush her skull, make her stop and when she's on the ground, I'm just going to continue with the baseball bat and break her spine (her arms continue to demonstrate the impulse along with the imagery).

Here we see the imagery of the crushed skull and tortured brain of her nightmares, finally being externalized towards her mother instead of directed at herself. In every breakthrough, she attacked the head, an impulse which her punitive superego preferred she direct towards herself by socking herself in the forehead, when enraged at her husband, and suffering from chronic migraine headaches.

Th Uh huh. Is it all out? Is there anything more? Anything else?

Even though the patient appeared very relaxed, the therapist thought it worthwhile to ask these questions to emphasize that there is safety and acceptance of every last drop of feeling that resides within her, i.e. that all feelings can be contained within the therapeutic dyad.

Pt It's all out. I see her lying down and I see her all cracked. I've demolished her head and I've demolished her back and she's lying unconscious on the floor. (Patient speaks of how she wants to grind her from the inside, crushing bones so that she's broken inside. Therapist asks how her mother looks to her now)

Pt She's laying down on the floor, she's face down, she looks young, younger, like she's a young - she was 20, she's 20. She was very beautiful and she was 20 when she had me, so she was 22. (Indicating the patient may have been 2 years old at the time)

The patient sees her mother lying down, pretty, and broken. She's wearing a mini-skirt, long hair, blond hair. It fits that she would envision her young mother at the age when the trauma occurred. Therapist questions her further about the appearance of the crushed body of her mother,

Pt She looks like some kind of mass, a dead mass. It doesn't look like any blood's coming out of it but it's definitely a dead body and I'm really happy it's gone. It just feels like a feeling like justice has been served.
That person is nasty! (She shakes her head with pleasure, smiling with relief)

The therapist comments on her sense of exhilaration, satisfaction, triumph. She's not the helpless child anymore and has overpowered her mother. Therapist then brings her back to the reality of what the corpse would actually look like, as the patient shows defense in the way she cleaned her mother up after such a violent beating with a bat to her face, head, and back. Therapist asks her to look at the eyes of her mother's corpse.

Pt They look dead and gray and scared.

Th They can't be scared, right?

Pt They look like they're depressed. (There are different points of view as to how to handle the patient's responses when looking into the dead eyes of the parent's murdered corpse.

Some teach that if the eyes are not seen as a real corpse's eyes would look (fixed, expressionless), then defense and denial of loss are operating and this will prevent a full unlocking of guilt-laden grief. However, J. ten Have-de Labije (personal communication) thinks that the patient's guilt is not only because of the realization of his sadistic and murderous intent but also because of the patient's realization that his victim had also been a fallible and vulnerable human being, struggling with handicaps and difficulties as recognized through e.g. sweet, sad, frightened and/or empty eyes. It's possible that the patient may have experienced more complex feelings had the therapist not questioned what she saw in her mother's dead eyes.

Pt There's sadness in those eyes.

The therapist asks who is sad since "We know this can't be her sadness". And repeats "What are you feeling looking into her eyes?" The patient gives a big sigh and says she's tired. The therapist reminds her of the importance of staying with her feelings.

Pt She looks like a stranger to me, like I don't recognize this person. She's a danger to society, she's a pathetic human being. Her eyes reflect that.

The therapist comments on how the patient continues to block her feelings and then asks what she wants to do with mother's corpse and baby sister's corpse. As the patient recognizes defense, she has clarity about disposal of mother's corpse.

Pt Her corpse, I just want to drag it to the window and throw it out the window. And I know very well which window. The kitchen window of this apartment where we stayed when I was a baby. There was a story when I was a toddler. She got, she left the house to go down the stairs and I climbed up the kitchen and I was standing (on the ledge of) the kitchen window (which was open and on 5th floor. Patient could have easily fallen and died and when mother noticed her, she ran to her and gave her "the worst beating" of her life. Her mother tells stories of the beatings she earned for having scared her. Patient says "I almost died so many times" (she was called the "suicidal baby"), so she's "throwing her out that window."

Th Right. And the baby, what would you want to do with the baby (the corpse of her baby sister, murdered moment's ago in the breakthrough).

Pt The baby, awhile ago when you asked me, I felt I was just going to gather all the pieces in a white sheet and just wrap it up and just hold that baby. (Patient's hand and arm movements again become very expressive, showing as well as telling how she would rock and cradle the baby of her sister's corpse as well as her newborn self). That is what I wanted to do with that corpse.

Therapist comments on her intense complex feelings of love, grief, guilt and rage towards her little sister. Patient says "But that baby's also bad and screaming". Therapist says that she's screaming for love from mother and patient shows empathy for her sister and, through identification, for herself: "Poor baby."

Discussion

The session was concluded with a revisiting of the patient's nightmares of the kangaroo mother torturing the baby and cooking it in the oven, and of being swallowed and engulfed by a dark, disgusting, black womb of a starfish with many tentacles. The patient comments on the "Amazing powerlessness of this whole thing" and "A complete feeling of going under". " it's a form of going unconscious in the face of something too painful " and " wanting to disappear into this death" Therapist relates this to being the object of abuse by her mother from the age of 2, being overtaken by powerlessness in the face of this trauma (and many others), dissociating from her feelings, and living her life in a helpless, compliant, depressed and anxious state. The patient sees clearly that the kangaroo mother is both her own abusive, engulfing mother and also represents

the part of her self that feels both rage and love. Her murderous feelings towards her mother, from the time she was a toddler, and towards her infant sister when she was age 12, can now be contained with empathy and understanding. She feels sorry for the baby but doesn't feel guilty. She says that she is not "necessarily the aggressor", and recognizes they were both victims. She no longer need punish herself by repressing her emotions and channeling them into horrifying nightmares, waves of anxiety or depression. She no longer need perpetuate the abandonment she suffered by creating a false self, lying, embellishing stories and losing contact with her authentic core. The moniker attached to her by her family, "suicidal baby", had more meaning than she realized! She could now release her fixation on cancer and dread of death and focus on the fullness of her life instead. She recognizes the loving parts of the kangaroo mother. "The kangaroo has a motherly attitude and is holding the baby (she gestures by cradling her arms), it's got the motherly, warm, fuzzy kind of, you know..." (voice trails off). She becomes aware that her rage does not negate the loving and compassionate parts of herself. She reflects that she could easily have been violent towards her children as her mother had been towards her, and she expressed amazement that she never directed the "volcano" inside herself towards her own children. She appreciated the fact that she has been a very loving mother.

She also references the narcissistic gratification that both she and her mother got from their babies. "My mother just loved a quiet, nice, sweet baby so I probably saw her a lot being cuddly. As a mother, you use that baby a lot for your own comfort, a lot of the time. And it's the central, wonderful feeling, so I'm sure I saw that". She adds that she wanted to be held instead of the baby, and so she looked to her own "babies" to fulfill the closeness denied her by her mother. In this case, the "holding" she needed from her mother was that of containment as well as physical affection. She connected her difficulty feeling close to her older daughter to her mother's withdrawal from her. This withdrawal occurred when her older daughter reached an age of greater individuation, no longer a soft, cuddly, self-object. She begins to identify with the pain she must have inflicted on her oldest daughter by distancing from her emotionally and being so easily affectionate with her sister, a toddler. She exclaimed that she felt like going home and hugging her older daughter. ("Poor girl!" Notice how this replicates her empathic comment about her baby sister, with whom she identified, realizing she had been a victim of her mother's abuse: "Poor baby!")

She later reported that this session helped her get past her feelings of distance from her eldest daughter. Her anxiety-driven over-protectiveness diminished, and she began to encourage her children to have their own separate activities and to express themselves freely.

There was not time in this session to deal with her complex feelings towards the corpse of her mother, but this did not appear to be problematic, as she had processed complex feelings of rage, love and guilt-laden grief towards both parents in prior sessions. Guilt had been enormously difficult for her to overcome in connection with murderous rage towards her father, whom she'd idealized and protected, as she'd done with her husband and with both therapists (in the transference). At termination, the patient reported that she no longer felt guilty or responsible for her parents' misery, which had plagued her for years, and could speak to them without anxiety. She no longer felt compelled to entertain them with an act, but could be herself, and accept their very limited capacity. She felt more sadness and loss than anything else. She also felt far less responsible for her husband.

Linkages between past figures, therapist and current figures became obvious as a rise of feelings led to repetitive patterns of anxiety and defensive maneuvers. As the cost of these defenses became obvious, including nightmares of torture, the patient was faced with an intrapsychic crisis: to risk intimacy with herself, with the therapist and with significant others in her present life, or continue a lifelong pattern of suffering. Just as she overcame defense to allow the therapist to get close to her most private thoughts and feelings, so too she chose to stop sheltering her husband from the truth of her feelings (i.e. her anger over his verbal abuse and financial irresponsibility). Her firm stand, a readiness to divorce if necessary, led to his willingness to work in marital therapy with positive results. Likewise, she became far more authentic and relaxed in her relationships with her friends. She is closer to some and chose to limit contact with others.

The transcript began with an exploration of how the patient's blissful happiness with her children led to fantasies of self-torture. After breaking through to her unconscious and working through the frozen feelings of her past, she saw how complex feelings were activated through closeness with her own children (as they had with the therapist in an earlier session). As she was experiencing the truth of her feelings towards her baby sister, she

made three spontaneous references to her own children. Clearly, there was an unconscious association and fear that her repressed rage would surface in relation to them. With this awareness, she began to experience joy with her children (as well as anger and displeasure) without introducing the pain of self-punishment.

While the starfish/maternal womb is experienced by this patient as a dark canal, disgusting and engulfing, the womb also has the potential to be a place of comfort and birth to the healthy, individuated self. At the end of the session, the therapist commented that the relationship with her mother had crushed and sucked the life out of the patient for failure to meet mother's narcissistic needs (same was true with father). Patient says "That's scary!" and therapist asks if she feels "afraid as you think about it?" Patients says "No, I feel joyous, oh my gosh, that's exactly it!" (Patient is very animated, happy, with broadly expressive movements). Her joy reflects awareness that she has the power to give birth to herself now, to infuse herself with life, creativity, and healthier relationships that will allow for her freely expressive self. From an attachment perspective, one could say that she now has a definitive self as her most primary relationship. Therefore she no longer need fear abandonment or compulsively pursue approval and love through the engulfing, suffocating and devaluing interaction that was familiar in childhood.

Therapist reflects on her recurring dream around age 12 of the kangaroo mother putting the baby in the oven, which she described as "the ultimate torture", "an incredibly dark, hot place". In the breakthrough of murderous feelings towards baby sister in session, she stated, "I'm right next to the oven." Here is an unconscious link between her current and past murderous impulses, her childhood nightmare, and her current nightmarish fantasy of going into a dark, black hole. It seems clear that this passionate and creative young woman had put herself in hell for her sins and her crimes and, by facing her most primitive emotions, was now able and willing to release the innocent criminal to freedom.

Patient comments on the results of her therapy

(See introduction for developments in her relationships with parents and siblings)

Relationship with Husband

"In a conversation with (my husband), I said a lot of things that I never would have dared say. I just didn't back down." She told him, "You don't treat me right" and that she was thinking of leaving him. He was "offended". When asked how she felt sharing this with the therapist, she said, "I feel really good about it, really empowered. I was very clear in my mind. I was clear with him. I'm not going to therapy to save it (her marriage) at all costs. I really want to know if it's salvageable or worth saving. I'm willing to walk."

"Loving somebody in and of itself is not going to be sufficient, because I love him and he loves me, but there's no respect and there's chronic antagonism and no tenderness is the way it's been. And maybe that's not healthy love. It's not good enough."

"Do you know how easy it is to say, "I don't think you're responsible financially, and I think you made mistakes before and I think you're making mistakes now and I think you'll continue making mistakes and I don't feel I can trust you financially." I mean this was huge, a huge taboo!! But I can say it (She makes big gesture with her hands in excitement). "And he was livid, and you think he's going to implode, but really nothing much happens. So, I have different values. What am I going to do, pretend they're not there? This is a big epiphany for me. Ok, they're there. There they are, this is what I want."

Autonomy

"I feel good. I feel centered. Much better than ever. I feel very good about that. I was trying to remember, what are my problems? I couldn't even gather (them). My thinking is not going out of control. It's pretty calm. Clear. Not confused... about people. Situations. I'm not beating myself over the head for things. Like I make decisions, sometimes I make decisions about something I want to do, and in the past I would have felt that it had to be the wrong choice or the wrong thing to do because I wanted to do it, and now I feel, OK, that's what I want to do and I'm just going to do it and enjoy it." (Due to her initiative and perseverance, her family has moved to a new

home. She has found great satisfaction in designing and decorating it. She's made numerous decisions quickly and on her own with minimal second guessing.)

"If I've decided, I'm just going to do nothing right now, that's fine and that's a good feeling. It seems to be that I always felt that I should be doing something else, that I'm in the wrong place. If I was (working on a creative project), I thought I should be helping out at the kid's school. If I was at the kid's school, I thought I should be grocery shopping. Even the little things (have changed). So even the little things. And especially if I took time out for myself, I'd have major guilt."

Self-Punishment and Maladaptive Defenses

"The fear of showing my emotion just put me in a complete jail."

"There was a turning point at some point, something you said, I don't know what it was, I don't remember exactly the key there, but it seemed suddenly very silly to be doing that, what for? OK, this is it, this is self-punishment. So I just drop it. I'm not doing it! (She sweeps her hands in front of her for emphasis). It's almost a decision. That works! (She speaks of her youngest having a tantrum, crying, screaming "I can't" and she says to her "you can choose to stop suffering right now". I've been telling her that and I can tell myself that too... just as easily! (Big smile). I can see that there's the urge, ah, I feel bad (she mimics getting hysterical, as she used to do), but at some point you start to really feel bad. No, no, no. I don't want to feel bad. It's silly! So I think you put it well. It's taking control over some things I felt I had no control over. "

"I think that I really belonged to everybody else. Not that they asked me, because I just had no idea of what I wanted and I didn't want to even look. I would just give to people around me and resent every single person." (She speaks of her sister-in-law who she used to hate, and now she feels very close to her. She recognizes that she was jealous of her confidence. Now she says she's not threatened by it at all.)

Friendship and Intimacy

She tells of a friend who wanted her to join a demonstration at the Oscars. She told her she's not the militant type and declined the invitation. Her friend made a disparaging comment and the patient said immediately "You don't have to be insulting me to make a point." "And it was so good to me to say that and I don't feel really bad. I think that in the past I would have had nothing to say. I would have felt terrible inside and anxious. It works good. It works great! (She is very animated, happy and excited about her progress). It's like a love fest. WooHoo! It's a good feeling. It's a great feeling."

She tells of an experience of sharing something with a friend, who used the information to criticize the patient. She describes her feelings to the therapist without hesitation, "I felt enraged." She told her friend, "You betrayed my trust." "And I said it! I just said it." "I feel like you criticize me, you talk behind my back, and I just can't do that. I'll talk about anything you want but not about my marriage." "Can you imagine?" (Her friend has been pleasant since. The patient was able to set boundaries here and experience rage with no anxiety whatsoever. "I wanted to be a good girl. I wanted to be loved. And now, who cares? If she doesn't like me for who I am? I don't care what she thinks anymore."

"I can go days and weeks with certain friends without saying anything I don't want to say. I felt (in the past) compelled to say everything and then regretting it. I just don't want to do it anymore. I can have a very good time with them and go out with them and enjoy their company, but I just don't feel that I have to say anything that I don't want to say. It was as though I owed them, to give them, some dysfunctional, crisis version of me. I think I just wanted to be accepted as the loser, the dysfunctional one, and then they'd like me. Because I was afraid of being strong." (Therapist related this to her role in the family in which she felt guilty if she were to be stronger or have a more enjoyable life than her parents. The patient agrees.) "If I don't tell those friends that I'm happy or I'm strong, I protect them from looking at their own lacks in their life."

Risk Taking and Facing Fear

"I just came back from a belly dancing class. I'm not the best dancer, maybe I'll never be the best dancer but I've

wanted to dance all my life, all my life, and it was so not for me that I couldn't even formulate it as a desire that I had, and now I'm doing it and it's just unbelievable. I really was afraid of most things."

"This therapy has really worked for me." (And of course this would not have been possible without patient's effort and courage).

About the author

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MARIE'S SMILE

Felix Ch. Julien, PsyD

Summary

This article describes parts of a three and a half hour initial interview with a twenty-eight year old Canadian woman with long-lasting depression and intimacy problems in her love-relationships. After investigation it became clear that the patient suffered from low ego adaptive capacity and high superego pathology. In the flow of the therapeutic process to uncover the patients complex transference feelings there is first a breakthrough of the sadistic impulse towards the therapist. After a swift kill the dead face of the therapist changes into a dead face with features of a male friend who committed suicide because of her rejection of him. It became clear that the repressed complex of this impulse and painful feelings had been one of the maintaining factors of the patient's problems with intimacy in love relationships.

Introduction

Marie, living in Canada, came over to Holland for the first time to visit her boyfriend. As she understood that going on in the same way as she did in Canada would certainly ruin her chances of a healthy relationship with her Dutch boyfriend, and as she still was suffering from a long lasting depression, she asked the therapist for help. She was referred by her boyfriend, a former patient of the therapist.

Since she was nineteen years old, the patient has been treated for this severe depression mainly with medication (Nevasadone) in psychiatric hospitals.

The patient has a history of failing relationships. Her oldest sister was seen as the model child by her mother and father. In a conflict situation involving the patient this sister would always take the mother's side. The patient was often pestered by her sister, and when the patient would defend herself the parents would come to the defense of the sister, scolding the patient. She learned to suppress her anger and instead laughed with her sister as if she enjoyed her pestering, while suppressing her anger. She also tried to act and dress like her sister, hoping to gain acceptance and love from her parents. This interaction led to alienation of herself and false hope that her chameleon-like behavior would lead to acceptance by her parents. This pattern of compliance towards others had a negative effect in relations because of her incapacity for intimacy with herself and others. In work situations at several banks, she was unsuccessful due to her problems in establishing good contacts.

The patient had met her boyfriend two years ago. The contacts were mainly by telephone. Twice a year the Dutch boyfriend visited her in Canada. At the time of the initial interview, the patient stayed for two weeks in the Netherlands. It had been the planning that she would come to live permanently in the Netherlands, later that year.

Transcript and comments

We enter into the interview at 34 minutes

Vignette 1 (34 - 40 minutes)

Th What do you think the real core of your problem is? Because what you told me before is very vague and general.

Pt I don't know... (drawn silence; Patient looks sad). I don't know, I can't answer that.

Th Hmm. How long have you had this problem in your life, I mean, this not knowing? (brief edit)

Pt Well, I started to feel badly when I was eleven years old. But I've only been seeing therapists for the past seven years.

Th Oh yeah. So you do remember that you became depressed when you were eleven years old?

Pt Yeah.

Th Was there a cause for that?

Pt The only thing that I can think of that changed, is that when you're eleven, you start to develop physically. You're not a skinny little kid anymore, and people say things to you... But it can't just be that, that's all that I can think of, that's the only thing that happened.

Th Uhuh. And before that, were you just a happy kid?

Pt I think so, yeah. As far as I can remember, yeah. (emotionless tone)

Therapist starts to further explore the family situation in order to get more insight into the patient's interactions with her parents and siblings. The patient tells the therapist that both of her parents are still alive, that she has an older sister and a younger brother and sister. She has always experienced her older sister as smart and pretty and the patient always felt awkward, inferior and stupid when in the presence of her older sister. She also thinks of her sister as a phony but the most favored daughter of her parents.

Vignette 2 (41 – 57 minutes)

Th So there was real envy towards her, and also jealousy and competition?

Pt From me to her, not from her to me. Well I don't know, she never had to compete with me.

Th But you where competing. And was that a lost battle?

Pt Yes.

Th Oh. Because she was also kind of false, not really saying what she thought, and felt, towards you? But, was her way of dealing with you very humiliating, or what?

Pt Uhuh (nods). Sometimes. Making fun of me for trying to do things that she did, yeah.

Th Ah yeah, when you tried to imitate her, she disregarded it, or whatever? Tried to put it down. And your reaction, how was that? Do you remember?

Pt Well when she laughed at me, I would just laugh too because I didn't want her to know that I was embarrassed, or angry or upset, so I'd just pretend that I thought it was funny. And she still doesn't know that I didn't like it.

Th Uhuh. So then you developed methods of covering up, like laughing when there was no fun, but hurt?

Pt Yeah.

Th Pain. So you cover your pain and anger up by laughing.

Pt I did then, I don't think I do it anymore. I laughed because she was laughing and she hadn't been saying it in a mean way.

Th So was that a kind of complying?

Pt For me to laugh?

Th Yeah.

Pt Yeah, because I was just going along with what she was doing.

Th Yeah.

Pt It was acceptable, I guess.

Th Do you recognize other mechanisms, which you bring into operation? Complying?

Pt Yeah, trying not to stick my neck out...

Th Complying, trying to fit in.

Pt But then on the other hand, I do want to be different. I feel different. I feel like I am different, from mostly everybody else. I don't dislike that feeling. So it's not like I want to look like everybody else, it's just that emotionally I don't want to stick out.

Th Yeah. But you notice that you have something special that sticks out, but you are very careful not to show it. Is that what you're saying?

As soon as the patient speaks of her longing to distinguish herself from others, she immediately devalues herself or other people, therewith indicating her superego pathology.

Pt Yeah, because sometimes I get very superior.

Th You?

Pt Yeah. Like I can feel like I'm ugly and fat and horrible and that I'm an evil person, but I can still think that I know more things than other people, and that I'm smarter.

Th Uhum.

Pt It's never really usually physical, but its like, intellectually, I sometimes think that I'm brilliant, even though I know, that I'm not.

Th Oh, so sometimes you think you're brilliant...

Pt Yeah.

Th But there's also knowledge that you're not brilliant, but... So is that what you're saying?

Pt Yes. It just goes back and forth. It's not fifty percent of the time, more like five percent of the time. But it's still there, like I feel superior to other people, sometimes.

Th Ah. So it's as if you jump between these positions. You either feel above them, or under others. But then, you're never on one level with them.

Pt No because that feels bad, it feels... Then I'm the same. I mean, if I'm worse than everybody, at least I'm not like them.

The therapist often works with metaphors, as he does in this case. They provide a tool with which he can attune his understanding and feelings to the ideas and feelings of a patient.

Th So it makes you special, in a way. So, that's what you said before, the "black street" as I called it, huh. I also called it the "negative street". You have these nameplates, and there is "negative street", where everything is black. But you said "it is also familiar for me, it's comforting, because then I'm in my own world, where it is ok". But at the same time, you notice that there is a tension between your world of the widened streets that you sometimes briefly experience that narrow world, to which you will resort to when life is not nice for you. Then you resort to that black narrow street, in that very small town in you, and you say: "Ok, here I am at home". But then again, you come here, for therapy. So something must be wrong with that "black narrow back street". Otherwise you wouldn't come to therapy. Because then you'd say: "Ok, I'm okay in that town." Hmmm? When we talked about this we saw that you reacted physically, with your body. You stirred, your head and your hands were moving and you said "No, I don't like it." Something woke up. Huh? Ok, and then you said "I want to change, but I'm very scared to do so. Because then I have to dig in all these feelings and memories again." So, if we now look at the learning you have in dealing with your sister. A kind of training to deal with a powerful sister, and to deal with her falseness. And there, you often resorted to that black street, and you complied and never told anyone how you really were, what you truly thought and felt. And do you recognize that as a method that you still use?

Pt Yes.

Th So nobody knows where you are, sometimes.

Pt No.

Th Is that what you prefer, what you want to keep on doing?

Pt For people not to know how I feel?

Th But also to yourself. I mean, when it has become so habitual to resort to a secret, small black street, "negative street", and to cut off the real connection with yourself, and you start to fake yourself, huh? Which in fact has happened. It is so normal for you to resort to this "black street" and have these negative comments about yourself. Because you're used to it: to put yourself down. And the advantage is that you don't have to face the danger of standing up, and to being hurt, by a sister in another form. So you have found a sort of "negative key" to survival. But it is a lousy survival. Huh? Is it okay, is that what you...

Pt Uhuh, yeah that's right.

Th So out of poverty, you choose for the same solution every time.

Pt Yeah.

Th But something stirred in you, when we talked about the possibility of another solution.

Pt Because it gets me excited, to think that there might be a way.

Th It gets you excited?

Pt Yeah.

Th And how do you feel this excitement in you?

Pt I don't know, I just feel a little hopeful.

Th And how is that for you?

Pt Uncomfortable. It's ok for a second, but then it's uncomfortable.

Th Yeah, but Marie, can you stand an uncomfortable feeling for longer than a split second?

Pt Yes.

Th How long do you think?

Pt I don't know because I never let myself do it.

Th But when we look at your hope, the hope that you get here. So we together continue to find hope and find a new way of dealing with dangers in life. In stead of sitting in the "negative street" receiving negative comments from your surroundings, reacting negatively to those surroundings in the negative city, as a metaphor. And all that with the motivation, "I don't want to be fearful anymore" So then I resort to this "black street". And now, when you come out of that street, because we talk about it, and you decide to stir yourself up, and pump some adrenaline into your muscular tissue. And you come up, a bit. And you feel that this is giving you hope. But at the same time fear comes, because you have to leave the "black city", the "black street" and walk to the rim of the city... Pardon? (patient shifts in seat)

Pt I have to do something, that's scary.

Th Yeah, you have to walk... traverse your own life in stead of sitting in that street. So then I ask "How do you feel?" and you say "Fear." Can you tell me where you notice, in your body, fear?

Pt Right here, in the middle of my chest (points at chest)

Th Uhuh, do you notice the way you say it?

Pt What I said just said right now?

Th Yeah, the way you said it...

Pt In the middle of my chest?

Th Yeah, but do you notice that your face becomes tense, tight, around your mouth?

Pt Huh. No, I didn't notice, but yeah, I can feel it. (touches face)

Th When I say it? It reminds you of something, huh? When does this happen, when do you get this reaction in your face?

Pt Another time when that would happen?

Th Yeah, is there sadness in you then?

Pt I don't know...

Th This is tremendously important. When you get to the end of the black street, you get hope, because there are other surroundings to be seen. But at the same time fear comes in. You feel it here, in the tension of your stomach, huh? That's special muscle tissue. When you feel tension coming there, fear comes. There must be a feeling here, and the feeling is hope. Hope is a kind of happiness, coming, huh? But you have had lessons with happiness?

Pt What do you mean?

Th Well when you came at the end of the street, and you wanted to meet your sister, it always ended that you had to go back, and resort to that black street. Because it was a hopeless battle with your sister. But now, you're a grown up person, ok? You're not the little sibling towards your sister, in the second order, picking order. Now, you have to deal with other people. But you behave as if you're still with your sister. (patient looks interested) Because when you meet someone like Frank (her Dutch boyfriend), or me, you resort quite easily to that black street. Except when we work like this. Ok? Can you see that we both search. Now there is a sign, did you notice that?

Pt (silence) ...yeah?

Th So, you see tension is building up, feeling is coming.

Pt Well I'm digging my fingers into the back of my neck...

Th Yeah? So why is it that you do that?

Pt I don't know, because I don't feel anymore tension than I did five minutes ago, when I wasn't doing it, I don't think...

Th Yeah, but the thing is, that your body gives the signals. Your stomach is cramping a bit. And you notice that that is fear. The fear is about something. Then, you notice that there's tension in your chest; the muscles between your ribs, tied up. And your chest becomes a bit like a shelf. As you don't want to die, you'll have to lift it up a bit, to make breathing possible again. So what we notice now is that you have an ability to get your fear down, by stretching your chest, and breathing out again, ok? So this feeling creeps up in your chest, and your stomach notices it. These work together. There's a somatic pathway, going through your chest, huh? That's the pathway of the feelings. That's what I'm trying to convey, that knowledge. So we know that what we talk about, the feeling of hope, gives something that rises in you, starting here. But it also blocks, in the way up. And that gives you a tension. Something else is putting it down. Have you noticed this before in your life, this phenomenon?

Pt Well when I feel it coming up, if I start feeling hopeful, it feels like that sort of a feeling. (sits up, straightens her back)

Th Oh! Did you notice what you did?

Pt I sat up a bit?

The therapist continues to draw the patient's attention to her physical symptoms of her anxiety and explains to her that these are different from physical symptoms of happiness, anger and sadness.

Vignette 3 (66 – 76 minutes)

Pt Yeah, I understand why you're telling me.

Th Yeah, but are you motivated to go with me into that area? To get to know yourself?

Pt Yes.

Th Because now we know that when you feel fear here, and you feel the desire to have this, to come up. Then you know it is either anger, happiness, or sadness. One of the three or a combination of them. I think now, often, you don't know what it is. But it is very important for our research, when we go on. And we must prevent you from falling back into a depression. We must carefully structure before we go on. So that you know that you have more resorts than only going to "negative street". There must be a choice for you, don't you think? So how do you feel right now?

Pt I want to.. That I want to do this.

Th There's a willingness...

Pt Yeah.

Th You want something. How do you notice that in you?

Pt I just feel more ready, like I'll answer anything you ask me, or I'll talk about anything you bring up. I'm not going to avoid things because they're uncomfortable, because that's what I always do, I know that, and it hasn't worked so far so I know... But it makes me nervous.

Th Yeah, but you can stand the nervousness, the anxiety? Oh. So how do you feel about that, that you can stand that?

Pt Well I'd like to say that I feel good, but I can't.

Th Why not?

Pt Because I feel guilty. If I sit here and say "Oh I'm so proud of myself and you know I'm really showing some strength here..." then I'll just feel sick, if I say something like that about myself.

Th For what?

Pt Guilty...

Th But guilty towards what?

Pt "Just stop building yourself up so much, you're not that great, sitting here talking about how great you are..."

Th Ahhh, this street, "black street" talk comes. So you see that you have the tendency to destroy yourself. Because the rule remains: "I'm not as good as my sister and I'll leave this. I'm not going to work for myself anymore because she'll never acknowledge me..." and so on.

Pt But it can't just be that easy that now I'm filling my own head with negativity about myself so I'll just stop that.

Th Well there's no other way, if you keep on doing that the therapy will not work.

Pt What, so you just completely change what you've done for your whole life.

Th Well yeah ok, so how long have you been doing this already?

Pt Probably seven years...

Th Seven years of your life, gone down the drain!

Pt I know!

Th So do you want to spend any day longer in that method? Can you understand that self-neglecting behavior of yours?

Pt Yes.

Th Can you understand it?

Pt Yes.

Th But are you happy with it?

Pt No.

Th But you said to me: "I feel some hope, I want to work here, I want to work for myself." – not for the therapist of course. When there is a bit of hope the old method is taken straight out of the drawer, which ruins our connection, our working together.

Pt Because it's automatic... (waves around with arm)

Th Yeah, but what are you going to do about the automatic system?

Pt How do you change the way you... Your self-conscious mind does it already. I didn't just think "Ok, think something bad". I don't have to tell myself to think it, it just happens.

Th Ok, so you have to tell yourself that the negative statements are coming, because you hear them in yourself: "Yes, but..."

Th And who is the person in this world that can change that?

Pt Well, I know it's me.

Th Alright, it's not me, that's for sure. I can point it out, and notice it. But when you do something positive for yourself, and finally take yourself seriously... And when you say to yourself "I don't want that any longer, to dwell in "negative street", then I must stop doing this". And there's only one person in the world, that at the moment that you hear "yeah, but..." can arrest that person's flight to the "black street" that comes to tell you this, and change it into another statement. Like: "I feel happy with this, I feel hopeful." And when you hear the "Yes but..." there's only one person who can stop that.

Pt But even hearing you say it makes me feel sick.

Th What?

Pt That "I feel hope and I feel happy"... (looks sad)

As the patient is evidencing the constricting influence of the sabotaging superego, the therapist starts a Head on Collision with reference to the patient's superego pathology, in order to make the patient more aware of the costs of its hegemony.

Th So... What are you going to do about this negative stream? Coming out as an automatic putting down, as an automatic keeping-yourself in that street, in that state of mind, so that nothing of your self will come into you, into your head, and there will be no activity of your self in your body. And it will go on like this, 'till you 're very old. Because why should it change? Why would it change? And do you want this therapy to be of any success? Would you like to take something back to Canada which you can resort to? Other than the automatic: "I feel so comfortable – not happy, but comfortable, in this "black street"? And when people say something to you that is positive, they get the defiant reaction from you – which is a very old one; defiance is something that little kids do: "Ok! Then I'll go and sit in the corner" (puts on childish voice). But in fact, it is a very aggressive deed towards the other, because you block them completely out of your life, as a punishment. But the one who is punished most... and direct an undeserved aggression towards herself, you know who that is!!! And you know how you can go on, punishing yourself, or helping yourself by being serious with yourself, and what's more, very honest, because when you're very honest with yourself you can make a conclusion about in what part of the city you are going to live. But when you're not very honest with yourself you keep on saying the same old negative thing, and presuming that you're still nine years old or even younger. Defiant: "Ok, I'm sitting here and I'll never get out of this corner of the narrow black street." (puts on childish voice) Is that the way in which you want to go on? Well, yeah, that way you'll destroy anything for yourself. No one can get you out of that corner. If you want to sit there, after a while, people will say "Well ok, you're a grown up person." And you're sister will never, never, never get you out of that corner, saying that you're her lovely sister, that you're the best thing that can happen to her. You are, but she doesn't know and she doesn't want to know. Because she's also a very obnoxious person, she isn't going to yield, admit she wronged you, because we don't even know if she is aware of how she treated you. But you are still in an obnoxious mindset. And if you go on like this, you know, people start to leave you, let you down. You might project on them, out of habit that others will treat you the same and than you're in a vicious circle, misperception, wrong feeling, inadequate reaction of you that will provoke a negative reply from others. And then you sit there, drugged, the adult may want to come out, but is a bit drugged, is not coming out of the corner anymore. So... there are lots of corners to sit in, but yours is quite dark (Patient nods, folds arms). Is that what you really want for your life? Is that what you really want, for relations to get disturbed, that you're unhappy, have a dull life, that you cannot build up things for yourself?

Pt ...No...

The interview continues with the patient becoming more conscious of the self-destructive function of her defenses and the therapist draws the patient's attention to her growing striated muscle activity, mainly in hands and leg while pressing for her real feelings and thoughts. Her body is signaling an increasing unconscious working alliance.

Vignette 4 (81 - 83 minutes)

Th Yeah, but what is the feeling that you get about that when your whole body starts to move, and there's a lot of energy unloading?

Pt I know I have to do something.

Th Yeah, but what is the feeling you get towards me about it?

Pt I'm not angry...

Th So what is the energy for then?

Pt Maybe because I think I have to do something now?

Th But what is your reaction? Because you know that you normally show an obnoxious reaction to that. Because you want to resort to that "black street", and here is a person, a therapist, me, saying to that if you stay in that "black street", hope is lost. There's only one chance, which is to be very honest with yourself, not neglecting yourself.

Pt Yeah, ok. I'm angry about that.

Th But who is saying this?

Pt You.

Th Ok. So the anger is towards me. And that's what you start to deny. So, you noticed now, that when you get angry towards me... (Patient sighs heavily) There's a big sigh...

Pt (laughs) Yeah.

The patient takes refuge in rationalizing ,sighing, defiance and projection. The therapist points out to the patient that as soon as she comes closer to experiencing her own feelings, she resorts to a well trained series of defenses of unloading her rising energy. Therapist explains again how she undermines her therapeutic goals and the success of the session with the therapist. The patient's body becomes more active and deep sighs are noticeable.

Vignette 5 (92 – 103 minutes)

Pt Yeah but as soon as I feel close to somebody I feel like I'm in love with them.

Th Alright.

Pt Because I always do that with therapists.

Th Ok. So it is important that when you get any feeling, that after your experiencing, we investigate it. Because falling in love with your therapist is a normal, humane feeling. But, that's not what we're here for. But we have to respect the feeling, and see what the function of the feeling is.

Pt Well I'm just telling because I don't think it's normal.

Th But let's not make all these judgments, let's have a look...

Pt It's not appropriate.

Th Judgment...

Pt It doesn't feel right.

Th For you? I can understand that.

Pt (mumbles) It's stupid.

Th Because you're not here to be in love with your therapist: it harms the working relationship, right? So, what we can see when we look in a respectful way, ok? Not having these judgments, this is stupid and, hohoho!, you fell in love and so on. No, what we can see is that this is another strategy of you to go to a safe resort. We have the defiance as a method. Then we have the other strategy and that's falling in love with the therapist. Because when you fall in love with the therapist and you hope that he is also in love, there's no danger anymore. No continuation of an intense

therapeutic alliance , because he will be only nice to you, and you will be only nice to him... No more working. So we must be careful that we will not destroy our working relation, cost what it may. And of course, falling in love can be quite ok. These are normal feelings, and you have come here to become more happy, having your own independent feelings.

Pt Yeah, but now I feel like you're making fun of me.

Th How do you notice that, I mean where do you get that from?

Pt Because you said "That's not what we're here for." meaning that you think "You came here to enter a relationship" or to enter a kind of relationship, which is not the kind of what I, the therapist, meant.

Th No but how do you pick that up, what did I exactly say for you to...

Pt You said "That's not what we're here for." Because if you say "That 's not what we're here for." you feel like you have to tell me, that we're not here for that when I already know that. So that makes me feel like you're making fun of me.

Th Oh.

Pt But I know that you're not, but I feel like you are.

Th So this is tremendously important what you're telling me here. Look here: in fact, I don't say - and you noticed that too - that I didn't tell you "When you come here you're aiming at a relationship with the therapist." So, you noticed that I didn't say that. The reality is that I said "We're here to work on the walls, to break down the walls against experiencing your real feelings. We're here to develop a good, very intensive working relationship because then you will be most effective in accomplishing your goals." Your goals, not mine, ok? My goal is only to be a very, very perceptive therapist. But then again, this is quite a statement of me. It entails working, and going deeper, and going further in order to resolve your problem. And on the one hand you like that, you want that, but on the other, you still have that desire to go to "negative street". So what can you do to switch off the therapist? You can change him into a negative person. And there you see the projection on the therapist coming up. So in fact there was my statement regarding a cooperation with you in order to achieve good results here and now. But by projection you changed it into a negative statement, me making fun of you. Something disrespectful towards you.

Pt Because I'm trying to get you to feel like I feel. So I don't feel like I'm the only one that feels that way. The same way as I said before, that I try to fit in with people emotionally... I don't think that I can feel like you, but then I can make myself feel like you feel like me.

Th This, of course, is a defense. When you like to make me feel like you feel, then there is no difference, and we have no trouble. But then the trouble will be that that is the trouble. That you try to wipe out differences between us, because then you think you're safe. But the reality will be that you will be very unsafe, because our relationship becomes useless; it doesn't work anymore. You need a therapist who dares to be different from you. Dares to confront you with your walls so that you can see them, and break them down. So that you become a free person. And not a person who is connected to the therapist in an unhealthy way. And I say this all with great respect towards you. I see these things that you show me, as signs of trust in me, and us. Otherwise you wouldn't tell them. And also, we noticed now that you felt closer when you dare to show feelings, however difficult it may have been to find them. Then you communicate from unconsciousness into consciousness "Hey, I feel a connection, there's hope..." Ok, we must not disrupt that. We must keep strengthening that, because then you dare to go on, ok? So the things you tell me are quite intimate, you took a risk in saying it. How does the way I deal with it feels for you?

Pt When I told you that I...

Th Yeah, but the whole process, the way I deal with you, how does that makes you feel? Am I clear?

Pt Yeah... I just, I mean, I know how you feel, because you said it.

Th Yeah, but how do you feel?

Pt It's still there.

Th What is still there?

Pt That I'm just acting like somebody who can't distinguish reality from the way I think. I know what 's going on here, but it's still in the back of my head. Like when somebody asked me how it went today I would say: "Well I felt kind of stupid." I would...

Th (interrupting) Uhuh. So then you destroy...

Pt (interrupting) But I believe what you said.

Th Ok. So now we have the problem that you're very disrespectful towards yourself, and dishonest. Because when you're honest with yourself, you'd tell a person that asks you "Well, you know, we developed a bit of a working relationship, and I was honest with myself there." Because that's what you're telling me.

Pt I know, but it sounds too... good. It doesn't sound like me.

Th So this is very unknown to you, to be positive about yourself...

Pt Well you ask me how I feel, I feel like you want the name of an emotion like "I feel afraid" or "embarrassed". And all I can say is "I feel like an idiot." or "I feel stupid".

Th Yeah but that is not a feeling.

Pt I know. But that's all that comes out when you say "How do you feel?".

Th Yeah, but you're full of negative statements, and that's the "black street".

Pt Yeah.

Th But what is your will here? Because I'm not a salesmen, I cannot sell you things. I can only say "It 's your life, if you want the therapy to go down the drain, then you will succeed." Because you have all the tools. One of your tools is: being very negative about yourself. Neglecting, denying the feeling of connection, hope.

Pt But how can you just be a robot and say "Ok, I'll now stop thinking negatively, as of right now, and just stop." I mean, I know I'm the only one that can do it, and no one else is going to make me stop, but how can I just "Ok, that's it, no more."

Th Yeah, but you keep on talking about it, but what are you going to do?

Pt I don't know...

The therapist extends the Head on Collision with reference to her superego pathology. We enter the interview again 15 minutes later.

Vignette 6 (118 – 119 minutes)

- Pt But I can smile with some people, and not feel guilty...
- Th Alright, but we're here and that is a very difficult situation for you. And that means we have to discover the core of your problem. And while going in that direction, you see that there are many obstacles. And a main obstacle is that you continuously move to judging yourself. Did you notice that?
- Pt Yeah.

As the patient sticks to rationalizations, the therapist continues his Head on Collision with the superego pathology and the patient tells the therapist that she is not feeling guilty of hurting herself but being very much alert of not hurting others and hoping that others (i.e. her parents) will finally reward this behavior. The therapist continues his Head on Collision. Then the patient talks about her anger towards her parents and she experiences strength, which is noticeable by straightening her back and saying: "I feel more powerful". We enter the interview 12 minutes later.

Vignette 7 (131 – 165 minutes)

- Pt I feel now that you don't believe me... I don't know.
- Th There you go again, so feeling comes, flight.
Feeling comes: "oh he doesn't believe me".
Feeling comes: "he doesn't take me seriously".
Feeling comes: "false hope street".
- Pt But you told me to tell you how I feel, I'm telling you (dives back into the chair, leans into the corner).
- Th No, you talk about it, but look at how you sit.
- Pt So I have to sit like this or there's something wrong with me? (sits up)
- Th You have to? Who are you here for?
- Pt For me.
- Th But you keep on busying yourself with me, and keep projecting on me that I want you to do certain things. If you don't do anything, I will not be able to change that, but when you come up, and say this to me... How do you feel towards me?
- Pt Right now how do I feel?
- Th Yeah.
- Pt Well, angry.
- Th Ok, angry. And how do you feel the anger towards me?

- Pt I feel tense, and ready to do something. (makes fists and moves arms back and forth)
- Th And what would you do when you come out, and stop being passive?
- Pt Scream...
- Th Scream!? Are you angry at the air? What would you scream at?
- Pt About what you just said...
- Th What?
- Pt Now, about: "Look at the way you're sitting." You mean, what would I say if you said that? Like: "Look at the way you're sitting, you're not so perfect.", and: "Why do I have to sit in one certain way, or else there's something wrong with me." (fiddles with shawl throughout)
- Th And then, if you express your anger any further, what happens then?
- Pt Beyond just saying what I said? That would be it.
- Th Because when you talk about your anger, your voice is small. But in fantasy and thought, if you were to express your anger completely, that you just felt towards me, what would happen then, in fantasy and thought?
- Pt In fantasy you would say you were sorry and you were wrong.
- Th Of course not, I ask you what you would do in fantasy and thought when the anger comes out.
- Pt Scream, and shake somebody. (looks up in the air, fists clenched)
- Th Somebody!?
- Pt The person...
- Th The person, so who's that?
- Pt The person whom I was angry at.
- Th Yeah but now you're dodging.
- Pt Yeah, well I don't want to say that I'd shake you and hit you. (keeps hands under buttocks)
- Th Yeah but your anger is towards me, so would you shake me then (slightly raising voice), in fantasy and thought?
- Pt Yes.
- Th Ok, and what is happening to me when you shake me, with what force? You immediately put your hands under your legs, huh. To protect yourself, from your real feelings, see. (Patient's legs constantly move) But when you take yourself seriously, and express your anger towards me, and go into the forbidden zone, what will happen then? I invite you to do research into yourself. What will happen when this anger towards me comes out... There's sadness...

First partial breakthrough, slight sadness and guilt.

Pt Yeah, there is.

Th So what is the sadness about?

Pt I just don't know what to do.

Th But what, in a split second, did you do to me? First of all you acknowledged that you would shake me. So what happened to you at that moment, when you said that?

Pt I felt guilty... (tears come)

Th Uhuh. And then, also sadness?

Pt Yeah.

Th Uhuh. And the rest of the energy is shaken off. So if the real total energy would come, what would happen then?

Pt Then it would be too much.

Th How?

Pt Because it's all saved up. (arms gesture in direction of Therapist)

Th Yeah, but when you're energy would be released, when you really let go, shall we do that research? We'd go a little bit further. In fantasy and thought, huh? It's just to restore your power in your body, to be able to feel it, in fantasy, not to actually do it. When you grab me, and you said: "Then I shake you", and when you let the energy fully free, when the beast comes out of you, as a manner of speaking, what will happen to me?

Pt You'll get hurt.

Th How?

Further pressure is put on the defenses in order for the patient's full impulse to emerge in her conscious experience. The attitude of the therapist is one of encouragement while staying close, making clear that the beginning of the end of "the reign of the saboteur" in her is at hand.

Pt I will hurt you...

Th And how? Take yourself seriously...

Pt I'll hit you, and choke you. (makes grappling gesture towards her neck)

Th Ok, and how, how will you choke me? Feel, do it in your mind, see what happens to me.

Pt Then you'll die.

Th Then I'll die? Can you see my face getting white? And do I lie on the floor?

Pt Well when I let you go. (weepy voice)

Th So you keep on holding me, do I understand? And you keep on... Is that what you do?

Pt Yeah.

Th So have it in your mind. And then, what happens then?

Pt Then I just drop you, and you're dead. (makes a releasing gesture with arms)

Th Can you see me lying there?

Pt Yeah.

Patient is very much involved and stares as if she sees something that puzzles her. Therapist encourages her to have a close look because he is aware of a possible transition in person or time period.

Th Now it is important, can you see my face there, on the floor? So how's the color of my face?

Pt Grayish white color.

Th Grayish white, a veil, bloodless. So have a look at the eyes that you see there, in your mind, have a look at the eyes, take your time. Just go into yourself, and have a look at the eyes, at the form of the face, and the color of the hair, keep on looking... (Patient's attention turned inward, no contact with therapist, staring at the floor) Just let your feeling go, just let it go. Just let it go, Marie. Just let it go, a lot of sadness, huh? (Patient's face goes from sad to red to fearful, after which patient suddenly starts crying intensely, legs moving up and down)

Th So what is it that you see?

Pt I see somebody else that died.

Th Yeah, and who is it that you see there?

Pt A boy that I used to go out with.

Th And what is the color of his eyes?

Pt Blue, is that what you mean?

Th Blue... Blue eyes. Is that so, is that what you said?

Pt I think so, I don't remember...

Th Uhuh. But you see his face there and...

Pt Yeah.

As the therapist is aware of the extent of the patient's superego pathology, he encourages her in so many words not to bow for her superego and not to punish herself but to contain her impulse and her guilt.

Th Just let your feeling come, just be there. (Patient sighs heavily, moves legs) Because you're not only a murderess, you're also a loving person. (Patient sighs heavily) So there seems to be another feeling as well. (Patient nods "yes") And guilt. Because you don't want to be like that, but it's in you. Hmm? Let us look at it respectfully, ok? (sadness wells up) So, what is it that makes you so angry towards him. Do you remember?

Pt When? I didn't do anything to him.

Th No, but now. If you see that he's dead, killed by you, lying there. Are there any other people around him?

Pt No, it's exactly how it happened. I don't picture how it happened.

Th Yeah, ok. But you don't notice other people around there? If you carefully look at him, then you see that he's lying there dead. And what made you so angry towards him, what do you say to him?

Pt I wasn't angry (Patient denies responsibility).

Th No, but now we know there was anger, otherwise he wouldn't be there, dead, ok? You realize there was a lot of anger, the face shifted from me to him.

Pt Well he gives me a really good excuse for being sad a lot. I can't think of anything else.

Th He made you very sad. But we realize now that he also made you angry because of that.

Pt He made me angry when he was alive.

Th Ah, yeah. So now you feel that anger, not only sadness. Both feelings are there. So, in a dialogue form, what do you say to him, lying there. Now you realize that you were also very angry, so what do you say to him? And there is sadness.

Pt That it's easy for him to do that. (Patient stretching her arms, leaning back; distancing herself.)

Th Yeah, just say it as if he is there. (Patient sighs deeply, head rolls to the left) And let your feelings just go. (Patient starts crying)

Pt That you left me with this, that you're ok now. (Patient has difficulty speaking. Covers her face with hands, intense crying with a look of despair)

Th He did something terrible to you?

Pt He did something terrible, it's ok for him now. Now it's mine.

Th Now you're here with the memories, and all the sadness and anger. So if you listen carefully while you say that, and you direct your attention towards him, is there something that comes back to you – it's not possible because he's dead, but suppose you listen carefully, is there something in the dialogue that comes back to you? If you watch his eyes and his face...

Pt That I could have avoided it.

Th No, no, what is he saying? You say to him: "I am now still alive with all the sadness and anger towards you, that you did that to me." What is the answer, is there an answer coming? Just direct your attention to him, not to me. Concentrate, just wait. Let feelings just come.

Pt He says: "I loved you and I couldn't have you so I had to do this." (intense crying, head to the side leaning on the arm of her chair) "I could never be happy again." (silence, Patient sobbing)

Th So what we see is that next to your tremendous anger there also seem to be a lot of good feelings for him, that you feel now.

Pt Well, I don't feel angry because I can't be angry with him because that would make me feel worse.

So I think that he's wonderful now.

The patient is still defending against her murderous impulse, guilt and grief towards this male friend, who committed suicide when she ended her relationship with him.

Th Yeah but now we know the truth. We see the aggression that came to me and then went on to him, that is the real signal of how it is. So there's a lot of anger but because of the anger that you dared to experience you now also experience a lot of good feelings towards him as well.

Pt But I wasn't thinking about him until you asked what the color of your skin was.

Th Yeah, but you know, this is how things happen. It is disclosed from the unconscious to you that you had different feelings, more mixed feelings than you thought. There was much anger, murderous rage towards him for his deed. But also sadness, warm feelings. Ok? So we know now that you're not only a person with murderous impulse, but also with deep warm feelings, the possibility of that. (Patient nods "yes") And you seem to have that for him.

Pt

Th Yeah, he's dead now. So what will you do with the dead body? How do you bury him? Where, is there a place, and a way you're going to do that?

Pt I can't stop feeling sad.

Th Ok, yeah of course. It is very sad, to realize this. What are you going to do, how are you going to bury him? It is a sad thing... And where? Do you have an idea how and where you would do that?

Pt Maybe I have to stop thinking about it.

Th No, in fact what are you going to do with the dead body of his? In fantasy and thought, how are you going to bury him, how and where?

Pt Do you mean literally?

Th In fact, we're here in a fantasy; imagination process. Do you know a spot where you would put him in the ground? Maybe somewhere in Canada...

Pt Well it comes into my head that it doesn't really have any meaning...

Patient tries to escape from her feelings, from a definitive "farewell" of her friend. Again a realization that she finally, really has to say goodbye, forever. This stirs up real sadness in her about the consequences of what she just did.

Th Yeah, ok, well we're busy to restore your feelings and restore your thoughts, and this is part of it. You cannot leave him on the floor here. So is there a spot in Canada, in your fantasy and thought, where you can – together with me, and bury him. Is there a special spot, where you bury the person that you just murdered here...

Pt (Long silence) Yeah.

Th Can you tell me what it looks like?

Pt It's a camping place, with lots of trees. (becomes very sad again)

Th So you know a certain spot there, recognize it? ... So how do you go about it... Just let your feelings go, ... lot of sadness... Is there a spot, by the trees. ... So what did you do so far?

Pt Nothing.

Th Is there a hole, or...

Pt No.

Th How do you carry him towards the place? (Patient cries intensely... covers her face with hands)

Pt Like that. (gestures, carrying the corpse in her arms)

Th And where is his head? There? Close to you? Do you hold his head close to you? (With patient a great sadness breaks through) ... What is it that you say to him?

Pt That I'm sorry ... (Patient sobs).

Th So you feel his head against you. Hold him close. (Patient starts crying intensely again... leg starts moving) Just let your feeling go. Try to stop your leg, just feel it. (Patient is breathless)

Pt I can't dig a hole.

Th It's a very sad thing to do, hmm... (Patient starts crying intensely) Can you see the hole there, under the trees? (Patient keeps crying) And what's his name?

Pt John.

Th John... Do you still hold him like you said before? (Patient cries)

Pt No, he's on the ground, next to the fire.

Th So when you pick him up, you say to him: "John..."

Pt Why? ... (intense crying, sad voice) It's such a waste... "You were a good person, but just not with me, didn't have to be the end of everything..."

Th You couldn't help it not working with him, hmm?

Pt No.

Th You would have liked it to have saved his life, but you didn't know what he was going to do.

Pt I did know...

Th You did know?

Pt I didn't know, but I wasn't surprised.

Th But it was not within your power to save him...

Pt I could have stayed..

Th You would have had to sacrifice yourself, but you couldn't, which is normal.

(Patient sighs, becomes more relaxed) What are you going to do now?

Pt Put him in there.

Th So do you notice how you do that, when he's in your arms, how do you put him down there?

Pt I try to put him in nicely but I drop him.

Th He falls in the hole. Just have a look at his face. You dropped him, so what do you say to him when he is lying there, in the hole, in his grave, murdered by you... (Patient starts crying intensely, tugs her hair)

Pt I'm sorry.

Th And also: "I could not love you?"

Pt (continues with a sad, weepy voice speaking to John) No. "You didn't love me either, you thought you did, you were just lonely. You were just looking for something you couldn't have. But you didn't really love me, you would have found someone that you really love, if you'd just waited".

Th Hmm. And also: "I did not let myself be forced into something that I did not want". And he wanted to do it. So it's not completely your responsibility.

Pt (pause, then deep sigh) It's done.

Th How are you going to close the grave?

Pt With my hands. (shows movements with her hands)

Th But do you do something special to him first? You just pull the earth on his face? Can you see his face going under? (Patient starts crying)

Pt Yeah...

Th Is there something to make a final goodbye, for ever?

Pt (crying a lot, with broken voice) "I never did hate you. I thought you were a good person. You just weren't for me. I wish you could have understood that before..." (deep sighs, bending backwards, stretching)

Th So much feeling for him, hmm... So how do you close down the grave? Hmm?

Pt Just fill it up, until its full.

Th Can you see it, it's full?

Pt Yeah.

Th Are you still standing there?

Pt I'm kneeling on the ground.

Th Oh hmm... So do you walk away from it?... Can you see the spot where he lies? ... So you can always go back to that spot when you want to think about it if you want to?

How do you feel right now?

Pt Tired. Relieved. (looks up, makes contact with therapist)

Th Something fallen off your shoulders? ... And all that because you took yourself tremendously serious. And you were the one that put down the walls, and discovered the burden you carried around with you.

Pt Yeah... (long silence)

Th Shall I get some tea? (Patient smiles) We'll have a little break.

Pt Yeah.

Th But it is very important that we take some time to talk this all over very soon, what happened in this three hour session, how we worked, and how you really got to one of the cores of your problem. Is that ok?

Pt Yes.

Th No disaster took place, only you felt your own feelings, had your own thoughts during our work.

We enter the session again after a five minute tea break.

Vignette 8 (170 – 174 minutes)

Th Do you notice that your face feels different? That you look different?

Pt Uhuh. (nods "yes", looks up at Therapist)

Th I can see it. There's more warmth in your face. Really a great difference.

Pt I noticed that in the bathroom. I think "How can I look better after I just cried for an hour?" but I do.

Th Yeah, something important was cleared up. (Patient becomes emotional, looks touched) But you see that there's a combination of sadness, anger, love, warmth, it's all there. And when it starts living in you, then your face shows this. And the tears that you have now, what are they about?

Pt I just feel drained.

Th Of course. But is it a sad sadness, or is it...

Pt No, it's just an overwhelming feeling.

Th And is it a good feeling for you?

Pt Yeah.

Th So can I say that it touches you, what you just said here.

Pt Yeah.

Th That you see that your face is alive again and that there is feeling. Can you be happy about it?

Pt Yeah.(Patient gives a big and happy smile)

During her two-week stay in the Netherlands, Marie came for another two sessions to ascertain the results of her therapy. She went back to Canada to prepare for immigration to Holland in the fall of the same year.

In the fall of last year Marie resumed therapy for her intimacy problems. The working relationship survived her stay in Canada virtually intact and consequently Marie made good progress. She made a touching remark just after her return to therapy, that I will not soon forget: "I have never experienced anything like this before!"

About the author

Felix Ch Julien, PsyD, working in private practice, received his coregroup training in the Netherlands. He is VKDP supervisor and he has presented at a VKDP Summer School and at the VKDP Natura Artis Magistra.Conference.

RECOGNIZING AND WORKING WITH AN OEDIPAL FOCUS IN ISTDP

PART II: WORKING THROUGH SEXUAL FEELINGS

Robert J. Neborsky, MD

Summary

Part I of this article discussed an important category of patients who present for Intensive Short-Term Dynamic Psychotherapy with an oedipal focus. After describing the differences in metapsychology between patients with an "oedipal superego" and those with a more "primitive superego", a transcript was given of parts of an initial interview with a patient, presenting with oedipal problems.

The author proposed 10 specific goals for the therapist to achieve to alleviate inhibition and liberate the self from oedipal guilt. In part II the achievement of these 10 goals will be continued. The specific purpose of this section is to give suggestions regarding the management of sexual feelings (positive oedipal feelings) during the working through phase of Intensive Short-Term Dynamic Psychotherapy. Finally, the author will discuss his ideas on the relationship between insecure attachments and the development of oedipal pathology.

The Virgin Who Treated Herself Like a Whore : A Review

Part I of this two-part article described the flow of the initial interview with a thirty five year old, married Spanish woman with no children who was raised in a loving, intact household, and was the oldest of five children.

The patient presented with symptoms of depression, anxiety, "problems of sexuality", and her "avoidance of pain and conflict". Her current sexual difficulty was anorgasmia, and the patient evidenced that this was cured after the initial interview.

She also suffered from severe guilt over episodes of sexual acting out during her late adolescence. The technique used was that first described by Davanloo (1988b, 1988c, 1990), in which resistance to experiencing unconscious emotion was pressured, challenged, and overcome with Head on Collision against her avoidance. Interpretation was used as a method of linking together affects, anxiety and defenses in both the transference, and in past relationships. To summarize, the patient after strangling the therapist/father reported arousal and pain in her uterus. This was initially interpreted as somatized guilt over her anger at her father. It seems there were two foci developmental of trauma with respect to him: 1) the father was a busy surgeon who was rarely home, and 2) he seemed to favor her younger (one year) sister, Christina, making the patient insecure and jealous. During the session, the patient recalled feeling pleasure in her uterus as a child and relieving it with pressure. She recalled her mother admonishing her for this and she associated guilt with masturbation, and repressed her sexual as well as angry feelings. This naturally revealed insecurity in relation to her mother and faulty identification with her as a sexual being. She perceived her mother as warm and loving except when it came to her sexuality, and in that context she was rigid, cold and moralizing. The patient's sexuality came under the grip of a punitive superego and could only be expressed in impulsive, rebellious acting out, and it could not be integrated into the rest of her. The prospect of becoming sexual when she engaged with her future husband mobilized her unconscious anger towards her father and mother and initiated her acting out.

In part I (Neborsky, 2004), 10 psychotherapeutic goals were depicted to keep in mind when doing ISTDP with oedipal patients. As the transcribed initial interview (part I) outlined the achievement of goals 1-7, this article will focus on achieving goals 8-10.

1. Co-operative exploration areas of disturbance usually symptoms of inhibition
2. Chronological inquiry of onset of areas of disturbance

3. Emergence of anxiety in describing situation of success or romantic love
4. Loss of coherence in the narrative (emergence of defenses)
5. Trial model with clarification of triangle of conflict
6. Mainly clarification of tactical defenses (Experience of "shame, embarrassment as cover defenses") over repression
7. Possible mobilization of anger in transference if therapist represents the parent of the same sex – may or may not go to murderous rage here
8. Disclosure of either/or
 - a) Guilt- laden aggressive feelings towards same sex parent
 - b) Sexual feelings or fantasies towards opposite sex parent with guilt
9. Understanding of origin of symptoms through C-P linkage
10. Lifting of guilt and increased motivation for treatment

Further relevant history

The patient reported being scalded in an accident at age three on her neck and arm. This injury left disfiguring scars on her right arm and neck. The scars required frequent frightening and painful plastic surgery procedures. Once while in church discussing her problem, she was told by a priest during adolescence "this was probably a good event, so that men would be less sexually attracted to her". The patient stated, "This injury is probably why I avoid pain".

The patient had five intensive sessions prior to the one that is reported in the following transcript. The patient showed a regressive pattern of defense demonstrating symptoms of severe anxiety when approaching her feelings. This tendency was addressed as a superego resistance against the therapeutic process in which the patient preferred to be crippled by anxiety rather than face her true feelings. This intervention helped the patient address her feelings in the transference wherein she experienced the impulse to strangle the psychotherapist. The murdered body of the therapist first transformed in her mind's eye into Christina, her sister; in later sessions the murdered therapist became her father; and finally her mother. Each session dealt with experiencing the guilt over these transferred impulses and then the parting from the corpses through a fantasized burial. As a direct result of these sessions the patient reported that she stopped smoking – an act which she came to see as self destructive acting out against her own health.

After stopping smoking, session five, hour six, the patient addressed memories of the scalding in which she recalled as a toddler looking into a boiling soup pot which got tangled with her trousers. When she moved the pot fell and scalded her neck and arm. The patient relieved the panic and terror in the session and for the first time allowed herself to feel anger at her mother in the session -- although she never had any conscious memory of blaming mother or herself for the accident. She just remembered fear and pain prior to the session.

Transcript and comments - Part II

The following is a transcript of her sixth ISTDP session. This represents the seventh hour of intensive short-term dynamic psychotherapy because sessions one and two were ninety minutes in length with each session thereafter lasting sixty minutes. The transcript will illustrate the approach with a moderately resistant woman, who presents an interesting mixture of oedipal and pre-oedipal features, and will illustrate the flow of the process in achieving goals 8, 9, and 10.

In the session at hand, the patient showed re-emergence of anxiety symptoms in the transference. The therapist and patient quickly form a working alliance against the forces of repression, and the therapist applies the technique of "pressure to feel" in the transference. The patient has a breakthrough of murderous impulse and imagines strangling the therapist and crushing his "Adam's apple". Once her impulse is released in the fantasy, she once again, reports feeling strong sexual arousal. In order to heighten the patient's experience of the feelings, the therapist brings her attention back to somatic awareness of body sensations, thus applying pressure to feel.

We enter this therapy session 9 minutes into the interview:

Vignette 1 (9 to 16 minutes)

- Th Where does this feeling actually reside in your body?
- Pt Where in my body?
- Th It's all over your whole body, the force is there. I see it's coming through you. Can you continue to embrace it and allow it to push the anxiety away? Let's allow the sexual feeling to push the anxiety away.
- Pt And now I want to kiss you.

Goal 8b is accomplished as the patient experiences her feelings in the transference.

- Th This would be so important to allow yourself to do it. Could you visualize in your mind the kiss? But it all became part of the same person that you murdered, that you're not compartmentalizing your feelings, your complex feelings that have all been repressed and pushed together towards the same person. So tell me about the kiss that comes to the man who remains with the crushed throat, the one whom you strangled and suffocated. How do you see the kiss? All of that feeling comes out of your lips.
- Pt To kiss is, it's a strong thing, but (pause) it's...
- Th Strong.
- Pt Strong. It's strong, it's long and is, but you're not responding to it.
- Th Which must create a great deal of want of feeling in you, my non-response to your kiss... It's going to create a conflict. It's a problem.
- Pt Yes, it goes for the same if I...
- Th Sure, but this would be so helpful for you now. Obviously I know there is no true joy in kissing the dead for the reason that you said, it relates to good-bye and good-byes are enormously sad, and painful. Now, we both know that these feelings, these repressed sexual feelings didn't originate in your relationship with me. They're just being transferred.
- Pt Transferred?
- Th Transferred from some figure from your past. You're transferring these sexual feelings onto me, right? Just like the strangulating feeling, I mean, you know. I haven't done anything to you, anything that warrants you wanting to crush my Adam's apple. So call up to see who you recognize these feelings as being connected to.
- Pt It's still my father.
- Th I see.

Having presented this tape in both La Jolla and Milan, the question inevitably becomes why do I interpret her feelings as transference? This allows the patient to differentiate her positive feelings of love and sexual arousal for the therapist as displacements of her feelings from her father. This solves the difficulty Freud (1915b) alluded to in his papers on the phenomenon of transference love. Transference of this sort can become a major resistance as the patient and therapist "fall in love".

After the patient acknowledges the transference nature of the feeling, the therapist pressures her for specificity.

This then causes an even greater rise in affect. The therapist asks, "Would she prefer to kiss her father as a dead man or as a live man?"

Vignette 2 (16 to 46 minutes)

- Pt I would like that one better (live) than that person. (Referring to therapist's corpse)
- Th Now tell me of its effect on you, that's what I'm exploring with you. How does it affect you physically and emotionally? What do you feel?
- Pt The feeling and how it feels good.
- Th Um mm. Um mm. Now tell me about his kiss, not just your kiss, but tell me about his kiss. How does he return the kiss?
- (Pause)
- Pt I've never talked about that or experienced that feeling.
- Th I know. But be careful, we're going down the wrong pathway here. See the anxiety coming back. Which would you prefer to have, the feeling that you've never thought about or anxiety?
- Pt The feeling that I've never thought about.
- (Pause)
- Pt My husband doesn't kiss, feeling the kiss. A kiss would be very good.
- Th Tell me more description of the experience if you would be so open to tell me. How it feels to let your whole body...
- Pt It feels very good.
- Th Actually there's that feeling again to push the anxiety away completely. So where do you feel the feeling, the good feeling.
- Pt I feel it's mum... and I feel...in my hands as well and my arms. It's like; it's a feeling that is relaxing. And I feel the heat.
- Th Um mm. Mamma. So it's very positive energy.
- Pt Um mm. Yes.
- Th And no desire to be destroyed. This is pivotal, you understand. The word pivotal, it is the central moment of your therapy, - whether you can be comfortable with that feeling. Tell me what happens as you feel the heat throughout your entire self, that you feel tense, so you said it was relaxed and the release of tension...
- Pt No, I was, in my mind, I was umm thinking of the things that were stopping me feeling it's..., the..., the...
- Th Um mm. Do you want to speak those or...?

Pt No, well, I can say, but I was just being scared in my mind and playing tricks.

Th The self-destructive force is expressing itself...

Pt And thinking the kiss would never come and that, that...

Th Um mm, mm.

Pt You know, I'm almost doing this cuddling in my body. (light laugh)

Th Um mm, which is sweet, isn't it? That's the way I would hope that you learn to treat yourself. So again, tell me again 'cause I'm seeing anxiety coming back to a small degree in your hands now.

Pt It is just that I don't know what to do with them.

Th Well, again, that would be a block, wouldn't it? What would your hands like to do with them in response to the kiss?

Pt What would they like to do?

Th What would the hands like to do? The energy's building up. You said it's a warm feeling.

Pt Yeah, but that's in the kiss and after the kiss, it's...

Th After the kiss, what would you like to do?

Pt ... it's umm...

Th How would you like to touch him?

Pt Now it's the touching, it's touching...

Th How? But you have a block, in picturing the touch, and in the touching there is nothing that is off limits, huh? Could you have drawn these arbitrary lines in your mind? Your mother has participated, right? To suppress your sexuality and draw lines. Umm? So I don't know whether you submit to maternal authority in such an obedient way and yet you get afraid when you have a positive impulse to use those hands to express love. How do you see the touch, where do you see the touch? As specific as you are with the kiss, did you see how helpful it was when you were specific about the kiss? There's a little bit of anxiety in your left hand, not in your right. Tell me what the two hands would like to do to express the love however it wants to go with no censorship and no artificial boundaries drawn by anyone.

Pt It's umm they call it, this is cuddling?

Th Cuddling, stroking...

Pt Stroking, playing with the whole body.

Th A little anxiety came in just now when you said, "the whole body". You got anxious about something, didn't you?

Pt Um mm.

Th The face doesn't, doesn't create as much anxiety as touching the body.

There's something about the whole body that made you tense again and pull back.

Pt Yeah, the body's blocked, the touching of the, the penis. I've never let myself place my hands to a penis.

Th Oh my. That's been like a taboo.

Pt It's, inside of me, it's never felt like, I could feel strange for me to do it.

Th Ah yes, of course it does, you see. I think you understand why now, don't you? Umm. Cause you're terrified to defy your mother in this very strict prohibition. Did she implant it? Do you feel that was correct to do that to you? That was the right way to be treated by mother?

Pt No.

Th So what would the mother that you would, that you would rush to have, how would she tell you about your desire to touch and stroke the male penis, the male genitals? How would you like to have been treated?

Pt That there is no problem, that it's natural and it's...

Th So could we together push this anxiety out of you once and for all?

Pt Umm.

Th So can, as you imagine before the kiss, when your father was very, very responsive, could we imagine how he would respond to you stroking his penis... Can it be examined?

Pt Hmm mm.

Th And how does that make you feel, when you see him responding to you in... Be careful of anxiety. We want you to push the anxiety out. There is no room for anxiety. There's no room here for anxiety. So tell me about good. What good feelings fill you in every orifice, in every space in your mind?

Pt It feels good to hold, a body feels good to feel and see the response, the interaction, the feeling.

Th It's very emotional for me, I mean, to see you healing, you know.

Pt Yeah, it's good. I feel good and umm feel good, the heat's a good feeling.

Th In your genitals?

Pt Genitals? My whole body.

Th Uh huh. And can you feel the reciprocal excitement, the arousal increasing in you towards him? Your anxiety, a little tight, is there a hint of fear there? It's fear of mother's wrath, isn't it? No?

Pt No.

Th What was it?

Pt No, I was feeling its intensity.

Th Good, oh good. So you pushed all that away then successfully. All the fears. And then tell me the imagined behavior in response to the feeling..

Pt: (inaudible)

Th You see your father responding to your touching his penis with the erection and you feel good, completely good, and what is it you want to do?

Pt Continue and make love to him.

Th I see some embarrassment.

Pt No.

Th Yeah, there's some discomfort. Push it away. You're not describing anything, anything, to be embarrassed about. Embarrassment is shame. There is nothing to be ashamed of in these feelings. These feelings are beautiful, they are natural, okay, they're appropriate. Umm. The longed for connection, you know. There's some new growth.(pause)

Pt I agree.

The patient unconsciously pulled her hand back.

Th There's a lot happening. What's the hand doing there if it goes in the other direction? Yeah.

Pt It's cuddling, it's going home. I'm feeling, I'm feeling my body getting more free.

Th Umm mm. That's long overdue, isn't it?

Pt Yeah. Umm mm.

Th And as the fantasy unfolds in your mind, describe the lovemaking that you and he engage in.

Pt Describe?

Th It's got to go in his direction, and then, umm, as he does with the same fondness that killed him, out of frustration, hmm? Those hands really want to make love to him, don't they? Not to kill him but to, to give him wonderful sense of pleasure, hmmm?

Pt I am, I'm so stupid, I get uh uh...

Th You get what?

Pt I get - there's always the little girl coming like being and the mother and being almost ashamed of exploring that.

Th Oh yeah, but then you caught it. You caught it and you understood what was happening. It was your mother again invading your mind and not wanting to leave, not wanting to relinquish control over you, not wanting to relinquish control over your sexuality.

Pt Um mm.

Th And you used to be so obedient to her. As if you swallowed everything she said hook, line, and sinker as being the word of God or something, who knows.

Pt Even when I was against her, that was always on my mind. It was there and threatening.

Th Right. It's like brainwashed. Push it away. Stand up for yourself. Stand up for your sexuality. Don't give her that power anymore. So what was the image? You already saw something between you and your dad, when you were seeing the lovemaking, what was the, what was the way in which you saw yourself and him making love?

Pt Hmm

Th Where was his penis?

Pt No, it's already inside of me.

Th Oh? Push the anxiety away. You don't want... the anxiety gets in the way of the connection, hmmm? Isn't this a loving connection, I mean it's a desire to be connected in a fully loving and deeply intimate way?

Pt Again, trying to picture it, it's blocking, but I can feel it's...

Th Feeling is more important than picturing it. Picturing in many ways is a defense against feeling.

Pt Because trying to picture it...

Th Feeling is a hundred percent more important. I just use pictures as a way of encouraging you to feel. The more you feel, the more complete you are as a woman.

Pt It feels good. I'm just trying to maintain that feeling inside of me.

Th Um mm. And what is it you like about that feeling?

Pt It the calmest I've been.

Th Um mm. In a beautiful way, you're united with a part of yourself from which you've split off.

Pt But I don't know why I'm...

Th Scared?

Pt I'm feeling just a bit strange.

Th Okay.

Pt I don't know if I want to cry or if I want to love.

Th It doesn't matter. Do either one. You can do both. It's a moment of great significance as you incorporate the loving part of your father into yourself. This separation has been, you know, far too long. It's gone on too long.

Pt Hmm mm.

Th You're smiling at something.

Pt I'm smiling because I, I just, I had just pushed away the thought of what took you so long?

Th That's a comforting thought or a critical thought? I don't know if it was a compliment or a putdown?

Pt Yeah.

Th And what would be the non-critical thought?

Pt I'm finally... (small laugh)

Th Finally, yeah, becoming whole.

The following vignette shows the patient at the thirteenth session (hour fourteen of her therapy) when she discusses her gains and initiates discussion of termination. All signs of anxiety are gone and her hand movements are now supple and graceful.

Vignette 3 (Session Thirteen: 0 - 5 minutes)

Pt I feel a lot of difference inside of me. I do feel in my mind and in my daily, during the day, I feel it's...

Th Elaborate on the difference. I'd like to share that with you. What would that, what is that like?

Pt I feel more strong and I feel more confidence, and I'm getting more and more confidence as well in my work and the things that I do, which is something that I had, that I had started not having that confidence, and I do, I feel that when I'm working on a project, when I'm designing, when I'm talking with a client and they like the things that I do and I understand what they want and I feel more stronger and more confidence.

Th Um mm.

Pt I feel my, more confidence when I talk with my family and I feel more confidence with my husband, and I think we, we've really grown up this year and we feel that, we both feel that and it's good. We really work as a team and umm, we love each other very much and that's a good feeling.

Comments on Psychopathology and Technique of Working Through

One part of a psychotherapeutic process is not more important than any other, and I cannot state that this particular session led to this patient's favorable result. However, the patient in her self-analysis stated that facing her sexuality and removing guilt from being sexual was the most important aspect of her treatment. She reported the emergence of a powerful sexuality in her relationship with her husband. Interestingly once she and her husband began to enjoy a deep sexual life her maternally based guilt feelings again became conscious. She was able to overcome guilt about enjoying sex in a way she knew her mother never had allowed herself to. Thus, the process of therapy allowed her and her partner enrich their marriage.

In summary, the therapy addressed the following sources of negative superego introjects for this patient:

- Facing her sadistic impulses, guilt and grief at father for his seeming unavailability
- Jealous rage at her younger sister as his favorite
- Sadistic impulse, guilt and grief at her father for being a source of excitement without any outlet for her feeling
- Murderous impulse, guilt and grief at her mother for her shaming, rigid position about her sexuality

- Murderous impulse, guilt and grief at her aunt (mother's sister) for loss of interest in her as a teenager

The psychotherapy efficiently addressed these murderous and sadistic impulses underlying her anxiety. However, in so doing an avalanche of repressed libido from childhood was liberated. This libido remained as an on-going source of intra-psychic conflict until the process of visualization or "dreaming while awake" as used by Davanloo (1999) was applied to process the feelings. Viewers of the videotape - mainly male psychotherapists - reported feeling anxiety at the direct imagery of father-daughter sex. This is of course a controversial topic, but I know of no other authentic way to help this woman restore the part of herself she had split into her unconscious. Leaving this material unfelt would create future inhibition from repressed oedipal guilt. Thus, working with sexual material in psychotherapy is an important skill for dynamic psychotherapists to acquire.

Why use visualization? Visualization mimics dreaming. Visualization is largely a right hemisphere process. It requires the patient to access somato-sensory aspects of themselves and to become aware of their action tendencies - instead of registering feelings as behavior equivalents which produces guilt. This process of visualization is a cornerstone of Davanloo's method. The visualization of affect seems to push aside left hemisphere dominance and allows for an unusual form of free association. Files of repressed feelings and memories cascade forward from the unconscious mind. In this case the patient confronted her impulses, guilt and grief in the transference and once, impulse, guilt and grief was visualized, somato-sensory sexual feeling became the focus. In Davanloo's technique, there is always a very subtle push towards narrative creation about the affects. Each of us who practice this method usually have a fairly standard protocol for working with aggression from attachment failures which involve facing the murderous feeling, looking at the corpse, and parting from the corpse with some sense of repair of the original trauma. This is actually story telling in its most basic form: broken bond leading to revenge, leading to spiritual repair. (Neborsky, 1995). We now know from inter-personal neurobiology that story telling serves the function of balancing our two hemispheres and giving us a sense of integration after emotional arousal.

The technique I used with this patient is exactly the same with a slightly different story line: Girl loses forbidden boy and in so doing loses an important part of herself. Girl overcomes fear of guilt and shame and in so doing transforms into a woman. This story has been told millions of times in different forms.

Potential Counter-Transference Issues

The role of counter-transference in ISTDP is another area, which needs much discussion and study. In working with sexuality the possibilities for counter-transference are legion. It is beyond the scope of this paper to list all the areas of possible conflict. Most commonly I observe activation of unconscious anxiety. This is interesting, as it appears the process can activate unconscious shame and guilt in the therapist over unresolved oedipal issues as well. The therapists with this set of problems commonly avoid this area of inquiry altogether or leave the process of exploring the physical nature of one's feelings and become interpretive. Because of the highly charged nature of these feelings resistance against emotional closeness must be monitored and extinguished before these feelings are available for working through.

It is also important that the therapist does not supply cues to the patient as to what his/her fantasies are and thus subtly direct (suggestion) the patient. I believe the principles are the same as working with repressed rage. The visualization is a semi-intellectualized way of working through unconscious affect and detoxifying its anxiety and guilt producing capability. Davanloo (1990) has emphasized that the royal road to the unconscious lies through experiencing feeling in the transference and this case presentation verifies that contention. His prior writings left the technique of working with sexual feelings for later practitioners to explore and define.

Attachment, Sexuality, and Transformation

In part I, I emphasized the important nature of certain paragraphs in *Unlocking the Unconscious* which integrated Bowlby's attachment theory with the theories of Melanie Klein regarding the pre-oedipal origins of the

superego. Herein I want to share the equally interesting observation that attachment theory has a sparse treatment of the issues of sexuality and pleasure (Eagle, 1995, Fonagy, 2001). Eagle (1997) suggests that the adult consequences of unresolved oedipal conflicts might be conceptualized as insecure adult attachments. This is to say that the inability to integrate sexual feelings and loving feelings tend to manifest as some kind of avoidance or ambivalence. This is to say that failure to resolve oedipal issues forces the insecure infantile attachment styles to the fore.

I find much merit to Eagle's conceptualization. Clearly, the patient described above developed an avoidant attachment style. Her description of her early mother-daughter experience was largely positive. Her mother was seen as warm, responsive, and available in all areas accept sexuality. On the other hand her attachment to her father was insecure from the beginning. She felt rejected and felt as though she had to compete with her sibling for her father's attention. Her working model of attachment was fraught with ambivalence with respect to him. Developmentally, when she approached oedipal age he was seen as a great source of love and excitement, but these feelings were not accompanied by closeness in the relationship with him. Therefore the functions which make affect containable (Bion, 1967): mirroring, reverie, and reflection were unavailable to her from either her father - because of his physical absence, and her mother - because of the mother's fear and guilt over sexuality. Following Winnicott and Bion, Peter Fonagy (1995, 2002) writes: the infant finds an image of himself, in his mother's mind, as an individual with thoughts and feelings. Winnicott (1967) stressed that it is vital for an infant to see a reflection of his own state (albeit processed to make it more containable (Bion 1962)) and not of the mother's own fixed preoccupations or defensive maneuvers, when he looks to her of images of herself.

This maternal deficit as I have suggested elsewhere (Neborsky, 2001) creates an insecure attachment with an unconscious Primitive Aggressive Self Organization or "PASO" dominated by negative superego introjects. The opening of the PASO exposed the uncontained sexual affect, made them available to the therapeutic dyad, and we were thus able to metabolize the father feelings. This is the process which I believe transforms insecure attachment styles into an earned secure attachment style. Thus, the patient reports not only an increased capacity to experience and enjoy her sexuality, but also an increased capacity to handle work conflict with confidence and grace.

About the author

Robert J. Neborsky, M.D., is a psychiatrist in private practice in Del Mar, California, and a Clinical Professor of Psychiatry at UCSD School of Medicine. He is the Medical Director of Lifespan Learning Institute, a non-profit organization specializing in continuing education seminars for mental health professionals, and a member of the Board of Directors of the International Dynamic Affective Therapy Association (I-DATA). He was an associate editor of the International Journal of Short-Term Dynamic Psychotherapy. In 2003, Dr. Neborsky was honored as the Distinguished Psychiatric Lecture of the year for 2002 at UCLA School of Medicine.

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AGENDA

- July, 11 - 18, 2004** The Southern Californian Society for ISTDP and the UCSD School of Medicine will organize a one week Summer Classroom.
Presenters : Josette ten Have-de Labije PsyD and Robert J. Neborsky MD.
Location : Anguilla, British West Indies.
For details contact Christina Terry at ct-istdp@pacbell.net
or Robert J. Neborsky at ISTDP@aol.com
- August 9, 2004** Patricia Coughlin (DellaSelva) PhD will present a one day Workshop on Restructuring Regressive Defenses.
Location: Aarhus, Denmark.
For details contact Teit Jensen at teitjj@mail.dk
- August 16, 17, 2004** Patricia Coughlin (DellaSelva) PhD will present a two day Introductory Workshop on the Theory and Technique of ISTDP.
Location : Copenhagen, Denmark.
For details contact Birgit Bork at hiesen@psy.ku
- September 11, 2004** The Washington School of Psychiatry will host a one day Workshop: "Treatment of the highly resistant patient", featuring H. Davanloo MD.
Location: Washington DC, USA.
For details contact Carolyn Morrissey at cmorrissey@wspdc.org
- October, 15, 2004** The VKDP will host Patricia Coughlin (DellaSelva) PhD, who will present a one day audio-visual Workshop on: Emotion and Immune Functioning: Research Evidence and Clinical Implications.
Location: Amsterdam, The Netherlands.
For details contact secretariaat@vkdp.com