

Handbook of Short-term Psychotherapy

The Initial Interview

Case Histories



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B. Case Histories

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The Initial Interview

B. Case Histories

Although every initial interview will be conducted somewhat differently depending on the presenting problem, the capacity for verbalization, the personality of the patient, the initial resistances, countertransference arousal, and so on, certain basic techniques are manifest. This chapter consists of three transcribed initial interviews that bring out some salient features commonly encountered in first, a developmental personality problem, second, an obsessive neurosis, and, third, a schizoid personality disorder, who is not deemed suitable for short-term therapy.

Case 1

The patient is a 16-year-old boy whose parents called for an appointment, saying that he was failing at school, defying his parents, fighting with some of his classmates and generally being obnoxious. What concerned them most, however, was his going steady with a girl. They did not approve on the basis that he was too young for a serious relationship. They were desperate for some direction as to what to do. The boy had resisted going to see a therapist until they cut off his allowance, and then he consented to one appointment. The parents accompanied him and sat in the waiting room. The session brings out how to deal with a defiant adolescent so that he may continue in therapy as well as how to select a dynamic focus.

At the appointed time the patient entered my office, slouched into a chair, and looked about the room in a noncommittal way. The tactic I have found useful in dealing with such reactions is not to engage in criticisms or accusations, and not even to question the patient about his difficulties, but to confront the patient. Confronting this boy with his resistance and verbalizing

his right to be angry may act as a shock stimulus starting him off toward enlisting the therapist as an ally to manipulate the parents to abide with his own desires. In this way a relationship gets started that may have therapeutic potentialities.

Th. So they finally captured you and brought you here, huh? *(Therapist smiles and the patient looks up, obviously surprised. He pauses, then breaks out in an embarrassed laugh.)*

Pt. Yes sir.

Th. Aren't you sore about it?

Pt. No, I guess not.

Th. I'd be furious, if I were in your position.

Pt. No, I'm not.

Th. After all, why would you come to see me, except that they inveigled you into this? *(smiling as if joking)*

Pt. I forgot about this until last night.

Th. How did they spring it on you?

Pt. We had an appointment at 10:30, they said.

Th. Wham, just like that—for what reason did they give you?

Pt. I don't know—they think I'm sick I guess.

Th. You mean they think you're mentally sick?

Pt. I don't know—they think something is wrong I guess.

Th. What do they think—in what area? I haven't spoken to them except briefly. So I don't know what the real problem is.

Pt. I don't know. I think they think I'm mixed up—something is wrong.

Th. Do you feel you are mixed up?

Pt. No.

Th. How would they get that conception; what's the story on that?

Pt. I don't know—it's just the way I get along with them—our relations.

Th. Your relationships, *(pause)* Well, maybe we can talk about that. Are they giving you a hard time? [*Here I am trying to verbalize what the patient may be feeling.*]

Pt. I don't know. I guess it's two ways.

Th. Are you giving them a hard time? Are you really? What are you doing?

Pt. I don't know, I don't go out of my way, but I have a little grudge against them. I don't know, *(pause)*

Th. Well, what have they done—do they deserve the grudge?

Pt. I don't know.

Th. They mentioned something on the telephone. You're at school now, away from home—and you've got a girlfriend—is that the story? *(pause)* So? [*I note that the patient seems angry and fidgety. I decide to show him that in contrast to his parents I believe he has the right to choose his own company.*] Why do you think they stick their nose into that thing?

Pt. I don't know.

Th. Don't you resent it? Do you tell them everything?

Pt. I tell them to a degree. They find out anyhow.

Th. How would they find out if you kept it to yourself?

Pt. I don't know. Sometimes I see her, then I'll come home, and then they seem to find out.

Th. How would they know that you see her?

Pt. If someone sees me with Jane, then they tell them.

Th. You mean they report on you?

Pt. Well, someone must because I know I once went over to her house. Next time when I was

home, they said. "You saw her, didn't you?"

Th. What do they object to about her?

Pt. They say her parents are too forward, they don't like her, and so forth. Because her parents they invited me over to her house on her birthday for dinner once.

Th. So, what's the big deal about that?

Pt. I don't know, and there was a camp reunion and her mother let her go on the bus with me. We were going to have a camp reunion, and my mother felt she shouldn't have called up, I guess. I should have just gone there and met her. I don't know what it was.

Th. In other words, what they are trying to do is to break this thing up?

Pt. Yes

Th. Ahhh, is that what the whole story is about?

Pt. Yes.

Th. Anything else? Any other beefs that you have with your parents?

Pt. Well, just sometimes they're different, I don't know, they have different views about kids and that. That's the biggest gripe, with that girl.

Th. Who do you get along with better, your mother or your father?

Pt. Neither.

Th. Neither one of them. They're both difficult right at this time? And they both harp on the same thing? *(pause)* Do you think that if you gave up this girl they'd be any different?

Pt. I doubt it.

Th. They'd pick on something else?

Pt. I don't know, you know my sister and I are very close, *(pause)*

Th. Your sister and you are very close.

Pt. And you know, she's up at college right now. We write. She wrote me a letter that it's so

disappointing to come home because that anytime that she finds a boyfriend, or anytime I find someone—well, this is really the first girl I've been pretty serious over—I don't know, they find excuses and they're the worst excuses. I mean they're really bad. They have their reasons. They say you can't do this, you can't do that. Well, Dotty said—like when she came home last time—she said it was a disappointment to her. Her vacation started when she went back to school. She said she was more hurt when she came home like, she said, when you're away, everything is progressing and when you come home, it's just as stagnant as it's always been, and, I don't know, it looks pretty bad. They won't change.

Th. And you must know, they have their own ideas and they come from a different world than you come from. I mean, your friends and your associations and your philosophy are different these days than in their day. So you must feel they are trying to impose old-fashioned ideas on you.

Pt. I don't know, pretty much trying to put their ideas on me. Like if they say you can't see her, I don't know, it's always the same excuse. Usually when they say, "You can't see her," you're all set to fight the next line.

Th. In other words, the minute they say you can't see her, inwardly you start rebelling.

Pt. I know. Right now my parents notice it, and that's very upsetting, but anytime they start to talk to me, I don't know, I get set for a fight or something.

Th. Because you feel they're critical of you. What would be the worst thing that could happen if you could see this girl all you wanted?

Pt. Nothing, but they feel that. Well, it started off—I was always seeing one girl. It was her. This was after last summer, and then they said I couldn't go out with one girl, and yet I had been out with her only three times. I had been over her house and stuff like that.

Th. Have you been over since you've been home only three times? Do you give them an accounting of everything that goes on?

Pt. I don't tell them anything.

Th. You feel that's your business, right? Have you thought you should go out with other girls too just to please them?

Pt. I can, but I made the mistake then, you know. I kind of understand it, but then they said I had to date one girl, then another, then another. If I wanted I could date this girl, then

another and another, see. And I didn't follow up, and then they finally said, "You can't go out with her."

Th. At all?

Pt. At all, this is a long time ago, and then I continued to see her a little bit, and then we, I don't know, last Thanksgiving, we had a pretty bad weekend.

Th. Oh, you mean the last time you were home? The fur was flying?

Pt. Yes, then they said, finally, "You can never see her again. We'll call her if we think it's necessary. We'll speak to her parents and tell them that they're bringing up their child wrong." Maybe it's not for me to say, but who are they to say they're not bringing up their child right?

Th. Is she your steady girlfriend now?

Pt. I don't consider it; my parents say so.

Th. I mean are you going steady?

Pt. No

Th. Would you marry a girl like this?

Pt. I don't see why not.

Th. Eventually?

Pt. I mean I'm not going to stay with her for the rest of my life until I get married. I'm bound to go with other girls, I mean, but at the beginning they said she had nothing in common with me. I'm not saying she's not in common with me, but I'm saying (*pause*).

Th. Well, she does have something in common with you; you went to camp together.

Pt. Yeah, there's a lot of that stuff and she's not athletic in the muscular sense, but she's an active girl, I don't know, She's smart my parents say.

Th. Is she a good-looking girl? Sexy? So-so?

Pt. She's not sex starved, but she's all right.

Th. And she's easy to talk to?

Pt. Yeah, we sit around and talk, and with her parents. We all get along real good, her parents and her brother.

Th. Do you like her parents better than yours?

Pt. I guess everyone does.

Th. Everybody's own parents are no good, you mean?

Pt. Yeah.

Th. She has a mother and father.

Pt. I think her father died.

Th. But her present stepfather is a nice guy?

Pt. We get along good like when I go over there. He and I will start talking for a while.

Th. Can't you talk that way with your own dad?

Pt. I don't know, I clam up when I'm around him. I don't know why.

Th. Do you feel he's looking down on you, or he's condemning you? Or what?

Pt. I don't know what it is, but he bothers me and I wish he didn't.

Th. You'd like to get him off your back? I'd like to help you get him off your back, really, if that is what you want, but how? [*Here I am joining the patient's feelings. This is in line with the desire to form an alliance with the patient.*]

Pt. I hope you can.

Th. I don't know if I can, but I'll try, if you give me an idea what I can do. What I could tell him is that the tactics they are using are not the right tactics. All they do is antagonize you. After all, this girl isn't going to do anything terrible to you. [*I am not sure whether or not the patient is giving me the right data about the problem. He sounds reasonable in resenting, at his age, the interference of his parents in what seems to be an average boy-girl relationship. If what he says is correct, it is the parents who need some counseling about adolescent needs and problems and the proper way to manage themselves.*]

Pt. I don't know, she's kind of cultured in a way.

Th. She's cultured.

Pt. Yeah, I don't know what they got against her. She knows how to behave at different times.
You know she knows just how to act.

Th. She sounds very nice.

Pt. Thank you, that's what she is, but do you know about Fairview where we live. This new elite and then the village?

Th. (smiling) You mean that's where all the kids that have parents who have problems live.
The parents have problems not the kids? (*laughing*)

Pt. Oh (*laughing*). Well, my father said the reason they didn't like her, she was using me as a bait to climb socially.

Th. Does your girl's family come from a lower economic status class?

Pt. I don't think so. They used to live in Queens, which isn't good, and they moved to where they are now. A nice house, but then my father said some of her best friends are kids that my father likes. So I told him I thought this would make him like her or something, and he said what she is doing is she is climbing, she is using these friends to climb up the ladder. All she wants is her friends in our area for the money, etc.

Th. How does he know that, he doesn't even know her?

Pt. I think he's seen her.

Th. How can he analyze what she is doing without talking to her. [*I am deliberately siding with the patient to firm up our relationship.*]

Pt. I don't know, but this is what he says. She's trying to climb socially, and she's just going to drop me. This is what he says.

Th. That's what he says, but that doesn't mean it's so, is it? [*again, siding with the patient to promote an identification*]

Pt. I know, but how can I argue with him? I don't know, the way I figure it is I won't be home that long and there will be a couple of arguments or so, and then I'll go away.

Th. Go away to college you mean? What are you going to do this summer?

Pt. I don't know yet.

Th. Well listen, between you and me, why can't you go around with other girls and then do what you want anyways?

Pt. *(laughing)*

Th. You know you can have a running battle going on with them all the time the way things are. There's no sense to it, because they'll get very upset and start busting your relationships up. Apparently, you don't want them busted up. You've got to be smart about these things. I'm not trying to give you any advice on how to conduct yourself, but I know that these things can get very, very sticky. You can get yourself into a jam with them, and you are economically dependent on them for a while anyways. So why can't you give them an idea that you're going out with other girls too? Maybe bring one or two around—you know. What's the big deal, you could go out with other girls if you wanted to, can't you? *[In giving the patient this advice, I am testing my own capacity to influence him at this point. I am not sure he will take my advice to defuse the situation.]*

Pt. I can.

Th. I mean, you don't even have to tell this gal anything about it if you don't want to.

Pt. Well, you see like last night, I was supposed to go to a party. Well, I told my parents it was going to be a party. It was kinda my fault. I said it was Christmas Eve, and if she was going to be at this party and if she was going, I was going with my best friend and some girl he knew. And I was going to go, and I asked my mother, and she said I could go providing— and that's only one thing we ask you to do and that's not to see this girl— just like that. And she said, "You'll have to give your father all the details, etc., how the party is going to be, he wants to know more about it." So I told my friend to go ahead and see his girl last night. And what we were going to do? We were going to plan a good one—there would be invitations.

Th. You're letting somebody else do the inviting, and you're just being invited to a party?

Pt. I don't know. They usually find out about that stuff anyhow.

Th. Well, look, whatever they find out, that's it. You don't have to tell them everything you do at your age, do you?

Pt. No, I don't intend to.

Th. All right, if you want me to I'll try to tell them that they are making a big fuss over nothing.
[*I get the impression the patient needs an ally, and I am proposing an advocacy role on my part.*]

Pt. See, if you tell them that—I don't know. Sometimes they always have good stories, like something will go on in the house—you know between my mother and I—and then when my father comes home and I listen to her telling him what goes on. You know, it never went on.

Th. So that makes you very furious.

Pt. I mean they can twist a story so that they're the white knights. I mean when they're here—it's not us—and he goes out—I do go out for arguments I mean, when they make me angry.

Th. Well, it must make you furious and you probably feel you'll split a gut unless you come out with your feelings. You see what they object to, I think, they don't like to have you lie. They don't like to have you put one over on them. They say you're not supposed to do it, and they expect that you won't do it. Now, obviously, it would be silly to expect you to give up something that is very valuable to you, but yet they still have a feeling you're still just this big (indicating a small size with fingers). And some parents never get over that feeling about their kids. They want to be protective, and they come through as controlling. They don't realize that you have your own needs, and your own life, and everything else. And they won't get off your back on that account. What you have to do is reassure them—say to them what is true. I think the best way you can reassure them is to convince them that there's nothing too serious about this business—there's nothing too serious about your seeing this girl and that you're not going to marry her. [*more advice giving to test our relationship*]

Pt. Do you think they feel I am? (*The patient acts surprised.*)

Th. They may feel you're going to be so serious that you may even get her pregnant or something. You'll be in a jam then.

Pt. Well, if they do this with every girl, I mean, if they feel we're going to have these great times and everything, it's going to happen every time. They have to admit it.

Th. Admit what?

Pt. You, I mean that I'm not going to go out and screw every girl I see.

Th. Well, what you do is your own business, that's the point. What you do is your own business—you can screw the girls you want if that's what you want. [*supporting the patient's right to autonomy*]

Pt. What I mean is if they're going to act like—if those are their motives for breaking this up—then they'll do it with the next girl and the next girl.

Th. They might, they might, it's possible, but the facts are if you water that situation down, you'll probably get them off your back. What you do privately is your own business, and if you screw anybody, I guess you have enough sense to use a rubber and don't take any chances. You know what I mean? But that's your own business and nobody ever need know about it—you never need tell them or anybody else, [*again, backing the patient's right of autonomy*]

Pt. One day, for some reason or other, my mother suddenly said, "Give me your wallet," and she went through it and I had a rubber stuck in the inside of it.

Th. Did she find it?

Pt. Yes, and she took it. She didn't say much and I figured it was forgotten. And then my father—we were going to get pizza or something—and he starts asking me did you ever use it, when did you use it, and so on. And I said, "What am I supposed to say?" Then I'm not supposed to say "Jane and I did this" or "Sue and I," and "It was on the third night of May" or something.

Th. This is your own private affair, as long as you are careful and you don't get yourself too deeply messed up and involved. That's your own business and you're right in resenting her taking your pocket book and going through it, anyways.

Pt. That's true, and oh, the other thing, they found Playboys in my room, so ohhhhhhhh, no smut in the house, and they start yelling and at the same time, I know, I don't see anything wrong with it.

Th. There isn't anything wrong with it, but what they apparently feel is that they would like to have a son the ideal, moral, studious kind of a guy. I think most parents would like to picture their children as that. I mean from an ideal standpoint, anything that goes below that ideal and they start blaming themselves, start feeling guilty, feel you may be heading for a lot of trouble. I would think their anxieties are not to hurt you—their anxieties are motivated by a concern about you. Their motives are probably honorable

ones, you know what I mean? At least they have a desire to see that you don't get into problems, that you don't get caught by any girl, that you don't get any girl pregnant, that you don't get a venereal disease. These are probably what their motives are. They may be living in the last generation and not in this one. They may not know what goes on these days. I suppose they felt you were all mixed up and needed advice and that I should evaluate what your problem is. Is that why they brought you here? *[I am defending the parents to see if I can give him another meaning for their behavior than their purely seeking to dominate and control him.]*

Pt. I don't know—I was going to ask you.

Th. I don't think you're mixed up in so far as what you have told me is concerned. *[I get the impression that we are developing a relationship. The patient tries to move his chair closer to me.]* So far you haven't told me a thing that is abnormal. *[At this point I introduce questions about other symptoms and complaints.]*

Th. I want to ask you a few questions about any symptoms you may have. How about tension? Do you feel tense?

Pt. Sometimes—I mean, yes. Not always.

Th. Under what circumstances?

Pt. When I get upset at things.

Th. Any anxiety, a feeling you're falling apart?

Pt. Why no.

Th. Depression?

Pt. Not too bad.

Th. Physical complaints or symptoms, like headaches, stomach trouble, bowel trouble, and so on?

Pt. I don't think so.

Th. How about sexual problems?

Pt. Nothing like that.

Th. Phobias or fears or thoughts that crop up that frighten you?

Pt. No.

Th. How do you sleep? Any insomnia?

Pt. Sleep OK.

Th. Do you dream a little or a lot?

Pt. A lot, but I don't remember any dreams.

Th. Remember any childhood dreams?

Pt. Like of falling, scary.

Th. Nightmares?

Pt. I don't remember.

Th. How about drugs? Taking any pills or things?

Pt. No, nothing. Some of the kids take grass. I don't like it.

Th. Now tell me a little about your mother.

Pt. What could I tell. She bosses my father around. Keeps telling me what to do.

Th. Scared of her?

Pt. No.

Th. How about your father?

Pt. I told you. I can't get to him. He doesn't understand.

Th. How about your sister, she's a few years older. How do you get along?

Pt. We get along fine. I can talk to her. We used to fight when I was small. We like each other now.

Th. How did you get along when you were a kid, at home, at school?

Pt. OK, I guess.

Th. No problems?

Pt. No, none I can think of.

Th. Have many friends?

Pt. Oh, yes.

Th. Any previous treatment with a psychiatrist or psychologist?

Pt. No.

[I decide to show the patient the Rorschach cards to see if I can pick up any underlying dynamics. From the data he has given me I cannot yet discern problems other than parents and adolescent in conflict over behavior that is not too unusual. His story may conceal other aspects that he deliberately or unconsciously is holding back. It is possible that something will come through in his responses to the Rorschach cards or in drawings.]

Th. I'm going to show you some cards, and I want you to tell me what you see. This really is not a test—just an idea of your impressions. *(I show him the first card)*

Pt. OK Are those the pictures you look at and I'm supposed to say what it looks like?

Th. That's right—ever seen them?

Pt. I've heard about them.

Th. What does that look like? *(first card)*

Pt. I don't know, an insect. Can I turn this any way I want?

Th. Any way you want.

Pt. Or a mask.

Th. Anything else?

Pt. No.

Th. OK. What does that look like? (*second card*) Anything that comes to your mind. So far you are doing very well.

Pt. I don't know, it looks like a footprint or something. I don't know, a face or something.

Th. Where's a face?

Pt. That

Th. Show me.

Pt. There, the lower part—the eyes—the nose—the eyes.

Th. Here's the third one.

Pt. It looks like two people dancing—it looks like two people dancing back to back the other way.

Th. Anything else? What kind of people are they?

Pt. Do you mean race-wise?

Th. No, no, are they men, women?

Pt. I don't know they look like both men and women.

Th. What makes them look like men?

Pt. There. (*points to projection*)

Th. You mean this is a penis?

Pt. Right.

Th. And what makes them look like women?

Pt. They look like they have breasts right here.

Th. Now, this is the fourth one.

Pt. Ugh, it looks like a dead rabbit. Also looks like a bat or some animal that got hit with a steam roller.

Th. All right, here's the fifth one.

Pt. That looks like a bat, that really does.

Th. Anything else?

Pt. No.

Th. All right, here's the next one. (*sixth card*)

Pt. It looks like a cat that kind of got hit.

Th. Pussy cat?

Pt. I don't know, some sort of cat, nothing else.

Th. OK, this is the seventh one.

Pt. Are these any special patterns?

Th. No, everybody has different associations.

Pt. Ummmmm—nothing.

Th. Well, look at it closely.

Pt. Oh, oh, it looks like two people dancing again—they're wearing a skirt or dresses or whatever. Have long hairdo's. That's all.

Th. OK, here's the next one. (*eighth card*)

Pt. Two men hanging onto something. This way it looks like a face. I guess that looks like a bomb, (*ninth card*) I don't know maybe some muscular guy or something sitting in the back. You know the back angle.

Th. OK, here's the last one.

Pt. It looks like the anatomy of some body—I don't know, (*hands card back*)

Th. All right. Now I'm going to ask you to draw me a picture of a person.

Pt. A person?

Th. Yes, anything you want. This is no drawing contest.

Pt. Boy or girl?

Th. Anything—just a picture—anything you want.

Pt. I'll draw about lifting weights. Did I say anything wrong with those pictures?

Th. No. You did pretty good. I could testify that you're not nuts if that's what you're afraid of. I can say there's nothing seriously wrong with your mind.

Pt. What's the purpose of having me draw this?

Th. I'll tell you when you get through—OK, now draw me a picture of a person.

Pt. A woman? (Patient draws an ugly woman with large breasts holding a stick.)

Th. Now a man.

Pt. You don't mind if it's inside? (He draws a muscle man lifting weights.)

Th. It doesn't matter. [*I get the impression from his responses to the Rorschach cards that he is immersed in incomplete separation-impudation, feels crushed (fourth and sixth cards) with a problem in identity (third card). I conjecture that the woman with a stick in his first drawing is his strong, punitive mother and the man, his compensating masculine self*] Now, you see I gave you a test, and the test would seem to indicate that your basic defenses are pretty good and that you've got a lot of oomph, spark, a lot of fire [*an attempt at reassurance*]. But you do withdraw and you do inhibit when things get too tough for you [*sparse responses on cards*]. You pull back and you just don't let yourself come out of yourself. It also indicates that you are working out your feelings of masculinity, that somehow you're not too confident about your feelings of masculinity at the present time. Why do you smile?

Pt. I forget. [*I get the feeling from the nonverbal responses to the interpretations I have made that the interpretations are correct assumptions. His remark "I forget" indicates to me an active desire to deny. The dynamic focus to be worked on, if I am correct, would then be his separation-impudation and identity problems.*]

Th. All right, now where would these problems come from? From your relations with your mother and your father? Do they have a lot of trouble together?

Pt. Yeah—a little bit—a lot.

Th. You see a person is brought up in a family and you see how the mother and father get along together—and you begin to pick up ideas about how males function with females. Does she kick him around? dominate him?

Pt. Sometimes—most of the times.

Th. That makes a woman a strong person in the conceptual thinking of a boy. He would like to identify with a strong father—who is able to stand up to his wife, to keep her from being too controlling, and stop her. Where the woman is too strong in the family, it's apt to reflect on the boy's feelings that women are the strong people. Now, this has an impact on the boy's developing sense of masculinity. And this is the one problem—it doesn't make you daffy or anything like that, but it is something that you have to work out—you have to begin to develop a different conceptualization of yourself as a strong masculine person. [*This is a strong interpretation, but I believe I am right. I wonder how the patient will handle the interpretation. If he denies it or bypasses it, a great deal of work will be necessary on his defenses. Where a person's identity problems are too strong and where they are responsible for many adjustment difficulties, long-term therapy may be needed.*]

Pt. Well, I know when I was in elementary school—I don't know why—but it used to be if the boys wanted to show off before the girls, they'd jump me. I used to be smaller and everything—and they'd say let's jump on the fag or something like that.

Th. Who would say that?

Pt. Oh, some of the kids.

Th. The kids would say to whom?

Pt. To me. They'd jump on me—and they'd say this to the other kids—that's I kinda—I've been doing weights—that's probably the reason I drew that. Then the other day, I went downtown just looking for a fight—I don't know, maybe to prove myself—who knows. [*The patient's admission that he had concern about others considering him homosexual, his realization that his drawing refers to himself, his insight about practicing with weights and looking for fights to compensate for his fear of lack of masculinity are good signs.*]

Th. Look, you'll never prove it that way. It's better to keep away from fights because all it will do is create problems for you. [*I am pushing advice—hoping that I have established sufficient credibility for him to follow this advice since he could get into serious trouble trying to prove his masculinity through violence and fighting.*]

Pt. Yeah, I know, like the last time I was home. Like one kid said, "How's school?" and I said, "It's not bad," and he said, "It must be a pansy school" or something like that. And I said, "Look it's kinda hard," and he said, "Well, then it must be a good school," and then he said, "If you're going there, the kids must be a bunch of JO's." And going on like this. This is one kid I hate. And it was just yesterday and I went to town just looking for him. And then before I left for school—the last time—I just went all over town looking for one kid.

Th. To beat the hell out of him?

Pt. If I could just find him. Because something happened between me and a girl—or something like that—and he was the cause of it. It wasn't this girl Jane—another girl. I was really mad then, and I told the girl, "Tell him if I see him again, I'll look for him tomorrow." Then some kid called me up, one of his friends, who must be a senior now, and he said, "If you lay a hand on him, I'll knock the shit out of you, and I got a marine friend who is going to do this to you." You know the whole marines, the army, like that. And I said, "Well, this is just between me and him, you know; if he's so tough let him be there." I don't know I spent the whole day in town, he never came around.

Th. You can have beefs with kids, and maybe you should be able to defend yourself. There's no reason why you shouldn't learn how to defend yourself, but to look for fights is another matter.

Pt. I think jujitsu is kind of for the birds. I mean if you get into a fight, you know. I used to think Judo is pretty good until last year. I saw a kid, and he said, "I take judo," and the other kid started laughing like anything, and then he just stood there laughing, and then the kid starts the fancy advances, and then the next thing you know the judo expert was on the ground, and he started bleeding.

Th. Do they have tough kids in that place you're in?

Pt. Not where I live, but downtown, yes.

Th. Well, listen, I think that you are concerned about defending yourself because of your own doubts of your own capacity to defend yourself and your own feelings of low masculinity. But that's a problem you won't work out by fighting. You work it out by talking about it, and if you want to come and see me and talk about these things, I'll be glad to see you. Because you can do a lot better by verbalizing than you can by fighting, *[I'm testing my effectiveness in the interview here. Have I established a relationship and does he have sufficient confidence in me to start therapy with me? His response to my invitation will tell.]*

Pt. That's what Jim said, you know Jim Sloan, my friend. I told him yesterday. He wanted to go out and I told him I gotta stay home, and I told him I was going to see a psychiatrist. And he said, you're really lucky 'cause they can do a lot of good for you. He said when you walk in there, trust him, he said, sometimes it may take a few times, to trust him enough to talk to him, but once you can, you're lucky. I didn't believe him. I didn't want to come, but I'm glad I came.

Th. Well, if you can clarify some things for yourself, you are lucky. Believe me, insight and understanding can be the greatest savior of your life. If you have an idea of what's cooking with you and where it originated, you can take a stand against it. But if you haven't the faintest idea of what's going on, all you feel are emotions and bad feelings, and then you've got to get rid of these feelings. And before you know it, you're in a mess. You don't solve anything. A lot of the feelings you've been having with your parents are these bad feelings that are coming up because you can't communicate with them. Now, maybe it's impossible to communicate. I don't know what you're up against with them because I don't know both of them. But I do believe they must have your welfare at heart. Their motives at least are good, but the way they express themselves may be bad.

Pt. Do you really feel that or are you just saying that?

Th. Why should I say that to you if I didn't mean it?

Pt. I don't know, to give me a certain feeling or something.

Th. But I think you can be much smarter than you've been, because what you have been doing is joining in on a battle with them. You are the low man on the totem pole. You haven't got a chance with them unless you use another kind of tactic.

Pt. How?

Th. You have to be kind of smart in communicating with them. Let them know your feelings, but don't tell them everything about what you do, about these girls. You can tell them what is true. Why not say about your girl, "This isn't serious." If they say, "Are you going to see her?" you could say, "Look I have certain things that I have to keep to myself, and I'm going to keep them to myself. I'm not going to do anything that will embarrass you, or hurt you. I'm not going to marry anybody, I'm not going to get anybody pregnant."

Pt. I told them often. We had a big argument one night. I said something like, "I don't know what you're so concerned about right now. I'm not going to latch onto one girl until I marry her." I said. "Don't worry. I'm not stupid; I'm not going to get into trouble." They get upset if a girl isn't our religion. It's a big thing. They just want to know, I don't know,

but there's a whole bunch of these arguments, and I say, "Don't worry about this, this isn't going to happen," and they say, "Are you going to see Jane," and so forth and so forth. Because the other night I came home and my mother had gone to sleep and it was about 11:00 o'clock I came in, and he starts to talk to me. I had this feeling he wanted to hit on something, and I said, "Get to the point, Dad; what is it?" And he said, "I'm not hitting on anything. I just like you to go out with other girls," and so forth.

Th. Whereabouts is the place that you're going to school ?

Pt. Haverstown.

Th. I wonder if I could find a person for you to talk to like you're talking to me. Would you want to see someone to talk things over. [*Since Haverstown is far from New York, I am contemplating referring the patient to another therapist who lives in the neighborhood of the school.*]

Pt. That would be pretty good.

Th. You haven't got communication with your parents. You need communication with somebody. Because you're getting too bottled up within yourself. These kids at school, you can't talk to kids the way you would talk to a therapist. They don't know what it's all about.

Pt. My sister is pretty smart.

Th. She's fine. You can talk to her, but she's not around.

Pt. That's true.

Th. I'll be glad to see you whenever you can come into town, but it would be better if you had somebody nearby. That would be great. How would you feel about that?

Pt. That would be pretty good.

Th. But there may not be anybody around there in Haverstown.

Pt. It's a hicktown; it's right near nothing. But I have a friend in one of the teachers. Every so often he'll tell me to drop into his room, his apartment, and maybe we'll have a talk or something like that.

Th. You need somebody who has more training, really more expert in this type of thing. You

need somebody who knows about dynamics, about emotional problems, about relationships with and between parents, the involvement with one's own sense of self. This is a highly specialized and complicated business. An educator usually doesn't have this type of training. *(pause)* If there's nobody trained near Haverstown, I'll suggest that you come and see me as often as you can. How often can you come into the city?

Pt. Pretty often.

Th. Can you? I'll be glad to see you whenever you can get away. You know it will also make your parents feel as if you're not going to get yourself into trouble. You know, you have a lot on the ball, and you have a lot of very good stuff in you. I wouldn't say that you are abnormal, but you can get involved in trouble with all these feelings to act out, this fear of not being a man. You have to work it out on another level.

Pt. I don't mean to be untactful, but how much does one visit cost?

Th. I have a sliding scale. In other words, depending upon what a person can pay; in other words, if a person is able to pay a high fee, it's going to cost more. If he can't pay a high fee, I scale it down.

Pt. Suppose I was to be paying for this. *[This is a good sign and indicates that the patient wants to assume responsibility for his own treatment. In my mind I already have decided that I will see the parents also, who will make up for the small fee the boy can afford to pay. They will know too that the boy is carrying his own treatment costs.]*

Th. Yourself, depends on how much you could afford to pay—what could you afford to pay?

Pt. It depends if I could send you my allowance from school.

Th. I wouldn't want to take away your allowance, I'd work out something. Whatever you could afford to pay. I'll work that out with you next time. Well, let's leave it this way—that whenever you can come into town, let me know a couple days in advance. This will be just between you and me. They won't have any—I'm not going to tell them anything about what we talk about. It's the only way I can work with a person. If I were to reveal anything you told me, it would destroy our relationship, and it wouldn't be helpful particularly. The only thing I can tell them about my talk with you today is that, in my opinion, you don't have anything seriously wrong with you, that you're evolving and developing in a normal way, and that they have to establish better communication with you. And they have to stop going through your pockets. That would be great if I could put that across to them, wouldn't it?

Pt. That would be fine, but sometimes, I may be wrong, but sometimes I feel they think they can get through to me by giving me something of a talk. I don't know, they say, "You've had it too easy, we've given you everything." They say why we don't trust you is because you were there anyway, meaning about seeing Jane. They don't expect me to say I'm not going to go there, and if she means anything to me, they don't expect me to say I'm not going to go. And they are trying to corner me into saying I'll never go and give my word that I won't go.

Th. Well, I'll do my best. I'm trying to figure out what I can tell them to try to help the situation. I'll tell them that we talked things over and that I think that it would be better for you to talk to somebody else than to talk to them, and that I told you I'd be very happy to see you. If any problems come up, you would be able to discuss them with me. How far from New York City is Haverstown?

Pt. All I know is that it's about 75 miles.

Th. How would you get here?

Pt. Oh, I could take a train in.

Th. You could come in once in two weeks, once in three weeks, once a month. You know that isn't bad.

Pt. Once a month I could come in.

Th. Do you really want to come and see me and talk to me, no kidding about it?

Pt. I'm serious.

Th. You tell them then that you would very much like to come and talk things over with me and that if any problems come up, you will want to discuss them with me. I'll tell them that I've seen you, and I think it would be very helpful if I could have some talks with you. I'll tell them that you have no serious intention of getting yourself so completely immersed and involved with anybody that's going to interfere with your freedom. You know, give them some kind of assurance so that they will stop bugging you about this thing. You know what I mean? That's if you agree, I should tell them that.

Pt. I mean I agree with you about what you're going to tell them, but how am I supposed to act? Sure we can sit here and talk, but I have to live with them.

Th. You have to live with them, I know. Why can't you just say, "Look, Mom and Dad, I don't

want to fight with you. I don't want to go behind your back and do things that are bad. I can assure you that I'm going to go out with other people, but I also probably want to see Jane."

Pt. I couldn't say that to them; they would start an argument. Anytime that name is mentioned, there is going to be an argument. Anytime it has been mentioned in the past, there's an argument. And I know it's a very sensitive subject. What could I say?

Th. Why not say simply: "Look, I'm going to talk things over with Dr. Wolberg. Get the idea?"

Pt. OK

Th. I better see them for a couple of minutes. (*Patient walks out-parents come in and sit down.*)

Fa. We've been taking it.

Th. You've been really taking it? Surviving? What's been happening?

Fa. It's been tough, the son, he's been belligerent, and he's been walking with a chip on his shoulder (*separates hands widely*) this big. Knock it off, you know. There's no talking to him. I know I can't get through to him. I try to talk to him. There's no rapport, there's nothing.

Th. (*Addressing the mother*) Can you get through to him?

Mo. I can't.

Fa. I just can't get through. I don't like what's developing, developing in him.

Th. I don't like what's developing in him either, between you and me, because he can get himself into a hell of a lot of trouble the way he feels.

Mo. Well, he's—he doesn't want to do anything. He just likes to do nothing. It's very hard to sit and watch this for hours, I guess. I feel, I almost feel I don't give a damn.

Th. I can understand your emotions. I know you take it on the chin. He's a very handsome boy with a lot of stuff on the ball, but he is not living up to his own potential. He's acting out and so on. I gave him some tests to see what's what. He's got a lot on the ball, but he's just full of emotion. He's an extremely emotional kid, ready to explode any time, but his defenses are pretty good. I mean he's able to hold on to his emotions. The only basic problem that comes up is one common at his age, a fear of his own capacities as a

growing boy, a need to prove his own masculinity. Proving himself with exercises and weight lifting is OK, but wanting to get into fights—this is a serious problem that I took up with him. He needs therapy. Now, it's going to be very difficult to find anybody around Haverstown. There's nobody in that area we can call on. I believe I was able to get to him, to communicate to him, to relate with him. I think he trusts me, and he opened up with me. He came in very defensively as you know. I was able to cut through, but you can judge that better when you talk to him. I think the worst thing you can do is keep putting injunctions on him—rules. He will break them down; you will not be able to stop him at this point. With some therapy he should be able to control himself. At the present time he is focusing everything on a battle with you, which isn't so unusual at this age when he is breaking his dependency on you.

Mo. What kind of rules, excuse me, what kind of rules? [*Apparently, she is quite defensive.*]

Th. He won't pay attention to rules.

Mo. There aren't any rules.

Th. You tell him not to see this girl. I would advise you—I don't know if you can do it—to lay off that situation for the time being. Don't countenance it and don't condone it, but don't quiz him about it. We talked about it, and he agreed it would be better for him to see other people. I told him it would be only sensible for him not to restrict himself to this girl. It isn't as serious as you think. He agreed it would be a good thing if he did not restrict himself to one person. The basic thing is he needs somebody to talk to. He needs to communicate with somebody, to open up with somebody, because he's a volcano inside, ready to bust wide open. And if he verbalizes, he's not so likely to act out. I told him, "I can see you anytime you come, if you call me in advance."

Fa. We were talking about that outside.

Th. And he said to me, "What do you charge?" I said, "I charge a sliding scale, what a person could afford to pay." He said, "I'd like to pay for this myself out of my allowance." so I said, "All right, we'll work out something. We'll work out something between the two of us, whatever you can afford to pay, because after all you can't afford a high fee and I do see some people here at a low fee scale." It would be better for him to feel he can handle it by himself, so he can send me five bucks or whatever it is.

Mo. That's his allowance.

Th. Then I'll talk to him; someday he can pay me.

Mo. He wants to come then?

Th. I think he very much wants to come. He was telling me that he was talking to a friend last night and said they (meaning you) want me to see a psychiatrist. This other kid said, "You know you're very lucky, you're very lucky you can see somebody to talk to."

Fa. He told us about it. The interesting thing is the fellow he says said it, his mother and father, can't get along with him.

(The patient came for a session the next week, again accompanied by his parents. At that time I convinced the parents to continue in therapy with me, both singly and together, during which I counseled them on the developmental requirements of adolescents and the need to encourage their son's independent strivings. It became apparent that the chief problem in the family neurosis was the mother's need to control and dominate both her husband and her children to a point that they had to obey without question to avoid her hysterical displays. The father was introduced to a group who challenged his passive yielding to his wife and encouraged his standing up to her and taking her son's side. The mother received about 40 sessions of psychoanalytically oriented therapy along with about 10 sessions of group therapy. The boy himself benefited sufficiently from 5 more sessions to discontinue therapy greatly improved. On follow-up the entire family structure and relationship between members of the family had changed remarkably for the better.)

Case 2

The following illustrates the active, supportive first-session management of an acute exacerbation of anxiety in a chronic obsessive-compulsive patient. In deciding to terminate therapy after a few sessions, I toyed with the alternative possibility of engaging in a long-term process, but felt that the risks of enhancing the patient's dependency on me might be too great. Actually, the patient herself expressed an inability to continue in prolonged therapy. My objective then was to bring her rapidly to an anxiety-free equilibrium, offering her, if possible, some insight into her dynamics, which hopefully could in time, if she utilized it, have some

reconstructive effect. There was no illusion that this brief treatment interlude would forestall future attacks. However, it was felt that if the patient could be tided over her immediate crisis, she might be helped to a better adjustment. Since tension was the motor that released her obsessional symptoms, helping her to learn to control tension by relaxation was the tactic I decided to utilize.

Pt. I called the Consultation Service and I spoke to Dr. G. and told him what I needed and he recommended you. He said that you were the person to tell me yes or no. [*The patient speaks rapidly and seems upset and perturbed. I get the impression that she needs a good deal of reassurance which may or may not be of help to her.*]

Th. You mean, whether my kind of therapy would be of value to you?

Pt. That's right.

Th. Well, supposing you give me an idea of your problem, and then I will tell you whether I can be of any possible help to you.

Pt. Can you treat me? I have obsessions that crowd into my mind and upset me.

Th. If you have the desire for help, that is usually nine-tenths of the battle. [*Because she is so upset, I decide to reassure her rather than to explore what she means by "obsessions."*]

Pt. Well, that's what I am. I am really obsessive, very badly.

Th. Tell me about it. How bad is it?

Pt. Well I will tell you the story. I get very upset over it. [*The patient pauses and is manifestly anxious.*]

Th. Take your time [*more reassurance*].

Pt. When I was 15, this first came out and it really bothered me. A word came to my mind, and I felt forced to repeat it. (*pause*) It is the repeating of the word (*pause*).

Th. The repeating of the word.

Pt. Yes, you see I come from a very religious family. I, myself, am not religious or anything like that. I don't know if you know what I am talking about. In the family that I came from

there were constant prayers. Well, as a child, when I was about 15, I remember my father having a lot of financial trouble. There was a lot of worry and high tension in the house. I suppose I took this more or less to heart, whereas my sister and brother didn't really believe in all the complaints, the usual kinds of things that go on. One time I was up in my bedroom and I was just sort of like praying to God that everything would work out and it would be all right. I know I was feeling defiance and I know how this works, but I said to myself, "Well, if I can't pray to God to make everything all right, maybe if I say 'Jesus Christ' over and over again it will." Well, I started to repeat that in my mind and it seemed repulsive.

Th. Jesus Christ?

Pt. That's it.

Th. The repetition of Jesus Christ, was it sort of a defiant gesture?

Pt. I suppose it was. I don't quite understand it. Well, I couldn't stop repeating this thing in my mind. It would just go on and on and on, which never happened actually before. I didn't know what to do. Finally, I told my mother about it, and we went to our family doctor. I was 15 at the time. I am 21 now. He sent me to a psychiatrist. This guy was a psychiatrist and neurologist. Now, when I went to him, it was for a short time. A matter of a few months. He did absolutely nothing for me, as far as that goes. I told him the same story which I will tell you now that there is something that happened to me when I was 8 years old. I can remember when this thing first came out. I am positive about it. I am telling the same rotten story. I hate myself for this because it was just a waste of everything. Well, finally, after about 5 months I recall that it started to let down—this repeating of the words—and I got back to being myself. Just being myself. Period. [*The outcropping of the obsessional symptom is a derivative of many anxieties, some perhaps unconscious, dating back to her childhood. The patient recognizes the connection.*]

Th. During this period that you were seeing the psychiatrist what happened?

Pt. Yes. I went to him on and off, and then eventually he just told me that he really specialized in neurology and there was not a darn thing he could do for me. And if I could, I would have rather avoided this. I was a junior in high school at the time that I was 15. Toward the end of that year it more or less went away and I would forget about it. I would rather think that it had nothing to do with me and that I could stand it. I was all right in my senior year in high school. I was all right in my freshman year in college. Maybe it would start coming up, but I could sort of fight it down. When I was a sophomore in college, I went away to school.

Th. You were all right as a freshman in college?

Pt. Yes. Then I wanted to go away to school and live in a dorm. It was a new experience. Getting away and, of course, the change of environment suddenly. Everything was going along well, although it was new and I had never been away from home. But before I could get better, this thing got hold of me. You know what I mean?

Th. You mean the obsessions started again? When was that? How long ago?

Pt. This was when I was 18. It's not so much the repeating of the word, actually, although that occurred.

Th. The same word, Jesus Christ?

Pt. Yes, but it changed to all kinds of symptoms actually. I started just with saying, "Jesus Christ," but I know where all this came from. I will go back, but I just wanted to take it from here. Finally, when I was a sophomore, at the end of my sophomore year, I got home and everything was fine. It didn't bother me that much either that year as much as it did the first time. Then I became engaged. I was fine and I thought it wouldn't even bother me anymore. I got married. My husband and I have a very nice marriage—a successful marriage. *[Up to this point the patient does not present too coherent a story. She seems so concerned and upset with her obsessional symptom that she bypasses important details that I shall explore later.]*

Th. How old were you when you got married?

Pt. Nineteen. I'm 21 now.

Th. You have been married almost 2 years?

Pt. A year and 3 months. I was married for 10 months—this is why I am here now—this past April I was humming in bed, and, you see actually when I am out and active and everything, and if this starts to bother me, I can just get involved in other things and sort of keep it depressed, keep it down. When it came to the surface again, that really bothered me.

Th. It must have upset you a good deal.

Pt. It did, this past April.

Th. That's 5 months ago.

Pt. I have spoken to some people since then because my husband and I want a large family naturally. My husband and I want to plan on a family, and I don't want to have children because I will be suffering worse then. Because, if it is an anxiety, or whatever you call it, when I get it, really get it, I am miserable. You can't remove it sometimes lying there; you just don't know what it is. It's like your scared of something, but you don't know what you are scared of. It is very hard to say. I had spoken to some people about the thing that happened to me in April. I got petrified. I avoided everything and everybody. To me if I am not feeling guilty and it is not bothering me, I am fine. I realize now that it is something that will be recurring until I find out what it is that is needed, or destroy it, or put it down. I spoke to a few doctors, but nothing steady.

Th. Any other tries at psychotherapy?

Pt. Just the one time that I told you about. I had a girl friend talking to me once. I never told anybody about it because I am deathly ashamed of it, and deathly ashamed that anyone should know. Anyway, that bothers me an awful lot. She was telling me about when she was away one time. She stutters. She had gone to a person, who I believe is a psychiatrist, who taught hypnosis to other doctors or something of that sort, and she was telling me the story of how she was regressed to earlier times of her life. She was regressed to the time where she first started to stutter. Her mother took a knife to one of her brothers when she was 2 years old, when it happened that she stuttered. After she found out about that, then she began to talk. [*This conventional notion of the pathogenicity of "buried memories," and their need to disgorge them for cure, sends some patients in quest of therapists who can surgically dissect into the unconscious.*] After she found out about that, then she began to talk. Well, from what I had read about hypnosis and things like that, I thought that maybe, maybe this is one way of going back and finding out why I had this trouble. What is it covering up? I know this much at least. When I was 8 years old, I have three brothers, and an older brother, who is 6 years older than I—there was a lot of sex play between the two of us. I was brought up in a very strict home. Sex was something that was never talked about, and so forth. The way I feel about it, I have not a bad adjustment. I have had a very good adjustment in marriage. I can't understand how one has anything to do with the other. This is the only thing I can remember from my young childhood life. This thing is bothering me. There was no actual intercourse that took place at all, but there was like masturbation. He would touch me, and I would touch him, and so forth. [*What the patient wants is hypnosis to uproot important memories. This, in my opinion, is not what will help her. Naturally, she is not told this since it may discourage her to learn that the technique that she believes will save her cannot do so. Later, when I have a working relationship with her, I will be in a better position to apprise her of what I believe can help her.*]

Th. You remember the incident today quite acutely? You were only 8 years of age then. It still bothers you?

Pt. I remember every single thing that happened.

Th. Do you remember if you felt sexual excitement at the time?

Pt. Not me.

Th. Not you?

Pt. Well, it is a funny thing. If I were to be truthful, I'd say that I knew that I liked it. But here is the story. You see, when we first started—this went on for a very short time, but it wasn't just one time that it took place between the two of us—when it first started, I knew nothing about sex. I was just about 8 years old. I didn't even know what it was. During the time that this was going on, all the girls were getting together and starting to talk about sex. Then I realized what I was doing and that what I was doing was wrong. That made me feel different, *(pause)*

Th. It made you feel guilty?

Pt. Now, I was only 8, but I remember one time. Maybe it was extra nice or something like that. It was the summertime in my house. I wanted to tell my mother. I had to get this thing out of me. I can remember going to my room and crying about it. Always deathly afraid that I was pregnant. Even though, as I say, I knew I couldn't be, but I was scared that I was. I was scared all of my teenage life that someday I would be pregnant from this thing. I remember my mother came upstairs to my room, but she came in with my aunt, and I was going to tell her, but she was with my aunt and I couldn't. I looked at her and said, "Mommy, I am pregnant." Of course, my aunt burst out laughing. I would burst out laughing if it was anybody else. They just shut it off. It was just nothing. Some kind of silly business and that was the end of it. Well, to this day nobody knows anything about it except this doctor that I spoke to.

Th. Your brother was 14 at the time?

Pt. Yes. When this was going on, he would send me out of the room, and I never knew why. It was when he would reach an orgasm and the sperm would be coming out. One time I asked him why, and he let me stay, and I saw the sperm coming out, and he told me, "That's what makes you pregnant." I became, as a child of 9 and 10, I became very afraid of sperm. Things that my brother would touch I was afraid to touch for fear I would get pregnant. Sometimes I was scared in my married life. I can understand it rationally, but I

do not want to have a pregnancy, and I am more scared of becoming pregnant just from sperm than I think a normal person would be. I am quite sure of that.

Th. Do you use contraceptives?

Pt. Yes. I became very afraid to touch anything that my brother touched. If I would, then I would run and wash my hands, wash my hands, and wash my hands. It was getting ridiculous, but I had to do it. If that is compulsion, well, then that is compulsion. I don't know what it is. Then, of course, I think that from that maybe you would determine that I was touchy. That doesn't bother me much. When I was younger, I would pick up the prayer book and start to read. When I would come to the end of the sentence, or something like that, I would have to say, "Jesus Christ" over and over to myself. It got to the point where I couldn't read with anybody, although I didn't say anything. Then this would come to my mind. As I grew up, I guess it subsided and didn't bother me, with the hand washing and things like that, although all through my teenage life I always was afraid I was going to become pregnant. Even as a child. It only went on for a short period, a matter of months. I don't really remember how long. Well, it was during this time that I started to repeat "Jesus Christ" to myself. And ever since that time, this thing has just been growing and growing and growing. Now it stops, now it flares up, now it doesn't. The last time was in April. It hasn't bothered me for quite a while. Although I could fight it down, I am purposely not fighting it down for the simple reason that I want to get rid of it because naturally we want to have a family. I know that I cannot make a decent mother with this sort of attack coming upon me. One other thing that bothers me—I guess this is because I am oversensitive to the problem—it is that when we told our family doctor, I was afraid, I am now scared that everybody knows. I am so afraid that people will find me out. The people around Connecticut, where I live, are nosy. I believe, I think it now.

Th. Find out about your obsession?

Pt. When it doesn't bother me and I think that someone knows, I just laugh it off. I think, "So what, what can I do about it. I can't help it. It is over and done with. It is a silly thing." In fact, I can remember actually laughing at myself in-between times to think that I would do something like that. Although that bothers me a lot, swallowing sometimes is a symptom.

Th. Swallowing? Tell me about that.

Pt. It is just nothing. All of a sudden I just can't swallow. It doesn't bother me a lot. It is all of a sudden. I am not doing it now. I am just talking about this whole thing, particularly the word repeating.

Th. Tell me about this. What other word besides Jesus Christ comes out?

Pt. I don't always say "Jesus Christ." I change the word around so that I don't have to say that particular word. I would say "cockadoodle" or something like that.

Th. Cockadoodle?

Pt. I don't know. Just anything in order to avoid saying the word that I am thinking of. But sometimes I will just be doing anything and it will come out just like that.

Th. When it comes out, it gives you anxiety?

Pt. Oh, yes.

Th. A great deal of anxiety?

Pt. Not always. But when I am feeling fine, and all of a sudden it comes out, I just pray that it isn't going to come to the surface, I don't pray. I didn't mean it that way. I just get scared and try to avoid it. Because I know how I can get so involved and engulfed in this thing.

Th. All right. Now, apart from this, do any other words come up in the same context as Jesus Christ?

Pt. Only if I try to cover it up with a swear word, but it doesn't bother me in the least actually.

Th. Tell me a little bit more about other symptoms. Do you get tension during the day?

Pt. Do you mean when I am upset or just a regular day?

Th. Regular day.

Pt. I know I have a lot of inferiorities. I can tell you that much. Here is a curious thing. I don't know if this means that your ego does strengthen up through time or not. At one time I felt like I was the ugliest thing in the world. I would walk down the halls—this my prejudice coming up—and if the colored girls would walk by me, I would think, "You know you are just the ugliest thing in the world." And yet, it doesn't bother me at all now, and hasn't bothered me since. I have had the other two attacks more or less which have been just as bad. And yet, when I was a senior in high school, I couldn't compete in my sorority, which must have been a shock to my ego. Now it really doesn't bother me anymore. I have two sisters, one is a year older than I. I know I was held in her shadow.

Th. I see. Did you have any other kinds of problems as a child? Did you have any tics or speech

problems of any kind, instances of bedwetting or walking in your sleep? [*I could have focused more on the competitiveness with her sister, but I wanted to get as much information as possible in this interview to help me in designing a treatment plan.*]

Pt. I never walked in my sleep, never wet my bed. I don't know if this has anything to do with it, but I once asked my mother, although I certainly don't remember back that far myself. Of course, my sister has a baby now, and I like the way she is bringing her up. She lets her do things as she comes of age and that's how she controls herself. I supposedly never wet my pants, and by a year or something like it I never bed wet. I can never remember any one time in my life where I did bed-wetting. As far as tics are concerned, which means swallowing or some such funny thing, I don't know how old I was, but you know how you can click your throat or something. I used to do that, but not a lot. Not that it bothered me. I never got worried about it. Maybe yesterday or something it might have happened.

Th. How about depressions? Do you get depressed?

Pt. The only time I get depressed is when I get the attack. Right now I'm not depressed. If my husband wanted to go to a party and have a good time, I'd go. When I feel all right in between attacks, I am just like any other person. Sometimes I feel blue one day, but certainly not depressed. If somebody calls and wants to go someplace, okay. But I do get very, very downhearted when this thing gets me. Because, what can I do? Right now I am all right in that sense. What am I going to do? I can't break out. What's the use of going on from here. It is just ridiculous, (*pause*)

Th. Do you get any headaches?

Pt. Yes. I know when I get a headache and when I don't. I know this means it's a neurotic symptom, pressing on the sides. I get all this stuff. I have gotten this pressing feeling ever since the attacks started, from the time this started when I was a child.

Th. This depressing feeling?

Pt. Pressing not depressing. I had to go to the doctor to get a physical checkup because I was getting so excited and so scared inside that I would actually work a fever up inside myself. I can't explain it. I get so scared and so petrified that I don't know what to do. Well, I know when I get a fever. When I get a real fever, I know that I am sick, but when I get this kind of a "hotness" or something . . . now I can relate that to something when I refer back. When I was 8 years old, I can remember during the sex play between my brother and I, I could never understand why the air always felt so warm or so hot. Now I don't know if there is any direct correlation between these. I don't even know if it is that

which is causing it. Maybe it is completely subconscious. But for some reason I always relate it to that. But it may have nothing to do with it.

Th. Do you relate the fever to that incident with your brother?

Pt. No, it was from my brother seeming to get excited or stimulated, of course. Warmth was just part of the sexual stimulation. I remember wondering about it especially when I handled his penis.

Th. When you handled his penis, did you have any feelings about that?

Pt. Me? Sexually?

Th. Did it excite you or scare you?

Pt. In the beginning, it didn't scare me. I was very curious about the whole thing and when we were little telling jokes. At the time I was just curious.

Th. Your sexual adjustment now, would you say it is a good one?

Pt. Yes.

Th. With a climax?

Pt. All the time. Yes. When we first got married, the only thing I couldn't get over the idea of having complete freedom in sex. But after a few months, it was fine.

Th. So that you are uninhibited more or less sexually?

Pt. My husband and I have come to an agreement. We both enjoy what we do, and that's how we feel about it.

Th. How about when you have a few drinks? During the times when you have anxiety does alcohol help?

Pt. I don't drink.

Th. How about tranquilizers? Have you taken any medication?

Pt. I once went to a doctor who gave me a pill. The first psychiatrist whom I went to when I was 15 gave me some pills, but he told me right to my face, he said, "You know your cure is not in the bottle." Which, of course, I know. This last time, I spoke to this one doctor—I

just went to him once—and he gave me a prescription which he said would calm me down and I would forget about it, something like that. I took the pill, and it didn't do a thing, and I know myself that a pill is not going to cure me.

Th. Do you know which pill he gave you?

Pt. It was a green and black one.

Th. Sounds like Librium.

Pt. Yes, it was Librium.

Th. It didn't help?

Pt. It didn't do a thing. It's all up here (*points to head*). [*I get a better feeling about her basic strengths. She has made a good sexual adjustment and has some understanding of her problem.*]

Th. How about dreams? Do you dream a great deal or do you dream very little?

Pt. In fact, I had a dream this morning. I have been a little anxious about coming here. I have dreams. Certain ones have stood out, because I knew someday I would be telling somebody my story and I should remember these dreams. They are about things, and I will place my older sister doing them, and then I will probably want to do the same thing. This morning I had a dream about my sister and I. Now when we were little, we used to fight, at least I'd call it that, because I'd retreat. Georgette, my sister, who is a year older than I am, had an accident when she was a small child, and so she was always coddled and everything when she was about 3 years old. She broke one leg, she broke an arm, and things like that. If we hit her, she was going to fall apart. Anyway, it is the truth. I remember that we used to fight and I would never let myself go to really hit her back. In other words, I was always the one that was blamed for things and always got hit and all this other stuff. This morning I dreamt that the two of us were fighting and she was hitting me and really hurting me, and yet I couldn't really hit her back. But I was holding back all my strength, which is something that always happened when we were children. [*The patient continues to refer to her relationship with her sister as a source of keeping her down and crushing her. Actually, her sibling rivalry, never resolved, in later sessions turned out to be a core problem.*]

Th. And you have always held back? [*I would have liked to have gone into her relationship with her sister at this point, but I realized this would have consumed the remaining minutes of the session.*]

Pt. Yes.

Th. What about your mother and father? What kind of people are they?

Pt. My mother is a peculiar person. My family is the high-strung type.

Th. How did you relate to your mother when you were a child?

Pt. Mother and I were not close. The reason that I did what my brother wanted me to do—I know this—is because I got a lot of love from my brother. I would say my grandmother, who did not live with us, when I would see her, I would feel real true love. Now there is something wrong with my relationship with my mother and father. I could never talk to my mother. My older sister was always safer. This I know. I have always felt that way. I am close to my sister now. It wasn't until I got married that I could actually go over and look my mother straight in the face, and just sit there and talk and have a regular conversation as a mother and daughter should. As a teenager, I was very, very hurt when I was about 11 or 12 or 13. You see, my sister was a year older than me, and she would go in and start talking to my mother about her boyfriends and things like that. Once or twice when I tried to go into the kitchen, and just get together, the two of us, and speak and try to talk to her, it was always as if "Oh, you are just a kid; your boyfriends are nothing; just little playmates. I don't want to hear about your silly little things." So I kept everything to myself.

Th. How about your dad? What sort of man is he? How did you relate to him?

Pt. I always liked my father. I always liked my mother, too, but I could never get close to her.

Th. You couldn't talk to your father either?

Pi. No. Well that is something to think about for a second. I felt that I was "in" with my father, so to speak, and that was all right. My father is where all the religion comes to our family. He is a very religious person, pseudo-religious person. It depends on how you look at it. He is very well educated, in culture, background, and things like that.

[At this point the patient is shown the Rorschach cards.]

Th. Now I'm going to show you some cards and I want to ask you to tell me what you see in these cards. What does this one look like?

Pt. A butterfly, a crab, (*pause*)

Th. All right. How about this second one?

Pt. It looks like two elephants with their noses up and together.

Th. Anything else?

Pt. No

Th. This is the third card.

Pt. Two people bending over and touching something together. Nothing else.

Th. And now the fourth card.

Pt. A bear rug. (*pause*) That's all.

Th. The next card.

Pt. I'm thinking of a great big bumblebee we had in the car the other day with a big furry coat on it.

Th. A furry bumblebee.

Pt. Yes, gigantic with big wings. It also looks like a butterfly.

Th. I believe this is the sixth card.

Pt. That looks like a scared cat. (*pause*)

Th. This is the seventh.

Pt. It just reminds me of cherubs inside of a church or something.

Th. Anything else here?

Pt. After looking at it, I can see where there may be two children or something like that.

Th. This is the eighth card.

Pt. This looks like a skeleton I once saw in a biology laboratory. (*Patient tentatively tilts the*

card.)

Th. You can hold it upside down if you wish.

Pt. I see nothing else.

Th. This is the ninth card.

Pt. This one sort of looks like a volcano.

Th. Hold it any way you wish, *(pause)* This is the last card.

Pt. This in a way reminds me of the waves on the water where the water goes through. This looks like two crabs. There are other undersea fishes.

Th. Now we can talk a bit about your problem. I get the impression that the sexual experiences with your brother at the age of 8 initiated a good deal of guilt in you. Not that you might not have felt guilty about your feelings before, especially toward your mother and sister. *[In appraising her dynamics, it would appear that the patient has an overwhelming, punitive superego that punishes her for hostile feelings, probably toward her sister and mother. She had to repress aggression toward her sister because her sister was "weak." Her obsession of defiantly repeating "Jesus Christ" serves as an outlet for aggression and as a way of restraining her aggression. Anxiety results as even minimal hostility comes through.]* Now sex play between brothers and sisters is not too uncommon even though you rarely hear about it. *[This is an attempt at reassurance.]*

Pt. I know, I learned about that as I grew up.

Th. A child has to develop some ideas about sexuality before he or she grows up. Sexuality is like walking. You have to learn it. Our culture is prohibitive. Sex is regarded as hideous, terrible until one gets married. But like any other bodily function sex has a beginning early in life. Obviously, your experiences didn't do too much damage to you because you tell me you function well sexually now. *[More reassurance is given her, plus the attempt to get her to focus away from an event she considers irreparable, thereby establishing the hopelessness of her condition.]*

Pt. But isn't it wrong?

Th. You consider it wrong. Children in early life explore the sexual area. Often there is sex play that goes on among children within the family or outside of the family. You did nothing that is particularly different or bad. But your reaction to these incidents was

abnormal. Perhaps the reason why you interpreted this as such a horrible and terrible thing was that, prior to the sex-play incident, you were already sensitized to “being bad.” A terrible thing, a bad person, a horrible person.(*pause*). [*I am making active educational efforts that, though aimed at reassurance are probably not going to influence her underlying guilt feelings. Yet I believe this is what she wants to hear from me.*]

Pt. I want to say one thing. When I was a kid, I was always told that I am bad and rotten and no good, and when I was told that, I almost couldn’t take it. If they would say, “You are pretty or nice or a good girl,” I was always the bad, rotten, good for nothing. [*The patient is very emotional here. Her face is flushed, her fists are clenched. There are tears in her eyes.*]

Th. This is exactly the sort of thing that I am talking about. That sexual experience may have been merely grist for the mill. Then you went along with the religious exercises and prayers. You did this probably with a great burden on your soul.

Pt. I did, I did. I felt I didn’t deserve to pray, that I was a hypocrite.

Th. You went along trying to absolve your guilt for many things. But the experience proved to you that you did a bad thing. That made you, in your thoughts, a bad person. Now why do you think you prayed?

Pt. I wanted to be forgiven. I wanted God to forgive me.

Th. When you made these pronouncements, these religious pronouncements, they may have been a sign of purity. But then you may have thought, “How could I pray and act holy when I know that I am such a horrible, awful and terrible person.” The phrase Jesus Christ seems to symbolize something for you.

Pt. Yes, but when I’d say it, I felt hypocritical; then I’d get defiant and spit.

Th. It is probable that religion has many meanings for you. What you may have felt was that only a terrible person like yourself acts defiant in prayer. But there is a sort of healthy core to defiance too. You were fighting back. [*What I am trying to do with these tentative interpretations is to give her some explanation for her symptoms to show her that they have a meaning and function. This may get her to concentrate in later sessions on possible sources of her conflict rather than on her symptoms, on her devalued self-image and the notion that she is hopelessly ill and “bad” because she committed a sexual crime.*]

Pt. (*excitedly*) You are right. I’d say, “I’ll show them. Who do they think they are.” [*I decide to utilize the patient’s emotion to offer her more active interpretations, realizing that insight at*

this stage has largely a placebo effect. But I am striving for a rapid relationship.]

Th. And why shouldn't you be aggressive and angry when you feel put into such a terrible position? Negated as a human being; a person who can't act in her own right. You may have felt you weren't supposed to be angry, forced to be namby-pamby, told that you were no good. And then the defiance came that somehow got involved with the word Jesus Christ. Perhaps you felt that Jesus Christ must know what an awful person you felt yourself to be. Therefore you should defy him.

Pt. Oh, yes, yes. [*The patient is quite moved, wiping tears from her eyes.*]

Th. It comes out of your depths, out of your deep emotions, which indicated to you what a horrible, terrible, evil, ugly person you were. But you couldn't countenance this. It went against your own ideas of the kind of person you wanted to be. A fear developed that people would find out that you were really a terrible person.

Pt. What frightens me more than anything else is that everybody will know I am bad and horrible. (*cries*) But sometimes I don't feel this way.

Th. What I'd like to have you do is to begin noticing situations where you feel yourself to be a terrible person. Does this have anything to do with people or situations, or does this all come up from the inside at times when you feel undermined. [*I am assigning the patient a task to keep herself alerted for sources of her symptoms.*]

Pt. But why am I this way?

Th. The mechanism is probably an extremely complex one. It takes many, many forms. I recently had a girl just about your age who would come up with expostulations of four-letter swear words that frightened her. This to her was horrible because the "dirty" words were not spoken in her family, indeed were forbidden. Her outbursts were an indication to her that she was a horrible person. Exactly the same thing you have, but using a different kind of symbol. The words used don't mean a thing in themselves. It's what's behind them. [*Sometimes the use of an example of a case with problems similar to the patient's problems reinforces an interpretation.*]

Pt. Doctor, you know something, I'm beginning to feel better, a lot better. Do you think we'll use hypnosis to find out things? [*The patient is obviously not going to give up easily in her quest to dig up and exterminate determining repressed memories.*]

Th. Now, I don't think that you are going to find any deep remarkable discoveries or secrets in your past. I really do not, I believe that hypnosis may bring you back to your childhood

and help you experience some of the original fears and anxieties. But a good many of your mechanisms seem to be on the surface. Once you absorb what has frightened you, all these things, and realize how inconsequential these things really are, you may find yourself living in the present, not fearful of the past or terrified by the future. Once you firm up your ideas about what is going on in you, the next step is utilizing this insight in the direction of change. Here hypnosis may be of help to you. It may also be able to help you control your tension and anxiety whenever these pop up again. *[I will often utilize hypnosis in obsessional patients to help them control and "turn off" their tortured ruminations.]*

Pt. Dr. Wolberg, I was scared of coming here for the simple reason that I thought that I would leave this office as I have left too many or not hear anything but what I wanted to hear. I mean it. You just can't imagine how I feel inside.

Th. How do you feel inside?

Pt. Oh, If I could get rid of this thing, it would be the greatest thing in the world. I so much want to have a family and be able to be a mother and a good wife to my husband, and not the way I was where I couldn't even cook dinner. I was just too scared to move. I have always had depressions, and any doctor I went to, especially one I went to when I was 15, I would sit here, and he would sit over at the desk and I will tell him a story. He would practically fall asleep on me. I know it is funny and everything, but it would hurt me so much. I would walk out of there being the same hopeless person. No help, no change nothing. I didn't know what is going on inside of me. When it first came on, I just really thought I was going out of my mind. You don't know what is happening to you.

Th. What I said, does it make sense to you?

Pt. Oh, yes. You see, you are the first person who has ever explained it to me, in words like this. I always thought I was rotten, miserable, hated by everybody else, always. I always did have terrible inferiorities when I was a girl among girls. I was the worst one there. *[This can offer fertile fields for exploration later on involving her desire to be a tomboy and her inferiority feelings about her femininity.]*

Th. Apparently, you felt undermined when you were little. You never seem to have had a warm close relationship with your mother. And you had a father you couldn't communicate with too well. And you felt you had no right to complain. You couldn't act normal with your sister either. The healthy thing would have been to fight back, to beat the devil out of her when she beat you, then kiss and make up later. You were apparently frustrated and hamstrung. You couldn't express yourself, and, to boot, when you wanted to pitch into her, you were considered to be an evil, bad, horrible person

who did terrible things to a sister who was so frail and weak. [*Active interpretations are made repeating the things the patient already knows, but with the focus on her need to repress her frustration and aggression.*]

Pt. I was always the one who got hit even if we got into fights, and afterward my sister would tell my mother even if it wasn't my fault. I was the one who got hit and punished and had to say, "I'm sorry."

Th. So, there again, the normal impulse would have been to express aggression to get it out of your system, to scream at your mother, if necessary to fight back with your sister. So far as sexual curiosity in childhood, there is nothing so unusual about this. But to you these were indices of how terrible you were. An awful person. You must have carted this image of yourself around all your life, and you have had to run away from this image because in your opinion it was such a horrible thing to look at.

Pt. Can I get over this?

Th. You are still young, and if you have the desire to do so, you should be able to get over this. The test I gave you seems to indicate that you really are not too badly off, that you have fairly good potentials. [*Employing her exposure to the Rorschach cards as a reassuring tool and as prop to her to working at her problem*]

Pt. How long will I have to come? You see it's hard for me to travel here, and besides I can't afford it.

Th. It is hard to say how long. Sometimes it takes time to integrate things you learn. You have toted this thing around for years and years and years. How long will it be before you completely discard it, I don't know. But if you have the right formula to work on, and if you apply yourself, you will gradually undermine this misconception of yourself. Perhaps what we can do is to have a few more sessions together. I'll teach you self-relaxation so you can control your tension and help your understanding better. And then we will see what happens.

Pt. Can I ask another question? I told you that I have a horrible fear of people knowing things about me. We told our family doctor. The only thing the family doctor was told, what my mother probably said was, "My daughter has 'Jesus Christ' running around her mind, and so on." He sent me to somebody else. Now, when I was waiting in this psychiatrist's office one time, I met my girlfriend. She just said hello and that was the end of it. She said, "What are you doing here?" and I said, "I was just going to talk to him." I felt awful that she knew I was there. When this thing bothers me, I become petrified, and I really mean petrified, when I think people you know know about it.

Th. This is part of the problem, the constant concern with "people will know." They will know what a "horrible" person you are. Again this is probably your guilt feeling showing in the form of a fear that people will see the terrible image you see in yourself. Remember you are the one who is designing this image. [*Again, active, strong, authoritative interpretations to bolster her against anxiety. I feel I have a working relationship with her.*] I'm afraid our time is up. Would you like to see me again?

Pt. Oh, yes.

Th. When would you like to see me?

Pt. I have two more years of school before I finish. I have decided maybe not to go to school this coming year and maybe work this semester.

Th. Well, then, supposing I see you a few more times, and then we'll discuss what to do thereafter. Perhaps after a few times you'll be able to go on by yourself. Then you can come back if necessary for an occasional session.

Pt. I know my husband wants to talk to you. There are certain things that my husband does not know. He should know. He wants to know if I really need it because he doesn't think there is anything bad about me.

Th. Of course, I'll be glad to see him if this is necessary.

Pt. And doctor, another thing, you know, the name I used is not my real name.

Th. (*laughing*) I guess you felt so ashamed of your identity that you decided to conceal yourself under an assumed name. Which is part of the problem, isn't it?

Pt. Yes (*smiling*). When shall I come back?

Th. Next week at the same time.

Pt. Very good (*arises*). Goodbye.

Th. Goodbye, see you next week.

The patient returned for three more sessions, during which we made a relaxing tape¹ for purposes of relaxing with her tensions, pushing obsessive thoughts out of attention, and reinforcing her insights. Our focus soon concentrated on her undermined conception of herself

and on her relationship with her older sister. Her guilt feelings for her resentment toward her mother and sister, and toward transference figures in her present life, gradually lifted. Momentary upsurges of anxiety were relieved both by her relaxing exercises and by her relating the upsurge of symptoms to provocative competitive incidents in her present environment. A 5-year follow-up indicated a significant change in her self-image. A dream she sent me reflected this different conception of herself.

Last night I had two dreams. In one I dreamt that I was in a fashion salon looking at a full-length oyster-white beaver coat being shown to me on a live model. The coat was a duplicate of one I had seen yesterday on the TV show. In the other dream I was in a very large private home about 10 miles from where I live. The home belonged to a lady psychiatrist, my psychiatrist. She had given me a partial physical examination (I listened to my heart) although I remember holding the end of the stethoscope to myself. The house was full of many people, all wanting to see her, but they were in a party-like mood, talking, walking around, eating in the kitchen, etc. She and I were talking about my having a baby, which was fine with her. She asked me to please bring the baby to her so that she may have a peek at it after it was born. (I think I felt the baby would be a girl.)

Shortly after this the patient became pregnant. A temporary upsurge of anxiety brought her in for two more sessions. Following the birth of her child, a brief period of anxiety was controlled also with a limited number of sessions.

Case 3

Some patients are not suited for short-term therapy and require a long-term supportive approach until sufficient motivation is developed for a more productive type of treatment. Often such patients seek a parental type of relationship with the therapist that eventually, if the therapist is not aware of what is happening nor knows how to deal with the evolving situation, becomes an interminable sadomasochistic encounter traumatic to both patient and therapist. These patients frequently refuse to accept a referral to a clinic or a therapist experienced in dealing with their type of problem since therapy is not what they want. This is illustrated in the next initial interview. The patient is a young single woman who asked for an interview through a

letter in which she complained of tension and of having troubled dreams. A tall attractive woman entered my office at the appointment time, somewhat aggressively seating herself in the chair after we introduced ourselves.

Th. Would you like to tell me about your problem?

Pt. Exactly what is it you need to know so that you know what I'm doing? So you ask questions and I'll try to answer.

Th. You would rather have me ask questions.

Pt. It doesn't matter, except that I think you need to know what you need to know, and since I don't know you, I don't know what information you wish. [*Her initial responses to the interview are certainly unusual and strange.*]

Th. All right. Suppose you give me a general idea of the problem, and then we will decide the best thing that can be done for your problem.

Pt. The problem is this. I have found that belief, just belief, raises a tremendous role in the lives of human beings. What they believe in and how they believe; and I don't have to tell you quote miracle cures unquote, and things of this nature. I'd like very much to know how this operates—and how we can turn this to good use. I'd like to know very importantly how the subconscious mind functions because in my experience this is a perfect mechanism. It always tells the person exactly what is right for the individual. Now is this common? [*Again, her queries are strange, and I get the impression that she is quite a sick person.*]

Th. Have you in your experience found that this works for you?

Pt. Works consistently for me.

Th. Give me an example of that.

Pt. Yes, I can give you a very clear example of that. It's really a very funny one, too. I was going with a young man that I liked very much and I was trying to make up my mind, do I like him enough to sleep with him or don't I. And I seemed to need his affection and warmth, and in the middle of the decision I had a dream and the dream told me that I would feel like a prostitute if I slept with him. Now this is important to me, so the next day I asked Hans. We got to talking about it, and his first experiences. I might add he was from Chile, a German who lived in Chile. All of the women he had slept with were prostitutes. My

subconscious mind picked it up. And because I was very willing to listen to my unconscious, I found it very accurate.

Th. Well, we may be able to talk about this specific quality, whether it's unique to yourself or whether it's a more general quality.

Pt. More general.

Th. Then we can discuss it in terms of whether it can be put to some constructive use, as you say.

Pt. Well, for me inidually, I put it to use all the time, *(pause)*

Th. Is that so?

Pt. Oh yes, always.

Th. How? Do you ask yourself questions? How do you do this?

Pt. A problem is there, for example. You are in the middle attempting to find a solution. I find the best way is to lie down and relax completely. And I use a very funny expression, "I will to will the will of God," which makes me relax. Which is very, very good for me. And in this kind of state of suspended animation, which I suspect is a form of hypnosis, the answer to the problem will come to me.

Th. It will come to you almost like inspiration?

Pt. Not like an inspiration, but like a feeling.

Th. A kind of feeling. Do you get the impression that it comes from the outside world?

Pt. No, I do not. Sometimes when I don't like what's coming out, I stop it you see.

Th. What comes out?

Pt. Oh, I don't know, maybe I kind of have a propensity of making one choice, and another one is poking it's nose in. I have the impression of a double layer in my mind, of a thought coming up through. This may be an associating issue with Freud, however. I've had this sensation long before I ever knew Freud and his theories or anything about him. It's a physical feeling.

Th. I see. Now I'd like to have you tell me something about your problems, the things that

really bother you and upset you. [*Now that the patient is beginning to talk more freely, I believe I can be more demanding of her to tell me about her real problems.*]

Pt. You mean as an individual?

Th. As a person, yes.

Pt. That is what I want to do, I believe two main problems. I am unfortunately afflicted with very bad feet, which throws my spine out of balance—completely—which keeps me a little tired all of the time. I deeply resent this. It also makes me a little nervous and always gives me a consciousness of being tied to my body, which in my case is a very bad thing because I'm very tall. And so I become conscious about being tall and have a sense of being different. Two, I find it very difficult to believe that I'm an acceptable individual to other people. Now, there is no basis for this, except that I sometimes do very foolish and clumsy things. But these are derived from the feeling itself and not from anything inherent in me.

Th. I see.

Pt. This is a block that I would like very much to get over.

Th. What about your self-confidence? Do you feel confident?

Pt. No, I don't.

Th. No confidence at all?

Pt. No. I won't say exactly no confidence. It's a very funny thing. When I'm alone, and when I'm working, and when I'm doing something I like to do, I have a very basic self-confidence. I think so more than most people. I know I'm right. I've actually made very few mistakes in my life in terms of judgment and in terms of what I wanted to do. It always seems to somehow work out, but that doesn't mean that other people will accept my personality. And you see I want to be accepted.

Th. I see. Now to get back to the business about your belief, that is, your feeling that you are not acceptable.

Pt. I think I can give you the reasons for this. One, my father is a paranoiac. This problem I think managed to solve, but you can imagine his possessive love, and my rejection of this overdomination and of his heavy-handed way of handling people and supersensitivity. So you reject it, and consequently it isn't nice to reject father, so you don't like yourself.

Two, I didn't like my sister arriving at the time she arrived. Three, my first experiences with young playmates were very unfortunate. Now, I don't remember this, but my mother tells me, I remember later when I had a reaction similar to that. The first girl I played with—I think was about 2—and mother said if she didn't watch, I would come running into the house just black and blue because if I wanted something and we were sharing something or it was my turn or something and Mary didn't like the idea, she just simply beat me up. I still can't be put against a wall. Now, these are things I'm pretty well adjusted to.

Th. And in your life situation have you adjusted? Have you gotten along fairly well all through childhood?

Pt. No, no.

Th. Tell me something about that.

Pt. My whole history as an individual, and in contact with other people, has been one of strain, tension, of shyness and maladjustment. Now I'm reaching the point where this is no longer true. As a matter of fact, a few years ago I went through pretty thorough therapy and got quite an understanding of it.

Th. Oh, is that so?

Pt. But it doesn't relieve the shyness, you see.

Th. Who were you treated by?

Pt. He was a doctor and they provided this service for students, and I went through the whole business with the Rorschachs and the IQ tests and things like that.

Th. And did you get any therapy?

Pt. It was therapy.

Th. How many times a week did you go?

Pt. I went twice a week for 6 months.

Th. Did you find out much about yourself?

Pt. Nothing I didn't know before.

Th. I see, but it did help you?

Pt. It helped because I liked the doctor, and I had the sense that he liked me, and that someone who is intelligent as well as likable would like me is something I needed very badly.

Th. I see, you went through college, and what do you do now?

Pt. I'm a secretary. This is a long sad story, this business of my occupation. I don't really work very well for other people.

Th. Is that so? What are your goals?

Pt. This is the whole point. I began in theater as an actress, and I might add I was a very good actress.

Th. Oh, is that so?

Pt. But I am too tall and consequently I didn't get the parts I wanted. I couldn't get them. There were no leading men for me. They didn't explain this to me. No one helped; no one took the time to say, "Look, you're just too tall, don't try." They just didn't say anything, and let me go on and my basic lack of confidence increased, you see, so that I had nothing left. I turned to writing, and I'm very good at this.

Th. I see.

Pt. But I have a terrific block against writing. I can tell you this too. I know these things—and this is the irritating point. As a child—I was 9—I wrote a story about a dog and a little boy who found the dog, and he loved the dog, and he couldn't keep the dog. He had run away from home. And I remember he went down to the railroad tracks or something. It was a very complicated and ridiculous childish story. And my father who thought he could write, and probably could have at one time, tore it to shreds. I never got over it quite.

Th. Is that so?

Pt. It's this rejection you see. Now I understand his ego couldn't let him say it was all right to a 9-year-old child. He had to prove himself as being stronger and criticizing. It doesn't help the reaction.

Th. Now, I'm going to ask you a few questions rather rapidly. How old are you?

Pt. Twenty-nine.

Th. Ever married?

Pt. No.

Th. How about tension, do you feel tense?

Pt. Very much.

Th. A good deal of tension?

Th. What about depression?

Pt. A week before my period every month. This is chemical. I feel this coming on.

Th. Yes. What about physical symptoms?

Pt. My back, spondylitis.

Th. Any fatigue or exhaustion?

Pt. Mild anemia also.

Th. Any headaches?

Pt. Very seldom.

Th. Dizziness?

Pt. No.

Th. Stomach trouble?

Pt. No.

Th. Would you say you had any sexual problem?

Pt. Some inhibition, unless I know the man extremely well. I'm just not a casual person.

Th. Yes.

Pt. I just have to know people a long time. Then there is no problem. When I feel accepted, I have no difficulty.

Th. What about phobias?

Pt. None that I can think of.

Th. Any thoughts that come into your mind that torture you or bother you?

Pt. One, and this is the story of the “cat-mouses.”

Th. Tell me about the cat-mouses.

Pt. The cat-mouses. Well, I tried to do something, and it didn't work very well. I'm paying off a rather large-sized penalty for it. The cat-mouses are distorted children. They are, as you notice, part mouse and part cat. And so the first time I had the dream I sensed what it was and I didn't like it, so I turned it into a whimsical thing I could like.

Th. In the dream?

Pt. No, no after, and so later my subconscious kept telling me, apparently I disliked what happened. The story is a very badly handled abortion I had, and I mean badly handled, it was just awful.

Th. Is that so?

Pt. And so you see the relationship, and this is the story, and this thing occasionally pops up, under certain temperature conditions, and sometimes just before my period when there are cramps and I feel tight. It is the same physical feeling as during the operation.

Th. I see. Was the operation done by a person who is competent at all?

Pt. By an excellent doctor. The thing that went wrong was that I had had several shots before then in order to avoid the operation itself. So the fetus had shifted, and the doctor who did the operation thought it was a polyp and didn't touch it so consequently two days later on a train going home, I went into violent labor pains. And that was when it actually occurred—and that was just a messy mess.

Th. Did you see the fetus?

Pt. Yes, which is the unfortunate part you see. If I had not, I think it would have been better.

Th. It looked like a cat-mouse?

Pt. It did not. It looked like a chicken heart.

Th. Like a chicken heart.

Pt. Uh-huh, exactly.

Th. How many months pregnant were you?

Pt. I'd say 6 weeks, a little over.

Th. Well, that isn't too long.

Pt. Oh, no.

Th. Well, let's talk about those cat-mouses a little more. Give me an idea of what the dreams were.

Pt. The dreams all have three things in common—heat—the sensation of bodily heat. That's why I have them more often in summer. It's very hot, water, a thing of being in water or near water, or surrounded by water, and distorted animals, peculiar animals, I mean. Some of them are very charming and very whimsical. And in one I remember I had absolutely to get rid of the animals. I had to kill them, and it woke me up because I couldn't.

Th. You couldn't?

Pt. I just couldn't. I just absolutely couldn't touch the animals.

Th. These cat-mouses, are there many in the dream or just one?

Pt. Oh, they change; they're not always a cat-mouse. This is just the name I've given to the creature that evolved through this. They can be anything, but they are always combinations.

Th. But the cat-mouses symbol itself?

Pt. Call it a cat-mouse symbol.

Th. Cat-mouse symbol, can you describe it? How big is it?

Pt. Tiny, they're always very small, they're always little.

Th. The body what does it look like?

Pt. Like a mouse.

Th. And the cat?

Pt. The original one was like a cat—a cat's head and a mouse's body.

Th. And they would shift?

Pt. Well, to a dog-fish now.

Th. A dog-fish now?

Pt. Well, the cat-mouses are people with whimsy and who can understand whimsy and who have a sense of humor, and dog-fishes are just dull people.

Th. I see.

Pt. This I've done, and written some very charming little pieces which I wish I could turn into some money if I could.

Th. How do you feel? Do you think about these cat-mouse symbols a good deal?

Pt. No, as a matter of fact I don't.

Th. They don't bother you?

Pt. No.

Th. You seem to be rather preoccupied about that in the letter you sent me.

Pt. I did that because of—it's kind of a trick. I shouldn't have done it. Among other things I write advertising copy. It's my business to interest people, so I use tricks because people are attracted by this sort of whimsical thing.

Th. I see, it isn't really a problem then.

Pt. It isn't really a problem.

Th. All right, fine, now?

Pt. It's a little unpleasant. It isn't a problem; they'll go away.

Th. You have anxiety in your dreams with this symbol?

Pt. I don't know if it's anxiety or not. It's just a form of tension and a form of anxiety of being forced to do something I don't want to do. A very obvious reason. The abortion, it was very painful and very unpleasant.

Th. This symbol only occurred after the abortion?

Pt. I've never had it before. Never.

Th. And you feel very well satisfied that this is the basis of this?

Pt. It clicked over, if you understand this expression. It felt right.

Th. Now, do you have any insomnia?

Pt. No, I can put myself to sleep instantly.

Th. Good, What about nightmares?

Pt. Only this. However, I never have this except when I'm taking a nap. I don't have this at night.

Th. Only during the day.

Pt. But it's likely to be warm, and I'll be dressed and lying down.

Th. OK. Now, tell me a little bit about your mother and your father. Are they living?

Pt. They are. It would be such a story.

Th. What sort of people are they?

Pt. My father is a very intelligent man. As a child I remember him being a very wonderful man —and he adored children. He still does, but he is a paranoiac. I don't mean a paranoia personality, I mean a psychosis paranoiac. He is also an alcoholic.

Th. How did he relate to you? Was he close?

Pt. As a child, very close. We were very, very close.

Th. Did you really love him?

Pt. Deeply, I still do. This presents a problem. I've been unable to solve it because his whole personality structure is so obnoxious to me that I have had to split it off. And to love the man, the individual, the things underneath, and what I know is there and avoid the personality as if it were the plague. To watch the degeneration of a mind and a human being is not a pleasant thing for a child.

Th. I should say not, even as a child he was degenerating then.

Pt. I began to pick it up about 9. That's when he started to drink. That's when a lot of the trouble began, and we were never happy since.

Th. How about your mother? What sort of person is she?

Pt. My mother is also two people. She is the person she was 10 years ago, and the person she is now; she is—was a very stable person—a beautiful woman.

Th. How did you get along with her?

Pt. Wonderfully, just wonderfully. Oh, we scrapped a little bit, but with that kind of a family if we get mad, we say something. I mean mother threw plates and I stomped out of the house, but it never meant anything. I mean there was never any grudges held—overshadowing, long tension periods.

Th. Do you have any brothers and sisters?

Pt. I have a younger brother and younger sister.

Th. How young?

Pt. My younger sister is 2 years younger—she is married and has two children. Married a man just like my father who is also an alcoholic. So she refuses to stay married, and as long as they're porced and live together, life is fine. She attempted to commit suicide. This probably is due to a brain injury. She has been sick all of her life. My brother is 19, is sensitive and intelligent, terribly depressed and inhibited. I should say basically just a fine boy.

Th. As a child did you have any emotional upsets that you remember?

Pt. I didn't remember a day when I didn't have any.

Th. What form did those emotional upsets take? By emotional upsets do you mean tantrums or outbreaks?

Pt. Outbreaks or nervousness. It was a repression. I always felt pushed into a corner and forced off, and my only freedom was when I was by myself and living in daydreams essentially.

Th. And your previous treatment, any sort of treatment prior to seeing the college doctor?

Pt. None.

Th. Taking any medicines or tranquilizers?

Pt. None.

Th. Now, I'm going to show you the Rorschach cards rather rapidly.

Pt. Oh, I've had that (*laughing*).

Th. I know. Just to give me an idea.

Pt. The last time it took me 3 hours.

Th. It will take just about 5 minutes with me. (*I hand her the first card.*)

Pt. Mountains, crab, sea crabs, woman praying, these are the most pronounced.

Th. All right. This is the second one.

Pt. Bears, two little bears, teddy bears, I always have to think this is a temple, the white part in the center. And I associate, the orange part with menstruation—blood.

Th. All right. This is the third card.

Pt. Oh, I remember these, these are my little cannibal women. They are cooking, the little guy who sits in the two corners here, (*fourth card*) Two tired birds sitting back to back. They are very tired, (*fifth card*) I associate that with the beer belly, a vegetable, and I cannot trace it. The top is a soldier's helmet. Women chiefly women, probably nursing or able to nurse and somehow associated with children in this case.

Th. This is the sixth one.

Pt. Navaho rugs, bear rugs, I have a sensation of wings.

Th. Where do you see the wings there?

Pt. The whole outside, the feathers, and the shape of it. (*seventh card*) These are the children.

I'm remembering, by the way, some reactions from before. Little children, facing one another, in kind of a ballet dancers' pose, this way. (*eighth card*) This is the most, I can take it apart more. This one I remember liking. It's the colors; it's a weird combination here, it has a kind of offbeat like jazz music, the orange and the pink. It has a watery feeling to me. These are the polar bears over here, very strongly shaped. Animals of sorts around a wheel, sort of distorted pattern. I noticed something. I'm sort of attracted to the animal world.

Th. Uh-huh. This is the ninth one.

Pt. This is the one I didn't like. Because it's messy, very messy, because it reminds me of violence and insects, and this is something I dislike.

Th. Violence, insects.

Pt. When people are rough and vicious in a way.

Th. Do you see anything else there? . . . You can hold it anyway you wish. . . . All right, this is the last one.

Pt. Children that are like sea horses, and again slightly hysterical modern art. I like this one.

Now I get an Eiffel Tower impression from this immediately, which I automatically switch over into a preferred symbol. And this is the feeling I have. This one is good, somehow, even though it seems discordant and disconnected. It has a coherence of warmth and good feeling that comes sometimes with good things. [*The disorganization of thought and the intensity of feeling in the last three cards point to a schizophreniform-like tendency.*]

Th. A good feeling?

Pt. Playful is the word I want.

Th. Now, I have a little better idea of the problem than I did before. So very rapidly I'm just going to give you my ideas, but I may not be absolutely accurate and I want you then to

tell me your impressions. [*In presenting interpretations to the patient or in giving her a hypothesis of the problem, I must be careful that she does not regard what I say as an attack, or as being critical of her. She has already told me that what she seeks from me is approval and support.*]

Th. Now, you are an extremely sensitive and creative person. You have a great many talents and the ability to perceive nuances and to arrive very rapidly to intuitive feelings. That's because you live very close to your unconscious. You have a remarkable facility in that direction. There are people who do and people who don't. You just seem to have this facility. For that reason many of the phenomena that are ordinarily repressed and are not ordinarily perceived are available to you. So, you can become aware of many symbols the average person overlooks. You can also be influenced by your unconscious. You then can pose questions to your unconscious and get the answers. Now this is not average. I'd say most people cannot do this.

Pt. Then you see my interest in this field because I'm aware of this. I'll tell you something else that might interest you. If I talk to someone for 2 hours and let them talk to me, I can tell you which parent has caused the trouble in the person—just instinctively.

Th. Is that so. You would also be very good in analyzing dreams, analyzing the unconscious.

Pt. So it's unbelievable. Aside from myself, as long as I don't think about it.

Th. So you do have this facility, but this very facility can create problems for you.

Pt. Yes, it does.

Th. You're extremely sensitive, too sensitive. You feel slights, you get very tense, you are just like a weather vane. You just swing with the wind, and because of that, you may need some sort of help. Now, I would think that you could do very well with therapy—maybe not too intensive therapy but seeing someone about once weekly.

Pt. Just to study it out.

Th. Somebody that would stabilize you and would enable you to get some stability because you're too much like a weather vane.

Pt. I know, it would drive me wild, you see, and that's part of this whole thing. I've gotten track of this idea of using hypnosis as a form of research; now, I'm not adverse to working on myself. I don't mean to use it as an easy way out. I work awfully hard for everything I've ever had, and I don't mind. I even enjoy it, I have a feeling now of getting something

that's going to mean enough to steady me down.

Th. I'm sure that you could utilize hypnosis very effectively.

Pt. I'm very good at it, by the way.

Th. Are you?

Pt. I've done a little bit of it, just enough, and if I use my eyes it works like a charm. I just go right out.

Th. You can certainly utilize your facility in a very appropriate way. As far as you're concerned, I don't think hypnosis is absolutely necessary. It wouldn't make too much difference as far as your getting something beneficial out of therapy.

Pt. That wasn't the point. *(laughing)*

Th. You understand what I mean?

Pt. Yes, I know what you mean.

Th. So we're talking in two different frames of references: hypnosis is one thing and also you as a person in terms of your capacity to get something meaningful out of other kinds of therapy. As a matter of fact, I don't think hypnosis would be the best thing for you. You are too immersed in your unconscious now, and it would be much better for you to stabilize and build up a little more repression so that you are not being bombarded all the time by your unconscious. [*My feeling is that the patient would utilize hypnosis to stir up too many fantasies and in this way would frighten herself.*]

Pt. Well, you know that was part of the idea.

Th. Now, I think that you probably would do well in therapy with somebody to whom you could come on a once-a-week basis to talk things over. You'll feel an anchorage there. And in that reference I may be able to refer you to somebody who may be able to help you.

Pt. Because this costs money and this I don't have and you see I'm really in a corner on this financial business.

Th. That's one of the things I might be able to help you with by arranging for therapy in terms of your budget and in terms of your own ability to pay whatever you can. There are

places in the city where you can receive some good help.

Pt. I don't need that kind of help. I need a father, Dr. Wolberg. No, this is true, I need somebody that is very strong, and very stable and won't laugh at me when I get off on one of my tangents. [*The patient is obviously seeking a prolonged supportive relationship, which is probably all she can use at this time. She is quite close to a schizophrenic break, in my opinion, but she still has good defenses, and might, if she is motivated, benefit from the proper type of treatment and perhaps some mild neuroleptic. I have in mind referring her to a hospital clinic where she could receive good therapy.*]

Th. Well, give me an idea of what you can afford, approximately.

Pt. Gee, it's so awfully tight that even something as little as \$10 a week would be too much. That I could make, I could manage this.

Th. All right, I think I can find somebody for you at one of the clinics. I shall telephone him this afternoon and let you know.

Pt. All right.

The patient was referred to the head of a clinic in the neighborhood, whom I telephoned and informed about her problem. The clinic was willing to take her, but the patient never accepted the referral. A telephone call from me to her was never returned.

¹ The technique of making a relaxing tape will be found in Chapter 15.