

The Annual Meetings of the Association for Child Psychoanalysis

May 2, 2008

St. Louis Missouri

**Defense Analysis and Its Vicissitudes: Notes from the Psychoanalytic
Treatment of a Vulnerable Female Adolescent**

A Summarized Report by M. Hossein Etezady, MD

Chair: Theodore B. Cohen, MD

Co-chair: M. Hossein Etezady, MD

Presenter: Mary Davis, MD

Discussant: Thomas Barrett, PhD

In his introductory comments Dr. Cohen traced the beginnings of the Vulnerable Child Workshop to its founder Eleanore Pavenstadt in 1969 and later as the child advocacy arm of the executive committee of the American psychoanalytic Association. He noted that these meetings have expanded over a 39 year period, annually at the ACP as well as the meetings of the American Psychoanalytic Association.

Dr. Davis's presentation was titled "Defense Analysis and its Vicissitudes; Notes from the Psychoanalytic Treatment of a Vulnerable Female Adolescent."

The paper presented the case of an adolescent girl who developed regression of psychotic proportions during the course of her psychoanalysis. The presentation was used as an opportunity to explore what in the analytic process may have contributed to the psychotic de-compensation and what technique might have allowed a less traumatic course with a gradual substitution of less primitive and more resilient defenses.

At age 16, when Helen began her analysis she suffered from residual muscular spasms and ataxic gait which had been exhaustively evaluated for organic etiology. Helen was a sports star and maintained a 4.0 grade average. She had few long standing friends and had recently broken up with a 20 year old man who she had found sensitive and sweet but boring. Early history was apparently unremarkable. Parents' relationship was highly conflictual and the father was drinking heavily. Parents divorced when Helen was 10 years old. When Helen was 13 her mother remarried and her father married a 20 year old woman pregnant with his child just prior to the onset of Helen's symptoms.

Helen's analysis opened with a dream from a week earlier while hospitalized, about making peace between her parents. The next day her leg was feeling stiff. Early themes included feeling left out with her friends and her father's new wife. She recalled a

memory of a friend giving her a candy bar that ended up being an empty wrapper. Later she was unhappy with her analysis being slow and uncertain. She felt the analyst knew what she should do but would not tell her. In the midst of several sessions concerning boys, dating, being left out and no longer being "daddy's little girl", she referred to her treatment as "a way of being close". Any attempt at pursuing this material was met with days of rumination about grades, weight and sport performance. She complained that the analyst never said anything and that she was down and had no one to talk to. After the summer break she was relieved to have some one to talk to. It was scary to her to need some one so much. The next weekend she experienced a recurrence of her hysterical seizures which was less important to her than feeling left out with her father, her sport team and missing her analyst. By 6 months she complained of being confused, bewildered and floating. She complained bitterly about not having enough time with the analyst, afraid that she might have to leave her analysis before she was ready, in order to pursue her college plans.

By her 18th birthday her confusion and helplessness was increasing. One morning her mother found her standing naked babbling and posturing in a bizarre catatonic manner. She had to be admitted to an inpatient psychiatric adolescent unit. The analyst saw Helen 6 times a week, limiting interventions to interpretation of the transference and clarification of nonverbal communications. The analyst felt bewildered, confused and culpable for perhaps causing the crisis. Over several weeks of hospitalization Helen's regression waxed and waned as she steadily deteriorated. A nurse reported hearing Helen say, in a tone of admiration, "that is the biggest penis I ever saw". In one session her movements seemed suggestive of masturbating a man. Interpretations concerned her fear

of losing control of her body, her sexual feelings and her ambivalence about controlling her own life vs. having to do what was expected. The last of many silent sessions turned out to be the nadir of the regressive progress. Within 48 hours she began to improve. This coincided with the passing of the deadline for housing application at the college she had been accepted at.

During the last week of her hospitalization she clearly recognized her own difficulty in doing what was necessary to leave the hospital and her home. She was discharged from the hospital with plans to leave for college in January semester. By then she had done a great deal of work around letting go of parental figures but continued to deny the intensity of the transference by using the hospital staff as displacement objects. She experienced some oedipal jealousy when a staff member she had a crush on brought in his fiancée

The ending of the analysis was unsatisfactory. She cancelled the last week of remaining sessions. She continued her visits every 2-3 months when she was home from college. At graduation from college she dealt with same issues as when leaving high school, but could experience the anxiety and talk about it rather than fleeing into regression. She was functioning reasonably well and managing to find her way in the world, with a job, friends and her family.

In his discussion Dr. Barrett outlined the reawakening of oedipal strivings and the significance of pre-genital determinants in hysteria and in Helen's case. Object removal in adolescence is made difficult by the extent to which those early ties remain un-fused or excessively instinctual. Helen inability to walk represented a wish and fear to be a participant in her parents' sexual activity perhaps to the point of having a penis. Growing

up represented both leaving her parents and competing or joining them as a sexual adult. The erotic transference suggested a yearning for a closer alliance with the father against the mother. The analyst represented the father and Helen the inadequate child who could not give him the baby the mother and the step mother gave him. Her fear of coming for her appointments represented the wish and fear that the analyst would penetrate her and act out sexually in an adult manner. Her psychotic behavior succeeded in getting her analyst to take over and relieve her from being the active agent for her sexual impulses.

The ensuing discussion from the floor concerned the capacity for repression, affect regulation, and reality testing as developmental acquisitions that affect and are affected by oedipal events. The subject of seduction or sexual abuse by the father was introduced but dismissed by Dr. Davis as implausible.

Dr. Etezady described echoes of rapprochement crisis in the transference and the relationship with parents represented in the disillusionment contained in the metaphor of the empty candy wrapper. The mother of transference is experienced as empty and withholding, not willing to provide what the child needs for maintaining cohesion and connection. When maternal empathic attunement fails, aggression is not neutralized; object constancy and separation individuation falter, repression fails and overwhelming affects create chaos and regression. Dr. Barrett reiterated his sense that Helen was not regressed, her psychosis was a true hysterical conversion and she consistently functioned on a higher oedipal level and phallic narcissism. He praised Dr. Davis' ability to stay with Helen's material, experience her confusion and fear while helping her to deal with the experience so that upon leaving college as these issues reemerged, Helen was able to hold her own and step into the adult world.