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4. AMALIA X — THE GERMAN PSYCHOANALYTIC SPECIMEN CASE¹

Why Specimen Cases

Why do we need specimen cases in psychoanalytic research? As we have shown in chapter two in psychoanalysis, oral tradition documented by case studies constituted the major means of reporting the insights gained by introducing the therapeutic situation as a field for discovery oriented research. We also have pointed out that Freud's case reports have attained the status of specimen cases. They still frequently fulfill the function of an introduction to his work. Jones emphasizes "that the Dora case for years served as a model for students of psychoanalysis, and although our knowledge has greatly progressed since then, it makes today as interesting reading as ever" (Jones, 1955, p. 288)

However, increasing criticism both of Freud's explanations of etiology in his *case histories*, and of his technique as described in his *treatment reports*, has instigated Arlow (1982, p. 14) to express his concern about the psychoanalytic ties to objects belonging to the past. He recommended that we should simply say goodbye to these "childhood friends" who served us so well, put them to rest, and get back to work.

That and how Anna O., little Hans, Dora, President Schreber, the Rat Man, and the Wolf Man became our childhood friends is definitely very important, as is knowing the conditions under which each friendship developed. Training institutes mediate these friendships, in this way familiarizing the candidates with Freud's work as a therapist, scientist and author.

So now we have to take up Arlow's advice and get back to work. One solution among many is, for example, Michels' (2000) discussion about the multiform use of case studies, which could be to develop a series of so-called specimen cases. What are specimen cases? In the first edition of the *Handbook of Psychotherapy and Behavior Change* (Bergin & Garfield, 1971), Luborsky and Spence pointed to the paucity of primary data:

We need data accumulated during actual analytic sessions. Ideally two conditions should be met: the case should be clearly defined as analytic, meeting whatever criteria of process and outcome a panel of judges might determine; and the data should be

¹ Horst Kächele, Marianne Leuzinger-Bohleber & Helmut Thomä

recorded, transcribed and indexed so as to maximize accessibility and visibility. To date no sets of data exists that meets these conditions. (1971, p. 426)

This claim was made more than thirty years ago. In Germany the implementation of the ULM TEXTBANK formally starting in 1980, based on many years of tape recording of psychoanalytic and psychotherapeutic sessions, has demonstrated the feasibility of such an instrument on an international scale (Mergenthaler & Kächele, 1993). Today the availability of the case of Mrs. C studied intensively by a number of US researchers and the establishment of the Psychoanalytic Research Consortium (Waldron, 1989) and the Penn Case Collection (Luborsky et al., 2001) in the US have also implemented this research tool.

We shall objectify the claim that the case of patient Amalia X, which we introduce soon, does qualify to be called a ‘specimen case’ in the sense of the Luborsky and Spence argument. The case has been tape-recorded, the material is principally available to researchers via the ULM TEXTBANK and the criteria that a panel of analysts would have to decide whether it was a “true analytic case”² or not, was not part of our decision since the treating analyst Helmut Thomä was at the time a well respected psychoanalyst. An uneasy topic in the development of an open research atmosphere has been the disclosure of the analyst’s identity. There are certainly excellent clinical concerns for protecting the patient’s privacy. Most of us still seem to be afraid to disclose the identity of being the therapist in a research case; however in terms of promoting research we feel that that it is contra-productive for furthering the scope of research. We feel that the analyst’s participation is a fruitful enrichment of the research perspective.

The patient Amalia X³

Now we would like to familiarize our readers with the patient called Amalia X⁴. She was 35 years old at the onset of her psychoanalytic treatment and was a teacher living on her own. However, she felt obliged to keep a quite close contact to her parents, especially to her mother. She came for treatment because of increasing depressive complaints and corresponding low self-esteem. She suffered from religious scruples with occasional obsessive/compulsive thoughts and impulses, although she had turned away from the church after a phase of strict religiosity in her twenties. Respiratory complaints arose for periods of

² Dewald (1972)

³ Adapted from Thomä & Kächele (1994b)

⁴The patient has given her written consent to tape-recording and its later use for empirical studies, which at the time of her treatment, had not been specified. In 2003 when the patient, after more than 25 years, returned for a short clinical intervention she was invited to read through all that had been done with her recordings. We thus followed Stoller’s (1988) recommendation to familiarize patients with the materials. Her comment to the exposure: “I am surprised at what you had done with all of this; to me this is the past.” She consented to take an AAI, which we shall present later in this volume.

time. Occasionally she suffered from bouts of erythrophobia in special circumstances. In the order of siblings, Amalia came between two brothers, one two years older and the other four years younger, to whom she felt and still feels inferior. Her father was absent for her entire childhood; initially due to World War II and later for occupational reasons. By profession he was a notary public who as a private person had great difficulties in communicating emotionally. His rigid and compulsive state of mind prevented any intense contact with all his children. Amalia describes her mother differently: she was impulsive, had many cultural interests and suffered from the emotional coolness of her husband. Concerning her early years Amalia describes herself as a sensitive child yet much devoted to childhood games. She especially liked to paint. While the father was away during the five years of wartime, Amalia X took on the role of father and tried to be a replacement to her mother for her missing partner. At the age of three years Amalia contracted a mild form of tuberculosis and was bedridden for six months. Then, because of her mother's more severe case of tuberculosis at the time that Amalia was five years old, she was sent away being the first of the siblings to go and live with her aunt. There she remained for about ten years. The two brothers had to follow her and at the end of the war joined her to live with their grandma and aunt, since their mother was in and out of hospital repeatedly.

She was dominated by the religious strictness and puritanical upbringing to which she was subjected to by her aunt and grandmother. After the war the father could not find a suitable job in their home town and only appeared on the weekends. As a schoolchild, Amalia always was one of the best pupils and shared in the interests of the boys in class and at home. She did not get on well with girls; even at more than sixty years of age, she — during the AAI-interview — still remembers vividly an episode of rivalry with a girl that was less intelligent but more attractive than she. Amalia used all kinds of achievements to fulfill her religious demands. During puberty, the relationship to her father deteriorated and she withdrew from him even more. At the time she was in her late teen she had an friendly affectionate relationship with a boy of her age. She was considering engagement, but this was abruptly ended due to strict parental prohibitions. Since puberty Amalia suffered from an idiopathic hirsutism, which is an abnormal growth of hair due to unknown biological causes.

The patient's entire development and social position, especially her early ideas to become a nun, were affected by the stigma of this virile syndrome that could not be corrected and which she tried in vain to come to terms with. Among its effects came a disturbed sense of self-worth, deficient female identification and social insecurity. This made personal relationships difficult and rendered it impossible for Amalia to enter into any close sexual

relationships. Although it had been possible for her to hide her stigma — the virile growth of hair all over her body — from others, the cosmetic aids she used had not raised her self-esteem or eliminated her extreme social insecurity in the sense of Goffman (1974). Her feeling of being stigmatized and her neurotic symptoms, which had already been manifest before puberty, strengthened each other in a vicious circle; neurotic compulsion scruples and multiple symptoms of anxiety neurosis, impeded her personal relationships and most importantly kept her from forming closer heterosexual friendships.

Since the patient Amalia X gave her hirsutism a prominent position in her subjective understanding of the causes of her neurosis, we have to consider the status of this somatic disturbance from which we derive the specific changes that may constitute one goal of the analysis. The hirsutism probably had a double significance to the patient: on the one hand it impeded her feminine identification, which was problematic in any event because of her constant unconscious desires to be a man. For her, femininity was not positively considered but rather associated with illness; that is her mother's. Moreover, she felt that her brothers received preferential treatment. Her increased hair growth occurred in puberty, a period when sexual identity is labile. The appearance of masculinity provided by her body hair strengthened the developmental revival of oedipal penis envy. Of course, the latter must have already been at the focus of unresolved conflicts, because it would otherwise not have attained this significance. Signs of this can be seen in the patient's relationship to her two brothers, whom she admired and envied, although she often felt discriminated against. As long as the patient could fantasize that her penis desire was fulfilled, her hair growth corresponded to her body schema. Yet the fantasized wish fulfillment only offered relief as long as the patient managed to maintain it, which was impossible in long term because virile hair growth does not make a man out of a woman. This raised the problem of sexual identity once again. It was on this basis that all cognitive processes connected with feminine self-representations became a source of conflict for the patient, causing distress and eliciting defense reactions. On the other hand, her hirsutism also acquired somewhat the quality of a presenting symptom, providing her with an excuse for generally avoiding sexually enticing situations. However, she was not consciously aware of this function of her physical disturbance.

The analyst offered to treat this woman, who was hard working in her career, cultivated, single and quite feminine despite the way she felt about her stigma, because he was relatively sure and confident that it would be possible to change the significations she attributed to her stigma. In general terms, he proceeded from the position that our body is not our only destiny

and that the attitude that significant others and we ourselves have to our bodies can also be decisive. Freud's (1912d, p. 189) paraphrase of Napoleon's expression to the effect that our anatomy is our destiny must be modified as a consequence of psychoanalytic insights into the psychogenesis of sexual identity. Sexual role and core identity originate under the influence of psychosocial factors on the basis of one's somatic sex (see Lichtenstein, 1961; Stoller, 1968; Kubie, 1974).

Clinical experience and empirical data⁵ justified the following assumptions. A virile stigma strengthens penis envy and reactivates oedipal conflicts. If the patient's wish to be a man had materialized, her hermaphroditic body scheme would have become free of conflict. The question "Am I a man or a woman?" would then have been answered; her insecurity regarding her identity, which was continuously reinforced by her stigma, would have been eliminated; and self image and physical reality would then have been in agreement. It was impossible for her to maintain her unconscious fantasy in view of physical reality. A virile stigma does not make a man of a woman. Regressive solutions such as reaching an inner security despite her masculine stigma, by identifying herself with her mother, revitalized the old mother-daughter conflicts and led to a variety of defensive processes. All of her affective and cognitive processes were marked by ambivalence so that she had difficulty, for example, deciding between the different colors when shopping because she linked them with the qualities of "masculine" or "feminine."

Two clinical expectations can be derived from these thoughts that can serve as goals for a successful treatment. The patient would not be able to accept social and sexual contact until she had first attained a sufficiently secure sexual identity and overcome her self-insecurity; and secondly, had given up her feelings of guilt about her desires.

Both points of this prognosis were confirmed. Amalia X significantly increased her capacity to establish relationships and has lived with her partner for a longer period of time without being restricted by any symptoms. Her conscientiousness, which initially was often extreme, has mellowed although the demands she placed on herself and those around her continued to be very high. In discussions she has become livelier, showing more humor and apparently getting more pleasure from life. Can these changes be traced back to the fact that both of the causal conditions have demonstrably lost their effects as a consequence of her psychoanalytic treatment? We answer this decisive question in the affirmative although space prevents us from discussing the reasons in detail. The proof of structural changes requires detailed descriptions of the psychoanalytic process. We can say, in conclusion, that despite

⁵ Psychological studies on women with hirsutism have been reported by Meyer and von Zerssen (1960) and Meyer (1963)

her virile hair growth, Amalia X has found a feminine identification and freed herself of her religious scruples and feelings of guilt toward her sexuality in accordance with the prognosis.

The claim that this case can be used as a specimen case also requires that systematic psychometric evaluations before and after treatment are available. For the interested reader we give some of the findings resulting from data assessed by psychological tests applied outside the therapeutic situation. As outcome measures we used the Freiburg Personality Inventory (FPI; Fahrenberg et al., 1978) and the Giessen Test (Beckmann and Richter, 1972). These inventories were presented to the patient at the start of treatment, at the end of treatment, as well as two years after the treatment had ended. At the last follow up point of investigation the patient was given in addition the questionnaire on experience and behaviour (Zielke and Kopf-Mehnert, 1978).

The results of the psychological tests, performed by an independent clinical psychologist, as a check of success at the beginning and after the termination of treatment and also as part of the follow-up two years later, confirmed the clinical evaluation of her analyst that the treatment was successful. A comparison of the profiles in the Freiburg Personality Inventory⁶ (Fahrenberg et al. 1978) showed that the values at the end of treatment were more frequently in the normal area and less frequently at the extremes than at the beginning of treatment. This tendency had become more pronounced on the follow-up.

Especially on the scales on which the patient had shown herself to be extremely (= standard value 1) irritated and hesitant (scale 6), very (= standard value 2) yielding and moderate (scale 7), very inhibited and tense (scale 8), and extremely emotionally fragile (scale N), the values returned to the normal area. On a few scales the patient diverged positively from the norm after the completion of treatment. Amalia X described herself as psychosomatically less disturbed (scale 1), more satisfied and self-secure (scale 3), more sociable and active (scale 5), and more extroverted (scale E).

The standard value of 8 on scale 2 at the end of treatment deserves special attention because it expressed that the patient experiences herself as being spontaneously very aggressive and emotionally immature. At this point in time she may still have been anxious about her aggressive impulses, which she did not have such strong control over her at the beginning of treatment; on follow-up this value had returned to normal. The patient seems to have gained the security in the meantime that she no longer need to fear an aggressive outburst. Conspicuous is also the extreme value on scale 3 on follow-up; Amalia X, whose

⁶ Similar to the Minnesota Multiphasic Personality Inventory

desire for treatment was the result especially of depressive moods, described herself here as extremely satisfied and self-secure.

The values on the psychoanalytic-oriented Giessen-Test for the patient's self-image were within the norm on all three tests. Beckmann and Richter, who developed this procedure, have commented about it: "At its conception great weight was placed on experiencing how a proband describes himself in psychoanalytically relevant categories" (1972, p. 12).

The correlation between the two profiles (at the start and at the end of treatment) is remarkably high ($r = 0.92$), but the *level* of the profile had changed. The corresponding coefficient of similarity (Cattell et al., 1966), which reflects the absolute level of the scores in each profile, is consequently much lower ($r = 0.35$) and is statistically significant at the 10% level. Profile comparison yields the striking finding that the high value in the depressive scale at the start of treatment has decreased to a "normal" value, and that the "normal" dominance at the start of treatment has clearly increased. The more extreme values diverging from the normal range simply demonstrate the initial self-description to be relatively depressed (scale HM vs. DE) and the concluding one to be rather dominant (scale DO vs. GE). The profiles especially demonstrate a shift showing that the patient experienced herself after treatment to be more dominant, less compulsive, less depressive and more permeable (opener, more capable of contact). On follow-up the profile of her self-image was completely inconspicuous.

Of note regarding the image that the analyst had of the patient at the beginning of treatment (Giessen Test of Imputed Image of Others) was that the analyst considered her to be more disturbed than she did. In his eyes she was significantly more compulsive, depressive, retentive, and socially restricted. In these dimensions the image attributed to others was outside the normal range. According to Zenz et al. (1975) such a clear discrepancy is frequently observed after the initial interview. This discrepancy disappeared at the end of treatment, when the analyst considered her to be just as healthy as she did. Somewhat larger differences persisted on only two scales: the analyst viewing her to be more appealing and desirable as well as more compulsive than she did.

In summary, it can be said that the personality structure remained the same, although a change in level emerged insofar as the patient presents herself at the end of the treatment as more dominant, less obsessive, less depressive and more in touch with unconscious contents and mechanisms. The follow-up profile is almost identical to the one at the end of treatment.

In addition, the "Questionnaire on Changes in Experience and Behaviour" (Zielke & Kopf-Mehnert, 1978) was presented at the follow-up stage of the investigation. This

questionnaire consists of 42 items which ask directly about changes. In working through this questionnaire, the patient is asked to evaluate the changes between the start of treatment and the present day. This questionnaire yields one total score; there are no subscales. The patient's total of 245 out of 250 possible points corresponds to striking positive change ($p < 0.001$). "Positive change" means an increase in self-assertiveness, in contentedness and in social abilities; however a decrease in anxiety and agitation.

The results of the psychological tests supported the analyst's clinical evaluation, and those on follow-up confirmed the continued positive development in the post-analytic phase.

Some years later she returned to her former therapist for a short period of analytic psychotherapy because of problems with her lover, many years her junior.

At a recent follow up — more than 25 past her initial treatment and at over sixty years of age — it turned out that life events had caused some difficulties and she asked for help. We referred her to a female analyst of her age not connected to the research team; however we took the opportunity to invite her to be interviewed by an attachment researcher (see chapter six). Amalia X had a few sessions with the colleague we referred her to: no clinical information whatsoever was disclosed by this colleague besides informing us that she had left the consultation and that she was able to make peace with her situation as it was.

The Psychoanalytic Treatment of Amalia X⁷

Clinical Narrative or Systematic Description

Two individuals meet in a highly professionalized situation in order to bring about a change by exploring the biography of one of them and actualizing it interactively in the therapeutic relationship. This clinical investigation process is tied to the two-person situation. As the reporter or presenter of a treatment, the analyst is always on one side — how could it be otherwise? When he leaves the dyadic situation after each session and after the termination of treatment he finds himself alone in dialogue with himself about his experience with this single other human being, whom he has come to know only through his own subjectivity.

What becomes of the field of investigation when the patient has left the consultation room and the analyst goes to his desk? The moment the analyst and the patient separate, the phase of field work is over. The analyst has come home from the "field" — whether we wish to see it as a jungle or a desert and is now engaged in clinical research at his desk. Yet if this

contemplative activity is to merit the name of research, we need to know if the particular analyst has the ability to play differentiated roles. Is he able to act as a researcher upon himself? Can he depart from the directorship principle aiming to maximize evidence and develop alternative interpretative schemes for his research process with a patient, as demanded by Edelson (1988)? In this phase of reflective ordering of experience, the balanced attention of the psychoanalytic attitude is suspended. The psychoanalyst becomes a writer of a kind of specialized literature, which may become the object of scientific evaluation itself as Marcus (1977) has convincingly demonstrated for the Dora case.

This kind of clinical research by an isolated working analyst transmits an individual's reflected experience in oral or written form to his professionally qualified reference group. In fact, during the reflection process most likely the group is already present as a model of professional expertise in the analyst's mind and all too frequently determines what is publicly communicated. Perhaps our way of working necessitates referring back to a group of colleagues, but then we should come to a more conscious agreement about it than we have done so far. A crucial problem with the group-bound research process is that the narrative structure of the transfer of knowledge makes it more difficult, if not impossible, for any non system-immanent criticism to occur (Kächele, 1986).

For all their skill, the clinical case histories have systematic errors stemming from this background — errors we have discussed in the third chapter. Here we have chosen a different approach based on complete recording of the treatment process using a tape recorder. Of course we recognize that tape recording does not capture the “whole” process, in case this holistic viewpoint is raised in objection. Like a radio play, a genre unto itself that no one would expect to convey all aspects of a drama, a tape recording cannot reasonably be expected to be all-encompassing. The audible verbal exchange is registered more exactly than it can be by a participating therapist; that is all. What is important however is what these recordings have enabled us to do: to transcribe, at considerable effort, a systematic sampling of sessions. According to the time-scheme we established, periods of 5 sessions were transcribed with 25-session intervals between them, resulting in 22 reporting periods, which comprises about a fifth of the 517 sessions recorded. On the basis of these verbatim transcripts, a preliminary draft of the course of this analysis was compiled by two female medical students⁸ and then revised and supplemented by the authors of this chapter.

⁷ Based on Kächele H, Schinkel A, Schmieder B, Leuzinger-Bohleber M, Thomä H (1999): Amalia X, Verlauf einer psychoanalytischen Therapie. *Colloquium Psychoanalyse* (Berlin) 4: 67-83. Translation by Peter Luborsky

⁸ To mention the gender of the students reading at first the bulky material seems necessary.

Beyond the scientific significance of this undertaking we expect enormous clinical benefits from having access to the perspective of uninvolved third parties as the basis for further deliberations with a new level of depth. Whatever the third party may determine, for the moment we should be ready to accept that it represents something of clinical significance derived from verbatim transcripts: a systematic longitudinal and cross-sectional description of a treatment process.

The making of a systematic description requires establishing chief headings under which the material is to be categorized. The primary ones are dictated by the general aspects of treatment technique that would have to enter into the description of any treatment; beyond these, case-specific aspects will need to be included as well.

In the present case we have selected the following categories:

- present external life situation
- present relationships
- symptom domain (e.g. bodily feeling, sexuality, sense of self-worth)
- relationships with family in present and past
- relationship with the analyst

Unlike a narrative presentation, in which a holistic picture of the processes is constructed where moments of chronological concentration and episodic expansion are unavoidable, an objective course description of this kind will focus on determinations that can be made from the recordings by an uninvolved third party. Only what is readable in the transcripts, this is what has actually become manifest in the dialogue, can enter into these descriptions.

By means of this longitudinal presentation it is possible, for example, to demonstrate the thesis that we proposed in Chapter 9 of the first volume of the Ulm textbook, namely that psychoanalytic therapy is “a continuing, temporally unlimited focal therapy with changing focus” (Thomä & Kächele, 1994a, p. 345 ff). Other studies may be dedicated to investigating the internal logic of the dream series in this treatment or evaluations may focus on the course of the symptoms, in particular the patient’s somatic complaints. Diving even more in details, excerpts from a specimen session may be presented thus giving the analyst the opportunity to demonstrate his way of technique with accompanying reflective remarks (see chapter 5 this volume). Systematic description of a case thus allows for a diversity of studies sharing the same public data base which in turn furthers the standing of psychoanalysis as scientific discipline.

A topical longitudinal overview⁹

The following summary of the course of treatment was prepared as mentioned above from a systematic process description based on a systematic time sample of the verbatim transcribed sessions. The longitudinal organized reports summarize the development of the analysis along the topics of the “External Situation,” “Symptoms (Hirsutism),” “Sexuality,” “Sense of Self-Worth” (Guilt theme) and “Object relationships” (family, extra-familial, with the analyst). These in turn were enriched as the texts were read repeatedly by the group of authors.

I Sessions 001-010	II Sessions 026-030	III Sessions 051-55
IV Sessions 076-080	V Sessions 100-105	VI Sessions 126-130
VII Sessions 151-155	VIII Sessions 177-181	XI Sessions 202-206
X Sessions 212-225	XI Sessions 251-255	XII Sessions 282-286
XIII Sessions 300-304	X/V Sessions 326-330	XV Sessions 351-355
XVI Sessions 376-380	XVII Sessions 401-404, 406	XVIII Sessions 421-425
XIX Sessions 444-449	XX Sessions 476-480	XXI Sessions 502-506
XXII Sessions 510-517		

Table 4x1: The observation periods of the course of treatment

These observation periods were described one after the other; the following summarizing description longitudinally portrays the sequence of events for each of the categories.

External Situation

At the outset of treatment, the analysand is engaged in her teaching career. Topics from the occupational sphere, such as conflicts with superiors, colleagues and “subordinates,” are frequently brought up in the sessions, and she often goes into the minutiae of conflict situations that bother her, seeking relief in the analyst’s approval of her behavior.

At the outset of the analysis, the analysand begins hormone therapy in hopes of effecting a change in her hirsutism in this way as well.

She lives alone in an apartment and spends weekends and vacations (such as the one around the 25th session) with her parents and relations. There are very few changes in the external circumstances of the analysis for most of the time.

⁹ Adapted from Kächele et al. (1999)

In observation period X (sessions 221-225) she has an automobile accident that very much preoccupies her, as she is under the impression that she caused it (an elderly man drove into her car).

Interruptions in the analysis, such as the one of two month's duration following session 286, upset her a great deal.

After the 300th session of the analysis, the patient makes an active effort to come into contact with men (e.g. by placing a personal ad). Then she enters into a series of relationships, some of them sexual. After the 420th session she enters into correspondence with a man with whom she hopes to develop a close relationship. Around the 450th session she meets this friend for the first time.

After the 500th session the conclusion of the analysis is brought up. The analysand still works as a teacher. She also mentors teacher trainees and has great difficulties with some of them.

Symptoms

Hirsutism

The initial period of the analysis is largely taken up with the patient's confrontation with her body hair. She clearly feels the stigma of mannishness it carries, and doubts if a change in attitude could ever remove this. Hence she places great hopes on hormone treatment and thus, from a psychodynamic point of view, devalues any possible success of the psychoanalysis.

The meaning of the hirsutism comes out in a dream (observation period I) in which the analysand offers herself sexually to a man and is rejected by him. A woman figures in this dream whose body is completely covered with hair.

Having what she experiences as a "defective" body in comparison with other women is painful to her; only in comparison with an overweight colleague does she feel she "comes off well" (10th session). In a dream (29th session) she has to clean a toilet in which plants and moss are growing. She compares these plants, which she has to clean even though they are "not her mess," with her hair, which she can do nothing about but still has to live with.

In the next two observation periods (sessions 51-55, 76-80), she never directly refers to her hirsuteness. By relating two dreams with obvious sexual symbolism she however addresses the associated uncertainty about her sexual identity. In another dream (session 102), she is lying with her brothers on a meadow. Suddenly her brothers are girls and have a much more attractive bust than she does. This dream makes her realize that she cares how she

compares physically with others. A film about people of short stature gives her another occasion to come to terms with her physical difference. She wishes she could transcend the limits that her body imposes on her.

A dream connected with transference fantasies occurs in observation period VII (sessions 151-155). She dreams she has been murdered; a man has undressed her and cut off her hair. Once again her hirsutism figures very directly in the manifest content of dreams during observation period VIII (sessions 177-181). In one dream, she wants to marry two men. She is standing in front of the bed of one and the moment has come to take off her bra. She tries to explain to him that she has body hair in abnormal places; this frightens her and she wakes up.

In the next sessions of the analysis the theme gradually recedes. In the 222nd session she still has a diffuse recollection that she dreamt of “something to do with hair,” but cannot remember it in detail. In its place, the analytic work increasingly focuses on the issues involved in coming to terms with her body more generally. Finally, in observation period XII (sessions 282-286), it becomes possible to illuminate the connection between her body hair and her sexuality: if the hair were gone, she would be (in her fantasies) completely at the mercy of sexual violation.

We see it as an indicator of improved self-acceptance on her part that in period XIII (sessions 300-304), in the context of reproaching herself for having concealed her body hair in her ad, she says: “Sometimes it (the hair) bothers me, but sometimes not, and then I find myself quite acceptable.” In period XV she explains that at the start of therapy she often felt undressed by herself. She would be walking next to herself like a second person, observing herself through her clothes as though they were transparent. Then she would be frightened just by the sight of herself. Since then, she has been able to dream of herself in a transparent nightgown and find herself attractive. She is not disturbed by the fact that she is with a man in her dream. In this way she is testing, in her dreams, the possibility of having an attractive body. In reality she continues to suffer from contact and exhibition anxieties.

Finally she enters upon an explicitly sexual relationship with her friend (sessions 376-380); and although she mentions often feeling inhibited during sexual intercourse because of her hair, increasingly the issue is coming to terms with her feelings about her body quite generally; the hirsutism seems to have moved to the background. In another relationship with an artist, her fears of being rejected aesthetically because of her hair come to the foreground again, but she takes comfort in the thought that her hair is something in the order of a test, a hurdle that her friend has to jump over like the wall around a boarding school.

The focus of coming to terms with her body in connection with her sexuality becomes more and more central. In period XIX (sessions 444-449), she still brings up the concern that she continually allows her hirsuteness to rock her sense of sexual identity, even though her partner directly signals that he is not troubled by her hair.

A critical event in this context is a dream from period XXI (sessions 502-506), in which her hair turns into roots. She feels like root wood with threads that she spins around her friend, trapping him in a hedge. Thus she possesses a woven framework that can bear weight, and this makes her feel glad. Now her hair is accepted and no longer felt as troublesome.

In the final period (session 510-517), the analysand dreams of a lady in the circus who suddenly rides out through the water on a bicycle with her blouse open, revealing a beautiful bust and spraying water around in all directions. This dream gives her occasion to return to her envy of “full femininity” and also of the unblemished, odorless skin of her grandmother (and of the analyst).

Sexuality

From the start the topic of sexuality assumes a central role in the psychoanalytic dialogue. In the initial sessions she informs the analyst that she masturbated at least between the ages of 2 and 5. However her strict religious upbringing, represented in particular by her aunt, led her to attach feelings of guilt to sexual impulses.

These impulses express themselves all the more vehemently in her dreams: she now relates a dream in which she experiences herself as a beautiful, sensual “Raphael Madonna” who is deflowered by a man, and at the same time as a nursing mother. As a day residue of the dream, she is afraid of losing her virginity as she attempts to insert a tampon. In the initial sessions she expresses her desire to affirm sexuality and find it beautiful in order to experience it to the full, but her hirsutism gets in the way as well as her doubts as to whether she is a real woman at all. She mentions in passing that sexuality was always connected with “excess” for her.

This conflict continually re-emerges. In period III (sessions 51-55), for example, she wonders why as an unmarried woman she should have anything to do with sexuality. In her dreams she experiences pleasant sensations as she reviews the history of her sexual life at confession. She is able to speak to her younger brother about her sexual desires. She reacts with confusion however when the analyst interprets a dream (period IV, sessions 76-80) in which this brother crawls through a stove pipe by suggesting that the stove pipe might represent her vagina and that perhaps she desires coitus with this brother.

In the next period (sessions 101-105), once again the focus is increasingly on her guilt feelings about her masturbation. She experiences strong ambivalence towards the analyst. On the one hand she fantasizes that he accepts her sexuality but is being “conciliatory,” on the other hand that he may in fact secretly condemn her. In sessions 151-155, hidden sexual fantasies regarding the analyst become apparent. She is occupied (sessions 177-181) with her fear that the analyst might consider her frigid and emphasizes what a lovable, cuddly and also sensual child she was, but ultimately she comes around to her own fear that she might be a nymphomaniac. The suggestion that her fear of sexuality might not only have to do with her hair is met with vehement rejection on her part at this point.

Period X focuses on the confrontation with her fears and wishes regarding castration: she is afraid a pigeon could peck her eyes out or that she could injure herself masturbating. She dreams of a car accident in which a huge truck drives into her car and speaks openly of an almost compulsive fantasy she used to have that priests “had something going on down there” even though they looked the same in front and in back.” Her castration wishes towards men become clear in a fantasy: among certain Indians it is the custom for mothers to suck on the penis of their male infants to satisfy them. In the analysand’s fantasy, this turns into biting off the penis. Later (sessions 251-255) a dream in which she sees a woman shot by a man reveals masochistic and voyeuristic needs.

The tremendous feelings of guilt associated with sexual impulses for her become ever more evident. In period XIV (sessions 326-330), she mentions the criticism of a colleague, who spoke of her patting a trainee as “immoral contact.” She herself rationalizes this, making a clear distinction between affectionateness and sexuality. Working through the issues around her guilt feelings makes it possible for her to take up a sexual relationship with a man (sessions 376-380); what stands out here is how strongly she resists a passive feminine position and tries for an active role in sexuality. As mentioned above, her conflict over feminine sexual identity remains the focus of the analytic work in the subsequent sessions. Among other things there is a concrete need to come to terms with her genitalia and the associated sexual fantasies. The precipitating event for this is that she was slightly injured in coitus with her friend, which makes her incapable of reaching orgasm either in sexual intercourse or in masturbation. She is preoccupied with how “rich female sexuality” is compared with “pitiful male sex acrobatics.” At the same time it becomes apparent how threatened she feels by nearness to her friend; her present anorgasmia (sessions 444-449) is also connected with it. Since her friend maintains relationships with other women as well, she is confronted with jealousy, with the feeling of “being made a whore by him,” etc. Her

struggle to come to terms with these facets of sexuality as “experienced in reality” lead to an observable consolidation of her acceptance of her own body and her own sexuality (sessions 502-506).

Sense of Self-worth and Guilt Issues

Parallel to the change described above in the realm of sexuality, there is also a change in the analysand’s initially labile sense of self-worth, dominated as it is by archaic guilt feelings. Initially she manifests pronounced weakness of her self-esteem, often feeling rejected by those around her; her students label her an “old maid” and in the analytic situation she is dependent on positive responses from the analyst.

The experience of being accepted by the analyst/authority figure leads to a visibly heightened sense of self-worth as early as period III (sessions 51-55). She finds it possible to accept validation from her students. As transference intensifies however, her sense of self-worth is subject to renewed ups and downs, primarily because she is plagued by doubts that that analyst might reject her because of her deficiency in feminine identity (sessions 76-80, 101-105). In sessions 126-130 it becomes clear that this instability is all so connected with her relationship to her father: he failed to give her sufficient experience of validation and affection and as a rule preferred her brothers.

In the next observation period it becomes possible to approach the associated guilt feelings; partially of oedipal origin by looking at transference fantasies (e.g. sexual fantasies about the analyst). In a later phase of the treatment (sessions 251-255), it becomes apparent that the intensity of the guilt feelings is also connected with the impulsivity of the analysand: she now often speaks about the tension between her excessive wishes and fantasies and what is officially permissible and “normal.” The boarding school years are a frequent object of her reflections. An important step towards developing a more stable sense of self-worth is made with her decision to take the initiative in seeking a partner (by placing ads, etc.). She imagines being able to do without the analyst and “swim on her own” in the holidays, taking a vacation trip without her parents (sessions 300-304).

! b Her decision to step into a heterosexual relationship repeatedly evokes feelings of self doubt and insecurity; yet through the analytic relationship, it proves possible for her each time to avoid withdrawing from relationships because of frustrations and wounds. Thus she is able to have real experiences (including sexual ones) that can become the basis for developing a higher sense of self-worth. These form a counterweight to the frequent pangs of guilt she

feels particularly towards her mother, whom she experiences as judging her as a whore. These guilt feelings are a repeated focus of the analytic work.

In the last section of the analysis, the analysand's growth in terms of a stable sense of self-worth is impressive. She is able to admit to herself without feeling guilty that she is "a strong woman." This impression was empirically substantiated by Neudert et al. (1987; see chap. 5.3).

Object Relationships

Familial Object Relationships

It was mentioned above that at the onset of the analysis, the analysand's real familial object relationships figure largely in her life. For example, she spends her weekends and holidays with her parents and relatives. She portrays her relationship to her father with definite ambivalence: on one hand she wishes to be a loving and caring daughter to him who, as her mother — "a quiet and patient woman with father," — would not wound him or be aggressive towards him; on the other hand she is aware of intense feelings of hatred towards him. To her brothers she is connected by a close relationship as well. With the elder she feels and has always felt like a "satellite," while the younger is an object of her admiration and envy, in part because of his autonomy in relation to their parents.

The first change that she registers in this realm is an increasing and relieving distance from her mother (sessions 51-55). She also gains distance from her younger brother, particularly in terms of the sexual attraction he exerts on her. Later (sessions 76-80) she reveals the degree to which her mother took her into her confidence, always advising her not to criticize her father openly. Later on (sessions 126-130) it comes out how much he conceals his feelings from her and hurts her in this way. She used to hold her father responsible for everything ugly (even for her hair). She experiences him as bothersome in her relationship with her mother.

In period VIII (sessions 177-181) the thrust of her reproaches switches: she complains vehemently that her mother didn't take enough care of her, blaming her for everything wrong with her including her "hysterical development." At the same time she unites with her mother in criticizing the analyst. Later (sessions 251-255) it becomes clear what an "asexual" influence her mother has on her. It also becomes obvious that she is extensively involving her mother in the analysis through conversations with her. Only in the session 300, fearing that her family may interfere in her search for a partner, does she make it clear that this is coming to an end. Subsequently the role of the family gradually diminishes, disappearing for long

phases of the analysis. In period XIV (376-380) however conflicts increasingly begin to arise again, mostly in conjunction with her rebellion against her parents' treating her like a minor. Finally the discussion broaches oedipal desires for the love of her father that she has shifted onto her brother (sessions 444-449). As she begins to realize the extent of the conflicts and loss in quality of life she has suffered through the rigidity of her parents, particularly her mother, she begins to become aware of intense feelings of hatred towards them (sessions 476-480). In the final sessions, she draws parallels between the difficulties she had separating from her parents in adolescence and the impending separation from the analyst.

Extra-familial Object Relationships

At the onset of analysis, the patient's chief extra-familial object relationships are with her colleagues. She complains that she is always the one who has to invest in them and is used by the others as a "rubbish bin." In period II (sessions 26-30) it becomes evident that she is practically incapable of going into social situations alone and establishing contacts. One of the first successes of the analysis that she registers is that she feels somewhat more independent of what others think of her; now she can even go for a walk alone (sessions 51-55). In the following sessions her director continually enters into the discussion: she is afraid, for example, that he holds the analysis against her (sessions 101-105). As before, she feels inhibited in relation to her colleagues (sessions 126-130), yet her extra-familial contacts continue to be limited almost exclusively to them (sessions 221-225)! . She feels mocked as an "old maid" and is full of envy towards married female colleagues. During the analyst's vacation (before the 300th session), she receives several responses to her personal ad from men, among them a doctor who is undergoing psychoanalytic training himself, which occupies her fantasy life a great deal. In the end, in spite of great reservations and difficulties she in fact takes up a sexual relationship with one of the men (sessions 376-380). At work she is now able to accept warmer and less conflicted relations with colleagues and "subordinates": she is touched at the love and care they show her by visiting when she is at home in bed with a disc injury. After another ad (sessions 421-425), in spite of many fears she takes up contact with an artist, wishing to have the feeling that she is now ready for a non-bourgeois world. In period XIX (sessions 444-449), she is concerned with a longstanding relationship she has had with a man going through divorce. In spite of all conflicts she feels connected to him. At the same time she would like to try out a number of relationships with men before committing herself and posts a new ad (sessions 476-480). In the last sessions of the analysis she reports on a fascinating relationship with a "polygamous man," whom she experiences as highly

egotistical. Her fantasies of separating from him come up in conjunction with the impending end of analysis.

Relationship with the Analyst:

The initial relationship with the analyst takes form in the context of her social isolation. She is preoccupied with how close she is allowed to get or *should* get to the analyst. In one of her first dreams, she is an *au pair* girl in the home of her analyst. At a family celebration she searches desperately for the analyst's wife. Next to several "shrivelled up" old women she finds a young and very beautiful but distant-seeming girl. She finds it impossible to accept this girl as the analyst's wife and so turns her into his daughter. She competes with this woman and envies her for her youth and beauty. The analyst orders her to clean the toilet, in which she discovers not excrement but plants. She resists this demand because the "mess in the toilet" does not come from her.

Her associations show that up to this point (sessions 26-30), she has related to the analysis as a test and is afraid of being rejected because of "her mess" (e.g. her excessive hair growth). In the next observation period (51-55) she is making an obvious effort to make a closer connection with the analyst. She also wants to listen and to interpret. In response to her questions she wants answers from the "specialist," not silence. She wants the analyst to demonstrate exact recall of situations from earlier sessions, etc. Some initial manifestations of transference appear in her comparison of the analyst with her mother: with both of them she fears they could get angry at her. In sessions 76-80, the analysand's attitude to the treatment frequently becomes the focus of attention. She sees herself as having begun the analysis "naïve" and "pure." Now she is looking into books and informing herself in more detail about psychotherapy. Her insecurity becomes apparent: she finds lying on the couch unnatural and compares the analysis with a game at which she always loses.

She also levels specific reproaches at the analyst, criticizing him for always just interpreting but never explaining to her how he arrives at his interpretations. Besides, he never goes into her questions. Her relationship to the analyst preoccupies her so much, she says, because it is so one-sided. She feels humiliated, like a victim. She wants to "put up a savage fight." In a dream, she portrays the punishment she fears for this resistance: she is sitting with him, his eight-year-old daughter and her own mother in a garden. The analyst is upset with her because she has told his daughter: "You are a darling."

She is mistrustful of his neutral analytic attitude and wants to be told directly how he has really taken her criticism. In sessions 101-105, a pronounced ambivalence towards the

analyst becomes evident: on the one hand he is “the most important person,” on the other she wishes to be independent and suffers from feelings of dependency on him. She looks into publications by the analyst and his wife to find out what kind of person he is and what he might consider normal.

Finally (sessions 126-130) the development of a father transference becomes recognizable as she compares her situation of lying on the couch at the mercy of the analyst with her feelings of powerlessness towards her father. The following observation period (sessions 151-155) as well is dominated by her relationship to the analyst. She openly criticizes his interpretations, particularly when they focus on her sexuality issues. She has the feeling that the analyst already knows beforehand “where it’s headed” and feels found out and humiliated on her detours and digressions. She often experiences the analyst as hard, unfeeling and detached, and has a strong desire to be important to him. The ambivalence is even more obvious in sessions 177-181: she reports a number of dreams in which she runs (or drives) after the analyst, becomes his accomplice in a murder and scrubs his toilet. She speaks of her idea of kidnapping his children someday and interrogating them about the family. At the same time her resistance to the analytic work is great: she accuses the analyst of not understanding her correctly, of always just hinting at things that he actually knows perfectly well, and in so being unfair. She wants to force the diagnosis out of him but finds no way to get at it. Later in (sessions 221-225) she associates the idea of being in “treatment” with being under the analyst’s “control;”¹⁰ one reason why she fights tooth and nail to period increasing closeness to the analyst. After the anxieties connected with this have been worked through, she is better able to settle into the analytic relationship. She imagines being able to sleep peacefully during analysis and wishes the analyst could be the guardian over her dreams (sessions 251-255).

In this context the impending two-month separation is difficult for her to bear (sessions 282-286). She feels abandoned by her “Papa” and is jealous of everyone who has anything to do with him. She considers simply picking up and leaving. In the next observation period (sessions 300-304), she is very aggressive and upset at the analyst because of the impending separation, which also triggers great anxieties. She feels as if she was “on the scaffold,” rejected and condemned to impotence. She also fears that he will reject her for her attempt to find men by posting personal ads. This issue gains vivid expression in a dream in which the analyst sets madmen on her who want to hang her and whom she is supposed to shoot. Meanwhile he stands to the side and washes his hands in innocence while she has to grapple

with the black passions that he unleashes upon her; he leaves on a trip for two months, leaving her to fight alone. Plainly oedipal fantasies also come into play: she is jealous of his wife, whom he is taking with him on the trip and thus being unfaithful to her (the analysand).

In a session of the next period (421-425), she brings the analyst a bouquet of flowers in order to apologize for the demeaning thoughts she had about him and to thank him for everything he has made possible through the analysis, above all her relationships to men. She is practicing saying goodbye to him.

Sessions 476-480 are characterized by intense transference feelings: for one, her feeling that the analyst, like her father, never really provided her with a sense of security and strength; for another, she is in the throws of vehement sexual desires towards the analyst: at home she made a wish that in the next session she would seduce the analyst, simply draw the curtains and undress. She is afraid that the analyst would react to this with horror. In her imagination, he has to be a “consummate lover.” In her mind she makes threats towards him if he does not pass this test. She justifies her sexual desire with the thought that it would do him good to start a new relationship with a woman for once.

The concluding sessions are dominated by the topic of separation. In a dream she first must “outsmart” the analyst in order to get away from him before he notices that she has already managed to grow roots; the capacity to continue living on her own. To do this she must find her own way through a hollow tree; the acceptance of her vagina, and then can run away on her roots. Then she is able to state, “Probably you are bored by what I am telling, but it’s my time now.” In the end she leaves the analyst starving and emaciated on his mountain: she is now the stronger one. What is important to her is that it becomes clear that she is afraid the analyst, like her parents, could be disappointed by her way of saying goodbye.

It is also interesting that she is now no longer jealous of her companion analysands: she is no longer bothered by the “pre-warmed couch.” She can swim on unperturbed in the “warm water” without feeling crowded out by the other patients.

Countertransference:

Many readers would want to have a similar presentation of the analyst’s countertransference; alas there are limitations to the materials that served as the basis for this exposition. We have asked the treating analyst and he has given the following answer: “I have been able to tame my unavoidable counter-transferences and have been able to use them in the service of the progression of the patient.”

¹⁰ The expressions she associates are “*Behandlung*” (treatment) and “*in der Hand haben*” (to have under control);

After presenting this longitudinal view of the psychoanalytic treatment of the patient Amalia X, in the next chapter we present a cross-sectional presentation of the course of treatment that goes into detail and depth. Readers that want to study individual (German) sessions are invited to ask for copies from the ULM TEXTBANK where the whole material is stored.

Amalia X in Cross-Section

After this longitudinal section evaluation of the psychoanalytical treatment of the patient Amalia X, we would like to invite our readers to get involved in an in-depth, detailed cross-sectional oriented illustration of the course of treatment.

Period I, Hour 1-10

The first description is based on a time span of ten hours in order to obtain a sufficient extent in the recording of important guidelines.

External Situation 1

The 34 years old patient is unmarried, lives alone, but is still closely bound to her parents. She is active in an educational profession, which if viewed outwardly she practices competent and reliably.

Symptoms 1

There are few statements to be found concerning physically related symptoms, instead there are mainly remarks reported about the psychosocial situation.

Physical Image 1

Her remarks concerning body stand mostly in close connection with sexuality and the comparison with the looks of other women. Obviously a subjectively very tormenting male type covering of hair determines her thinking and feelings, especially since she can already anticipate that the analysis will only change her attitude toward this, but not change the covering of the hair. The meaning of this hair becomes concrete in a dream in which the patient offers herself sexually toward a man and is rejected by him. A woman in this dream appears in this dream whose body is covered all over with hair. However, she can compare her looks with a fat colleague and gets away well if she adds up her covering of hair against being fat.

Sexuality 1

The patient remembers that she had masturbated at least from her 3rd to her 6th year of life. From early childhood on up to puberty she experiences sexuality as sinful under the

influence of ecclesiastical sexual taboos and an aunt who then represented her mother and strictly prohibited every sexual activity. In dependence of ecclesiastical norm expectations — which she integrated very much into her superego — she sees it to be the most important inhibition on the way toward the realization of a heterosexual relationship. All the more fiercely her intensive wishes find a breakthrough in her dreams.

Dream: She experiences herself as beautiful, a very sensual “Raffael-Madonna,” who is being deflowered by a man and at the same time as a breastfeeding mother. The dream was preceded by the effort to try to insert a tampon in to the vagina.

The patient has on one hand the wish to affirm sexuality and to find it nice and to be able to live it up completely, on the other hand she sees herself confronted with the reality of her body hair and doubts that she is a real woman. She says that sexuality is in her case always connected with excess.

Self-Esteem I

This is essentially negative. The students regard her in her eyes as an “old maid”. In the effort for being accepted she holds back her aggression against her environment. The feeling of being out of control is therewith strongly occupied with fear. For her own decisions she needs the confirmation through the judgment of other persons of authority; this she expects in the analysis from the analyst.

Present Relationships I

In particular in the relationships with her colleagues at her work place, the patient experiences herself as the one who always has to invest and is used as a “trashcan.” Her wish for total understanding with someone with whom she can talk stands opposite the feeling to expose herself, to undress, if one is talking about one’s problems.

Family and Story of Life I

The relationship toward the father is clearly ambivalent. She describes him as an extremely sensitive, often aggressive reacting, fearful and reserved human. She wants to be toward him a loving, caring daughter who does not hurt him and is not aggressive toward him. In this she compares herself with the mother who is a quiet woman who tolerates the father. At the same time she mentions long standing, clear feelings of hatred toward the father. (“Already with the age of 14, I once said: ‘I hate you’”). Already from the beginning of her childhood she does not feel to be taken seriously by her two brothers. Professionally, and because of her female sex and being without a man, she is inferior to them. As a child she often took the punishment of the parents instead of the brothers. She sees herself as a “satellite” of the older brother. Her younger brother she admires. He is controlled, balanced

and patient. He pushes through his autonomy towards the parents and occupies himself little with the problems of the parental house.

Psychodynamics 1

Based on the first 10 sessions two main conflicts can be established. The relation to sexuality: the patient is incapable of a normal heterosexuality; this is connected strongly with anxiety and feelings of guilt. One can assume that the hirsutism has had an amplified effect in her insecurity concerning her female role.

In view of the problematic of being accepted, one can find in the patient essentially negative self-esteem and a strong fear of being accepted by the environment in various areas of life.

Period II, Hour 26-30

External Situation 2

Professionally nothing has changed essentially for the patient. A few weeks before these sessions the patient had a vacation with the parents, her aunt, her uncle and their daughter.

Symptoms 2

She reports of compulsive feelings of guilt toward ecclesiastical norms. The patient develops an intensive fear that her needs and fears are being observed and recognized by her environment.

Body Hair 2

In a dream (29th hour) the patient has to clean a toilet in which plants and moss grow. She compares the plants, although they are not “her dirt”, with the hair for which she cannot be blamed, but nonetheless has to live with.

Guilt Topic 2

The patient compares the attitude of her uncle and her cousin toward church with that of her own. Her uncle is religious and occupies himself with theology. However, he has a progressive-liberal standpoint toward church and creates for himself a free space in his own life, opposite to the principles represented by the church. Also her cousin, in spite of strict upbringing, lives not under the pressure of commandments and compulsion. She holds her strong will responsible for making it possible to endure her upbringing.

The patient cannot realize this attitude for herself. She develops hatred toward the church, which is interfering with her private life. At the same time she is helplessly at the mercy of the commandments and compulsions and must let herself be tormented by them.

Relationships 2

The patient mentions that a friend of hers, whom she became acquainted with through a newspaper ad, is going on vacation and that because of that she will be often alone in the evenings and on the weekends. Therewith she expresses that she is almost incapable of going into unknown company and making contact. Other humans could see that she is alone and that she longingly and desperately searches for contact. On one hand she feels isolated and pushed aside, on the other hand the glances of her surroundings penetrate her even in her most intimate realm and make her become ashamed and blush. She mentions that she continuously feels unprotected and exposed to her surroundings and that she from an early age on, especially in confession, had to “open her most inner realm.” In this time massive anxiety and guilt feelings were cultivated in her. Her negative self-esteem is above all connected to the difficulties in finding contact and her deficit on the level of emotions.

Family 2

In this period she mentions only briefly the relationship toward her father. She relates to the vacation time long ago in which she had a good understanding with her father since the object of his critical remarks was the mother. In a dream the patient sees how her cousin turns somersaults on a lawn with an acquaintance. She envies her cousin because of her light-heartedness, however, finds her in contrast to herself naïve and insensitive in particularly related to sexual relationships.

The patient develops feelings of guilt because she is allegedly being favored by her boss. She is rivaling with a colleague for the goodwill of the boss, but at the same time, fearfully declines his offerings.

Relationship with the Analyst 2

The above described problematic is actualized in the relationship with the analyst. She relates to the analyst a dream in which she wanted to build a relationship with him and later feels this to be too personal. She feels hurt.

In the dream she was an Au-pair-maid in the family of the analyst. At a family party she desperately searched for the wife of the analyst. Next to a few old and “withered” women, she found a young, very beautiful but reserved girl. She could not accept this girl as the wife of the analyst and therefore made her his daughter. She rivaled with this young woman and envied her because of her youth and beauty. The analyst ordered her to clean the toilet in which she did not find excrement, but plants. She defends herself from this order, because the “dirt” in the toilet was not hers. She felt as if the behavior of the analyst was such that he pushed her nose into her own “dirt” and in addition also blames her for the “dirt” of others. The relationship toward the analyst was to be realized only if the “dirt,” that is her hair, would

disappear. She feels deeply hurt by her analyst because he rejected her and blamed her for her hair for which she had no blame. Further, he also stated that he himself was happy.

Still, she feels the analysis to be a test situation. In another dream she was obliged to do a test held by the analyst.

Period III, Hour 51-55

External situation 3

There are no essential changes.

Symptoms 3

For two days the patient has light “asthma,” which she blames on weather sensitivity.

Body Hair 3

In this session the patient does not speak at all about her problem concerning her body hair.

Sexuality 3

All together, the patient shows a very conflicting behavior toward her sexuality: she did not masturbate for quite some time and asks herself what she should have to do with sexuality in her situation (unmarried). Still, in her dream! s she occupies herself vividly with it.

In a dream she confesses toward her brother, monk-doctor, about her previous sexual life in which she has pleasant feelings. She admits that she would like to have a sexual relationship with her brother.

The conflict shows moreover, as she in her second dream associates a dream with a situation in her every day school life: on the one hand she barely can say a sexually vulgar word (fuck); however, on the other hand she reports proudly that she had given a good sex education to a class.

Family 3

Toward the mother she now experiences a reserved relationship in which she feels better. In comparison to the parents of her students, who do not give any sex education to their children and her own mother toward whom she could come forth with everything, her mother comes across better. However, this mother was horrified as the daughter at the age of 15 used without purpose a sexually vulgar term.

Toward the younger brother she has build up some distance in the meantime because he arouses sexual wishes in her. She imagines him as a good, considerate lover. She evades this problematic in that she broke off the contact.

Relationships outside the Family 3

In her relationships the patient feels more independent from the judgment of others: she can go again for walks alone and resumes painting.

Self-Esteem 3

The self-esteem has risen in comparison to her situation in the beginning of the analysis — she feels altogether better. She experiences several acknowledgments: a student accompanies her for a part of her way home; she paints again, drives the car again in order to go for a walks.

Relationship toward the Analyst 3

In this period the patient makes an effort to come into a closer relationship with the analyst. She wants to also listen herself, interpret and wants to have answers from a “professional” to her questions and no silence; she wants the analyst to remember exactly the situations from earlier sessions.

It shows in the transmission: the patient compares the analyst with her mother. In this she expresses fear that he is angry because she tries to create a different level of conversation with him and to express her own opinion to a situation. At the same time she discovers that she can also clear up something for herself and does not have to “run” to the analyst for everything.

Period IV, Hour 76-80

External Situation 4

Nothing has changed concerning the professional situation. During this period she attended a conference in which psychotherapeutic topics were also discussed. She reads books about psychotherapy.

Symptoms 4

There are no specific statements to be mentioned except concerning her physical feeling.

Body Hair 4

The body hair is not directly mentioned in this period. In the interpretation of two dreams, which are related to in this period, genitals are referred to; concretely vagina and uterus.

The content of the first dream is that the patient must climb up a very narrow tower toward her apartment. She has dreamed this dream frequently. Earlier she then had to always crawl through a narrow door opening into her apartment; this time she does not manage. The tower and the tiny door opening are interpreted as a symbol for the vagina. First, the patient reacts with disbelief and defense toward this interpretation because she, as a woman, cannot

have the feeling to penetrate into the vagina and the uterus is invisible for her. Further, this interpretation makes her deep insecurity concerning her sexual role obvious; she says that with that she would be half a man.

Sexuality 4

In connection with the above mentioned dream she remembers another dream in which her brother crawls through an oven tube. The thought that the oven tube represents her vagina and that that would mean that she had intercourse with her brother, confuses and frightens her.

Family 4

The patient has discussed social problems with her older brother, her sister-in-law and her dentist. In doing this she obviously has clearly argued her opinion and was insulted by her brother as an inhibited socialist and by her sister-in-law as being envious of her brother. She did not let herself be intimidated by this and called her brother and her sister-in-law cold blooded.

The patient says that she never related well with her older brother. In the argument, concerning her relationship toward the analyst, the patient addresses the triangular relationship mother/father/daughter. She respects her mother for having always been very open toward critique. At the same time she asks for her mother's advice concerning her insecurity of the critique toward the analyst. She mentions that her mother always advised her not to criticize the father openly and not to counter an unpleasant situation in a verbal way, but instead to do it indirectly. Her help and protection seeking relationship with her mother expresses itself in that she interprets the above mentioned dream as such that she sometimes wants to retreat into a cave; into the uterus of the mother.

Other Relationships 4

The patient learns, mainly through her profession, about the social situation of lower classes in the population. She defends their needs and is outraged about the material and politically/legal situation of these classes. She feels the better position of the intellectual middleclass in comparison to that of the workers, unjust.

Self-Esteem 4

The patient is rather confused in several sessions. It is difficult for her to be open. Her self-esteem is expressed mainly on the level concerning the relationship with the analyst. On the one hand she is very afraid to be disregarded, to be helpless and to be looked at stupidly; on the other hand she tries to bring herself into a stronger position through the analysis. She criticizes the analyst, defends herself from him and demands concrete answers to her

questions.

In her identification with the female role it becomes clear that she is massively insecure in her femininity and feels to be half a man. She mentions anew that she had, in earlier days, often to undress herself (confession etc.). She can look at herself undressed in front of a mirror; however others would, after an initial positive attitude toward her, soon be scared away by her bad and negative sides.

Relationship with the analyst 4

A topic extensively spoken about in this period is the attitude of the patient toward the analysis. The patient finds that she went naively and untarnished into the analysis. She occupies herself more intensively with psychotherapy by means of books. Through this a strong insecurity in relation to her behavior in the analysis becomes clear. She feels it to be unnatural that she has to lie on the couch and does not see the reactions of the analyst. She compares the analysis with a game in which she always loses.

The patient concretely reproaches the analyst. She criticizes him for always interpreting only and not making it understandable how he comes upon these interpretations and that moreover he does not answer her questions. She illustrates her own situation in that she intensively tries to obtain from the analyst an understanding of his thoughts and has herself searched for the interpretations that fit the schemata of the analyst. By this she adapted to the analyst and began to treat herself the way in which he treated her. At the same time she made a prerogative for various problems belonging to her and for which she would like to find an answer and also feels that an interpretation of the analyst would be disturbing. The relationship of the analyst causes her “trouble,” especially since it seems to her one-sided. She feels humiliated and a victim. The patient rebels strongly against this situation and is very determined to defend herself against that.

In the 79th hour she reports a dream in which she sits in the yard with the analyst and his approximately eight year old daughter and her own mother. In this dream the analyst shows the reaction that she expected concerning her critique or fear. He is angry because she says to his daughter “You are a treasure.”

The patient mistrusts the neutral behavior of the analyst and insists on an answer to her question. She wants to know how he has really understood her critique.

Period V, Hour 101-105

External Situation 5

A test in several classes puts the patient under pressure very much.

Symptoms 5

The patient does not show any pronounced symptoms in this period.

Body Hair 5

The problem of the body gains current meaning through a dream. The patient lies on a lawn with her brothers. The brothers are suddenly girls and have a much more beautiful décolleté than her. She determines by means of this dream that bodily comparison with other humans is important to her — also with her students.

Through a movie about under-sized persons she occupies herself with her being physically different. She also wants to be able to accept to leaping over the boundaries that her body supposedly sets.

Sexuality 5

The patient still has guilty feelings concerning her masturbation. She tries to fight them in that she searches for her sexual norm and standard. Her own ambivalence comes forth clearly: she, on the one hand, reproaches the analyst who does not condemn her sexuality for only mimicking that her sexual activity does not disgust him; on the other hand she thinks that he has an overly generous standard and too much tolerance for her.

The problem of a standard appeared already in her earlier life in her confessions as the minister expressed: “It is all not so bad,” if you pray off your unchastely thought” and so forth. Also here she searched for the punishing authority; not the appeasing.

In the analysis she believed to find this critical view in the secretary of the analyst. This woman transcribes the sessions and as that patient assumes has a stricter standard and therefore must condemn her. The thought about this condemnation and that the secretary has knowledge of her, appears for the first time in this period; but it does not disturb her.

Family 5

In reference to the dream with her brothers a few childhood memories come to her mind that above all revolve around her relationship with her younger brother. She has loved him very much, although he was more favored than she. She does not begrudge him for that — he was more handsome than she, although she is similar to him in some facial features. In the evening they often kissed each other, played with one another and told each other stories. She emphasizes that there was never any seduction in this however, also puts value into the realization that she was a very sensual child.

Relationships outside the Family 5

A former girlfriend who had to marry some time ago, although she is very attractive and charming and at first wanted to give birth to her child alone, plays a role in this period. Now

this friend is in a “bad situation” with her husband. The patient feels superior to her and says to herself: “See it leads to this if one gets involved with men.”

Great meaning for the patient is the feeling that her boss in the school begrudges her for the analysis and makes her work especially hard — above all work that she actually does not have to do — and he wants to get rid of her. She feels that she is not taken seriously in this point, which is important to her: her psychological problems. This feeling reflects in the relationship with the analyst as well.

Idea of Norm 5

The patient came to the conclusion that every human has his own norm so she has to search and find hers. In that she orientates herself strongly by her surroundings: the analyst, his secretary and her girlfriend and feels again and again insecure between the wider and narrower norms with which she is confronted.

Self-Esteem 5

In this period the patient needs confirmation of her person through the analyst. She is very insecure, above all concerning her sexuality. She feels rejected by her boss in the school and in the analysis, rejected by the analyst. Only toward her girlfriend does she feel superior.

Relationship toward the Analyst 5

The relationship with the analyst is marked by the search for a norm that meets her own standards (also in sexuality). Her own ambivalence reflects this. Therefore she also reads works from the analyst because she wants to know what kind of human he is. In this, the reactions of the analyst concerning her statements play an important role: she feels easily rejected, not accepted and repeats with this the emotions, which she has toward her boss. At the same time the analyst the most important human for her and whose answers and reactions she imagines outside of the analysis as well. She wants to become independent but must however discover that she becomes dependent by the trust that she gives someone; the feeling of rejection by the analyst is actually alright with her. Again a strong ambivalence comes forth: at the same time she is afraid to become annoying to the analyst.

Period VI, Hour 126-130

External Situation 6

Between the fourth and fifth hour in this period lies a longer vacation on the side of the patient. Important for the course in the analysis is that she had recently read a book by T. Moser that concerns his experience in teaching analysis.

Symptoms 6

No symptoms reported

Body Hair 6

In this period the patient talks little about her body; the problem of her hair becomes current again in this connection. The patient goes to a gynecologist who prescribes a new hormone preparation for her. The patient puts a lot of hope into this preparation and compares the probable success of the medical treatment with that of the analysis. The analysis can only change the attitude toward the hair, but not the existence of the hair and seems therefore dissatisfying to her. She occupies herself with the diagnosis given by the analyst, "idiopathic hirsutism," and thereby feels that the analyst does not take her hair seriously enough. According to her opinion, he cannot do this in any event because he has never seen with his own eyes the extent of the hair.

In the course of updating the relationship with the father, the patient finds that she has inherited everything ugly and disturbing from him. He is also responsible for the male stigma of her hair.

Family 6

The relationship of the patient toward her father is the main topic in this period. For the patient it is of great significance that her father has seldom showed real affection and generally covered his feelings toward her. She feels misunderstood by him and punished by withdrawal of love. In contrast to her brother, he only sees negative properties in her.

She remembers that she always held her father responsible for everything ugly particularly for her hair. At the same time she cannot negate the father within herself because without his parts she would be only "half or quarter."

In the relationship toward her mother the patient feels the father to be disturbing. The feeling of the patient at home is strongly dependent on the behavior of the father. If he dedicates himself toward her she feels liberated and relaxed.

There is insecurity in her judgment about her father and probably also about how her father should be. This expresses itself in a dream in which her father holds a scientific lecture and is praised by professors.

Relationships outside of the Family 6

In contact with her colleagues and acquaintances the patient has the feeling of being inhibited and unable to react spontaneously. There she can talk little about herself and her problems and difficulties.

Idea of Norm 6

In her grandmother's personality the patient crystallizes her ideal self-image. The

grandmother is in her eyes an understanding, good, humorous and a woman of action in whom she has always found help and support. She could counter religious coercions maintaining a sovereign posture. Fascinating for the patient is the toughness of the grandmother toward herself and her emotional coldness. The meaning of the grandmother for her self-ideal becomes most clear in these two sentences: “Basically I only love my grandmother,” and “I am like my grandmother.”

Self-Esteem 6

The self-esteem of the patient is presently very unbalanced. The taking up of the relationship with the father contributes to the negative self-esteem: too little confirmation and affection and the experience that her brothers were favored.

In the rivaling conflict between her “Self” and the position as the patient of the analyst, she feels inferior concerning her looks; but equal concerning her mental abilities.

The patient experiences the book by T. Moser¹¹ as reinforcement for showing more about herself in the analysis and for talking more openly.

Relationship toward the Analyst 6

The patient currently passes through a phase of transmitting the relationship of the father onto the relationship with the analyst.

Departing from a conversation with colleagues the patient asks the analyst the question of whether he likes all of his children, respectively, his patients in the same way. She fears that the affection of the analyst can be bought with money and therefore is not real. Further, she expresses fear that the experiences from her relationship with her father is repeating with the analyst. She compares her situation of lying on the couch and being at the mercy of the analyst with the helplessness toward her father.

The patient tries to brake through the distance that is put on in her analytical situation in that she calls the analyst several times at his home. At the same time, she hopes that the analyst will not give in to her “blackmailing” efforts and that he will not give her forced and involuntary affection. With that the patient makes it clear that she has a great desire for narcissistic input.

The patient develops jealousy and rivalry feelings toward another patient of the analyst. She fears that the analyst prefers this patient and that she herself can not life up to this woman. She is insecure whether the analyst only practices his function as an analyst or if he would play along in such a game (See also Family).

¹¹ Moser T (1974) *Lehrjahre auf der Couch. Bruckstücke meiner Psychoanalyse*. Suhrkamp, Frankfurt

Period VII, Hour 151-155

External Situation 7

This is unchanged.

Symptoms 7

Lightly depressive annoyance: the patient is generally downcast and without initiative. She feels internally cold and empty. She wants to flee from her surroundings, break up everything and go away.

Body Hair 7

The body hair is mentioned in connection with a dream during which she was murdered. A man took off her clothes and cut off her hair. She has no further fantasies concerning this dream.

In the preoccupation concerning the head of the analyst she thinks less about the external, the face, and more about the content of the head; about thinking. The hand however expresses for her bodily touch and caress.

In connection with the school topic the patient mentions the biblical quote, "An eye for an eye; a tooth for a tooth." To evade punishment she would have to rip out both of her eyes and become blind, because otherwise she would always see something forbidden.

Sexuality 7

The problem of female identity is only mentioned briefly, although the patient concludes that at the moment, just as she did at the time when she went into a convent, she often questions whether something is female or not; up to the color of the toothbrush. In the relation to the analyst, hidden sexual fantasies are expressed.

Relationships 7

The patient mentions only briefly her aunt as an exemplary Christian.

Topic of Guilt 7

The patient still suffers from massive feelings of guilt that are updated in this period in the relationship toward the analyst. The Bible prohibits a closer emotional and sexual relationship with the analyst. She has the feeling that the claim of not being allowed to say or do anything forbidden means to her to put an end to life. The patient thinks again of returning to the convent and fleeing from the relationship with the analyst; thus to flee from a "struggle down to the knife."

Self-Esteem 7

The self-esteem of the patient is rather negative. She doubts that she is acknowledged by the analyst; that she means something to him. She feels that she is asked to fulfill demands,

which she cannot fulfill. At the same time however she is able to criticize the analyst and to express her aggressive wishes.

Relationship toward the Analyst 7

The patient expresses a fear of burdening the analyst too much with her problems. She fears that he will not withhold her aggressive wishes; that he falls down and cannot handle it. Behind this, one can assume the fear of the violence of her aggressive wishes that could lead up to the desire to kill, as well! as the fear of losing the analyst.

The patient preoccupies herself in a detailed manner with the relationship toward the analyst. Her open critique concerning his interpretations is a sign of her dissatisfaction with the relationship; probably primarily on the level of emotional expression. For example, the patient is concerned with the situation that the analyst laughs very little and that his relationship toward her is reserved, hard and cold. His “lack of understanding” toward her feelings expresses itself in that he only answers her with the phrase “it rains again,” in response to her guilt feelings concerning the starving humans in Africa.

The patient has the intensive wish to have a meaning for the analyst; that she herself lives within him. She imagines giving him her watch as a present, which in his hands would become beautiful again and wonderfully strike every hour for him. At the same time it is difficult for her to accept a positive relationship of the analyst as a genuine feeling toward her.

In her imagination she brakes through the distance in the relationship in that she throws herself toward the analyst, grabs him by the neck and wants to hold him very tightly. The patient occupies herself further with the head; the thinking of the analyst. She imagines hitting a hole into the head of the analyst in order to penetrate into his head and to measure it. She envies the analyst for his head and would like to exchange it for hers.

The patient has the feeling that the dogma of the analyst, the “Freud Bible,” cannot be unified with the ecclesiastical bible. The much sharper contradiction however, consists between her thoughts and wishes for a closer (sexual) relationship with the analyst on one hand and the joint prohibition of the two bibles on the other hand. This is also expressed in that the patient tries to put her thoughts and needs into the center and to defend them from both bibles. In the wish to not only look into the head of the analyst with her eyes but to touch it and to caress it, as in her fantasy, and to lie with the analyst on a bench in a park, making her physical-sexual needs clear.

At the same time the patient develops a fierce defense against interpretations of the analyst that indicate a sexual problematic. She has the feeling that the analyst already knows exactly ahead of time “where to go” and feels humiliated and caught in her detours and

distractions.

Period VIII, Hour 177-181

External Situation 8

This is unchanged.

Symptoms 8

No symptoms mentioned

Body Hair 8

The problem of the hair appears in connection with a dream. Two men want to marry her: suddenly she stands at the bed of one of them and should take off her bra. She tries to explain to him that she has hair on body parts where others do not. With that, she is frightened and awakens.

She thinks that her hair is her greatest problem and is horrified about the remark of the analyst who says that she could dream them away. Her conclusion is that he does not want to sufficiently understand what her hair means to her.

She complains about her mother because of the hair and motivates through the hair a great deal of her difficulties to find contact and also the fact that she has not found a partner as of yet. Further, she remembers that in puberty she was disgusted by every touch and that her piano teacher always used to caress her arms.

Sexuality 8

The patient mentions her sexuality particularly in relation to the analyst: she is afraid that he could find her frigid, ice cold; therefore, she emphasizes that she used to be a very lovely, affectionate child (up to puberty). She misunderstands the analyst in that she thinks that he definitely emphasizes thinking of her being the opposite of frigid; however, she did not ask until the following session about what he understands concerning this matter. Then she expressed that she imagines herself being like a nymphomaniac.

Interpretations of the analyst that her fears could be the result of something other than her hair; however she declines.

Relationships 8

The relationship toward her mother is of great importance in this period: the patient reproaches her that she has cared too little for her, is responsible for all her problems and her “hysterical development.” Basically she wishes her death, but at the same time reproaches herself for that strongly. She compares herself with the mother who, according to her, used to be a fashionable young girl with many admirers; in contrast she was seen as a

“*Blaustrumpf*¹².” She is bothered that her mother simply sits still when she reproaches her and barely reacts. At the same time she bonds with her mother against the analyst: the mother already wanted to call the analyst and tell him her opinion about the analysis of her daughter. The patient claims that her mother understands her much better than the analyst.

She repeatedly mentions a cousin, a medical student, who strictly rejects the analysis.

Fear 8

During this period, the patient has uncertain feelings of fear that she can however only make objective in relation to her hair. This fear appears especially clear in a dream in which she suddenly glides on a swaying ground above an abyss.

Self-Esteem 8

She finds herself in comparison to others inferior; however wards this off in that she blames others (her mother, her respective contact person).

Relationship toward the Analyst 8

This relationship is marked by a strong ambivalence of the patient toward the analyst: she sways between the wish of the most possible approach and strong defense:

The wishes for an approach express themselves in several dreams in which she walks and drives after the analyst, becomes an accomplice in a murder and cleans his toilet. She expresses the thought to kidnap his children and to question him about his family. She has a great fear that he could find her frigid.

Her defense shows itself above all in the relation to the behavior of the analyst during the analysis. She reproaches him for not understanding her correctly and that he always only makes allusions about things of which he actually knows about exactly; and therewith he is unfair. She feels that his thoughts are an interference by which something of importance to her should be removed. She wants to take the diagnosis out of his head by violence, but does not find an entrance. Therefore, she plays with the thought to brake up the analysis. At the same time she has a great fear that the analyst would want to withdraw from her; in that he would take an important professional position and therefore no longer would be available to her.

Period IX, Hour 202-206

External situation 9

This is unchanged.

Symptoms 9

¹² A derogatory expression in the 19th century for members belonging to a progressive woman's movement

The patient suffers from a continuous urge to urinate and connected this with a massive fear of damage. At the same time she complains about unrest and sleeping disorders.

Body 9

In view of the main problem in this period, the fear of having damaged herself while masturbating, the topic concerning her body focuses on genital matters.

The patient feels pressure which can be localized in the urethra and extends to the uterus and the anal region. She describes a feeling which reminds her of bursting air bubbles in water. In her fantasy she sees medical drawings with muscles, tubes and bubbles. The patient tries to create an image with the help of anatomy books of her genital region that she can view and judge by applying a mirror.

Sexuality – Masturbation – Topic of Guilt 9

Due to the fear of damage, the patient expresses a very insecure and guilty attitude toward masturbation. She fears to have done something wrong in the act of masturbating. She does not answer the analyst's question explicitly concerning whether she has the feeling by touching her genitals that something is damaged or incomplete. While masturbating, she has conflicting feelings: on the one hand something destructive closely mixed with feelings of guilt and on the other hand, positive feelings. She remembers that in confession, masturbation played a big role and that the father confessor pressed statements from her concerning masturbation. Also the imagination of the patient to stand on the scaffold expresses her feelings of punishment and condemnation. The patient finds, perhaps as an excuse, that lately masturbation did not play such an important role as it did for her earlier.

Fear 9

The patient concretely imagines to have damaged a muscle while masturbating through pressing and rubbing as in a difficult birth the sphincter of the bladder can be damaged. The patient is impaired very much by this fear. She suffers from sleep disorders and disturbances in work. In school she fears that the pupils could discover wet spots on her trousers. She has the feeling that everything is wet and that she is swimming in water.

Family 9

The patient asks her brother for advice concerning her complaints, but cannot talk to him about the fear of damage. In this period she develops an admiration and envious attitude toward her brother. In comparison to him she feels little and ugly and completely damaged. Impressive is the phrase: "I almost would say that I want to be like that."

Relationships outside of the Family 9

At the time the patient does not feel accepted in the school and by her colleagues. She

feels to be misunderstood and abused by everyone. On the one side she compares herself to a “little rubber dog” on which everyone steps on, suppresses, half way ridicules, half way despises; in short the old virgin. On the other side, there are female colleagues who have a family, have children, have birthdays and are admired by their colleagues and their boss.

Exponent of this other side is a female colleague who the patient calls, “princess” and whom she admires, envies and at the same time hates. This colleague is described by the patient as an attractive woman, having a mixture of sovereignty and humanity.

In her relationship toward her boss the situation of competition comes out openly. On the one hand she envies the colleague for the capabilities of winning the boss to her side. But on the other hand she categorically refuses the methods that entangle the boss and make him weak.

On the basis of her own role, standing apart, she sees in this relationship boss/princess only the side that excludes others by such behavior. Strengthened through injustices and privileged attitude among her colleagues, the patient accumulates a helpless feeling of anger against all authorities especially the boss, the analyst and the “princess”. The boss, is according to her, incapable of resolving the problems of the school; he is like her father, weak and “one legged.”

Relationship toward the Analyst 9

The relationship of the patient toward the analyst is based on an attitude of trust. The fact that the analyst at one point gives an explanation for his technique is understood by her as a proof of trust. She has the feeling that she no longer has to drill into the head of the analyst in order to have insight into his well kept treasure. At the same time this leads to her reacting essentially more sensitive upon separation from the analyst and, for example, she feels the end of a session to be an expulsion as well as a feeling love withdrawal.

The patient can speak openly to the analyst about her fear of damage. She pressures him to give her an answer if it is medically possible that she has damaged herself while masturbating. The answer of the analyst cases her to feel relief at first; however at the same time she also feels to have blackmailed him to this statement.

In this connection she remembers a former teacher from whom she obtained a “very good” grade in comportment in an underhand manner. In the following session it becomes obvious that the answer of the analyst illustrates not the hoped for relief, but rather threatening danger. She has the feeling that the analyst would lead her somewhere where everything is allowed, because in his view of the world there maybe no guilt.

The patient sways between two ideas, which she fears or unconsciously expects, to be in

the person of the analyst: on the one hand, the role of a seducer and on the other, the role of a moral judge.

The exit from this threatening situation without borders being within herself bringing confusion upon everything and wrecking everything, is the confession; the minister who draws clear borders also coinciding with her ideas of commandment and prohibition.

Period X, Hour 221-225

External situation 10

The patient has in this period a car accident for which she is not at fault; although this accident preoccupied her very much.

Symptoms 10

No symptoms mentioned

Body Hair 10

On this topic the patient speaks of a dream that she has had. She remembers to have dreamed very graphically about something concerning her hair. This dream however was suppressed by the anger she felt.

Sexuality 10

Through this whole period there is the topic of castration and fear of damage; however, at the same time there is also the imagination of penetration into her body. In the first session of this period she recounts the fear which she felt when a dove was lying in the corridor of her house: the fear of something flying toward her and being damaged; to have the eyes pecked out.

Since a long time she has had the fear and disgust specifically of birds and generally from animals. She could not look at images of animals, for example, worms since she had the feeling of being eaten and bitten. In the convent she sometimes had to pluck chickens and cook them, which disgusted her so much that to this day she no longer cooks chicken. The fear to be attacked and pecked at by the dove increased as she tried to chase it away with a broom; that is a weapon. Therefore, it becomes even more dangerous when she tries to defend herself from the threatening damage. To! be castrated, but also to be deflowered is expressed in a further point:

She dreamed about a car accident: a very big truck drives into her car without her allowed or able to defend herself. Following this, she really has an accident: an old man damages the front of her car. She reports that she really watched as he was driving his big car into hers and wrecked everything in the “front.” The other car was not damaged — only she

was. She feels guilty of having wanted this accident and additionally feels this as being very sexual; as if the man had deflowered her with a great metallic phallus. The other aspect of the accident, which is to be castrated (damaged in the front), appears in the next dream: her car is being damaged completely by many men (!) in cars from all sides. Then she dictates to these men the conditions of restitution she wants. But as she says: "And now they have to sign an absolute declaration of transfer to myself." There is laughter: "You can say a lot, stupid!" The men do not want to give away their penis because they have "wrecked the front and the back" of her car; in other words castrated it.

To accept this is difficult for her. Men have something that she does not have and they withhold something from her. In earlier times she had great difficulty when she saw a priest. They were toward the outside "the same in the front and in the back," but through the priestly gown she always saw the penis.

This feeling of fear to be damaged she however denies very strongly. She represses a lot from the time that she had the idea of having damaged herself while masturbating. The analyst remembers that she was afraid that someone could see something, a wet spot on her pants or something similar. At first she does not want to accept this memory.

Her wish to castrate men, to have their penises resigned to her, she concretely makes in an image that forces itself upon her: in an Indian reservation the mothers suck the penises of their toddlers to satisfy them. In her fantasy this results in pulling the off of the penis. This fantasy she has already had in an earlier session, but did not have the courage to speak about it.

In the dream in which many men damage her car a woman also crashes into her. The patient then takes away this woman's dollhouse for compensation. However, in her further thoughts she does not mention this woman again. Perhaps the dollhouse is a symbol for the children, which the patient fantasizes to be a confirmation of her femininity and therefore a compensation for castration. In her dream however this dollhouse is taken away again by this woman and so once more she stands there empty handed.

Guilt 10

The patient has strong feelings of guilt because of the car accident. She has the feeling of having wanted the accident and therefore to have caused it. Spontaneously she even has the urge to take all the guilt upon herself in front of the police.

In this period she occupies herself for a long time with a book by the theologian K  ng. He writes about unselfish love and she does not feel to be able to do this; she is only willing to give or to do something if she gets something in return.

Family 10

In this period the patient speaks about her family only briefly in that she remembers that in earlier times she had to pretend that she did not have a fear of animals.

Relationships outside the Family 10

The relationships outside the family are limited to the school and mainly connected with it. She is angry about the other teachers. One of them lives beneath her and did not help her dealing with the dove even though she pleaded for help; another one sat in a concert next to her and pretended as if he did not see or know her. She imagines that she could deal better with such a situation if she were together with another person. Then she could disregard other people better. So, however, it offends her when she is overlooked; in the school this happens often with her colleagues. To this she says: "I am powerless against birds and teachers,"teachers are, however, worse." They also neglect her and damage her; "her face, her self-esteem."

In her dream she is also being let down by her colleagues: One is playing a game: one should let himself be killed. She wants to accept this if the others go along with it. She lets herself be killed and then sees that the others do not even think about having themselves killed. There is no solidarity.

She however can only give solidarity toward others if she is also allowed to make demands from them; she cannot love unselfishly. She can only love where there is also sympathy and this without second thoughts. Therefore she is impressed by a movie by I. Bergman where the man says to his wife, "I love you; however not with an ideal, unselfish love, but with a small, earthly, egotistical love." She herself treats her students according to her feelings differently and cannot treat everyone the same.

Relationship toward the Analyst 10

Before this period the patient has tried to break through the barrier between the couch and the stool of the analyst in that she gave a letter to the analyst. By doing this she experienced something like an electrical shock, she now reports. This feeling she already had once before when she gave him photos; now she is addicted to this. The barrier is broken through in the first hour of this period also because it is a Saturday hour and the analyst is there in leisure clothes and without a tie. At first she was very jealous that he had had no time on Friday; he thought he would want to go back to his wife and children, but then he chose her by offering this hour. This choice has inspired her even just as a thought; he would not have had to have given her the hour in reality. Although she is so inspired she has the feeling of a serious struggle between her and the analyst. This struggle is about the love of the analyst

tied into the thoughts concerning unselfishness.

She asks herself if the analyst would continue the analysis if the insurance would not continue to pay. The patient is very disturbed about the analyst getting money for caring for her like the Good Samaritan cared for the wounded. Basically he prostitutes himself for money since he earns his bread by the needs of his patients. She had once read a paper about psychotherapy leading to: psychotherapy is when one cares for another or when the one who is cared for believes that he is cared for. For her this means that she is the cheated one in any case: the dumb prostitute's client who believes that one cares for him and loves him. If money is in the game, however, then it is not about pure love anymore, but about power.

In this struggle for the love of the analyst it also bothers her that she had to go to him in order to ask if there was still a place free for her. Nobody came to her and asked her what her needs were and showed interest in her. The trouble of this struggle she projected onto the dove so that it became very horrible.

The German word "*Behandlung*" (Treatment) sounds to her like "to be in someone's hand." That is all the more horrible because the analyst actually does not need the money and could live from his salary and therefore the analysis is a game for him, a private hobby. However, she does not judge him to have a gambling nature and so he has her "in his hands" ice cold. Also he has withheld something from her, has overheard things and did not listen to things that were important for her and because of this she could not go on with them. He is therefore also not different than other men, although she often tried to make him a genderless being. However, she had to again and again find out that he has "something in the front;" that he is not a priest who would have to frighten her in her dreams and thoughts. He is a man who has her in his hands and to whom she must leave something, just like his other patients; from these she tries to read from their faces, what they have left behind.

Period XI, Hour 251-255

Body 11

The attitude of the patient toward her body is viewed by the patient from different sides in this period. The patient occupies herself with the problems of a boy in her school who suffers from being essentially shorter than his co-students. She can understand the situation of this student well because she must also live with physical defects.

The patient remembers that she had in her childhood once asked her mother if one would have to go to bed naked as a married woman. This shows that already then she had a great fear of the idea of showing herself naked in front of others. The patient finds that today

a naked body such as, for example, of a colleague in vacation does not disturb her anymore and that she can also show herself naked more easily.

In a dream it becomes clear that the patient hopes to be freed through the analysis from physical self-consciousness. She sees how a woman is freed and happy after analysis and expresses this feeling in a dance. In dancing the patient also expresses the need to be looked at by others and to be admired.

Sexuality 11

The patient sees in a dream how a woman is being shot by a man. The scene takes place at her home. She also has to fight with the murderer and screams for the help of her father.

The patient associates with movies in which women are raped. She describes how she can, by watching these movies, live through the feelings of the man as well as those of the woman. In the masochistic role of the woman, the patient feels to be the rape as a sexual “game” in which the woman only seemingly defends herself because it has for her an erotic character. Concerning the sadistic role of the man, the strength and security and in particular that the man has no feeling of shame, impresses her.

The patient sees herself as a voyeur. However, her hidden presence and her profiting thereof without the participants wanting this, burdens her. The fact of have viewers while in the sexual act has for the patient something attractive and at the same time alarming.

Guilt 11

In this period the patient experiences intensive tension between her excessive wishes and fantasies on the one hand and the officially allowed and seemingly normal ones on the other hand. From this the thought of the convent develop again; there the conflict was defused in that the standard was set from the outside.!

Family 11

The patient imagines that it would be a relief for her if her mother would also have the fantasy of getting raped. This would however not fit her mother because she is, in her eyes, an almost asexual woman who does not allow herself any excesses.

Relationships outside the Family 11

The patient recounts that she was asked by female colleagues why she is not married yet. She felt this situation to be embarrassing and could not answer the question.

Relationship toward the Analyst 11

The relationship of the patient to the analyst in this period is ambivalent. The patient pursues a better understanding of what happens in the analysis. This derives through an insecurity concerning the success of the therapy.

The patient reads an article from the analyst in a newspaper, which she only partially understands. She feels helpless because the analyst has better insight into the analysis than she. She fears of forgetting important matters of the analysis. The patient doubts that the analyst understands what it means to live with a physical damage. She has the feeling that the analyst, with his questions, oversees her possibly unsolvable need; that he orders and categorizes her problems and therewith destroys them in their serious meaning.

The patient asks herself how long the analyst will endure being confronted with unchangeable things and wants to spare him powerless failure. She fears that the analyst could, because of being powerless, brake up the analysis.

Next to the above described fear it becomes clear in this analysis that the patient feels well and secure with the analyst. She imagines being able to sleep calmly during the analysis and wishes the analyst to be the guardian of her dreams.

Period XII, Hour 282-286

External situation 12

There is a longer separation from the analyst ahead. The analysis is interrupted for two months because the analyst leaves for research assignments outside the country.

Body Hair – Sexuality 12

Through the hair, the patient expresses in this period her great ambivalence toward her sexual wishes: she fantasizes that she could get raped. With this her hair would become visible, in other words known, and she is very ashamed of that. At the same time this hair would be a good protection against rape. Were the hair gone, she would be at the mercy of the sexual wishes of men and would no longer have the excuse: nobody likes me this way, not even a rapist. The protection from her sexual wishes and fantasies is no more.

In a dream her mother eats her wig. Thereby the mother also becomes defenseless. In this dream the patient wears a wide red skirt. She remembers that she once possessed such a skirt. At the time, her mother had dreamed that the patient was dresses in that skirt and was pregnant; the protection therefore had failed. Now she describes this skirt as common. She connects to it the idea of “demimonde.” She is very ashamed of this demimonde and imagining to be brought into connection with it. Since she had to go to the social worker, in the framework of her initial interview to the street X, she was very careful that nobody she knew would see her go into this street. Formerly there was a brothel on that street. She was pleased that none of her pupils lived nearby and might have seen her.

In two further dreams she occupies herself with the topic hair — sexuality. She dreams

that one is not allowed to touch one where there are hairs. (In this, surely the feelings of guilt she has while masturbating, also play a role in connection with the pubic hair). One man was then allowed to touch her. However, he “also had a defect,” that is a weakness and basically cannot harm her. The kind of defect that this could be is illustrated in another dream in which a wrinkly old woman (who is therefore also defect) is together with a young man who however cannot penetrate with his penis.

With this dream she develops a great fear that she could also become this old and wrinkly and this ugly without having ever slept with a man. Her great defect, the hair, which only allows her to meet with “men having a defect,” that is meetings in which sexuality is excluded, disturbs her very much. Her sexuality comes short; this is the other side of her ambivalence in this period.

Family 12

The question concerning discretion about the topics in the analysis, which are brought into the analysis by the analyst, occupies her further. She has once talked in detail with her mother about the analysis and now is in conflict when the mother asks her about the analysis. On the one hand she feels this to be a breach of confidence, on the other hand she also occasionally need someone to talk to about what she cannot say in the analysis.

Her mother has told a friend that her daughter is undergoing an analysis which she feels to be a great violation against discretion.

In a dream she is very angry about her father.

Relationships outside of the Family 12

She refers only briefly to her colleagues: she has had trouble with one colleague because she insinuated that she had spread the rumor about another colleague of being lesbian. She turns this down and does not want to talk any further about this topic; upon which her colleague is angry.

Pupils and parents complain that she is indiscrete and cynical and that she helps good students to improve whereas she lets down the bad students. This reproach hurts her deeply. Extensively she illustrates the individual cases in order to have the analyst confirm that she is not that way.

Relationship toward the Analyst 12

In this period the analyst will do for two months only research work. He tells the patient that he will, during this time, probably appear in the newspaper; he would get an honorable assignment, which however he probably will not accept. She should handle this knowledge discretely. Therewith, a new dimension in her relationship toward the analyst arises: the

analyst asks her for something; she must occupy herself with a topic that is brought about by the analyst (see also *Family*).

Concerning the topic discretion, she associates the book by T. Moser that does not have this discretion about analysis. She believes that Moser had it good because he could write down the things that he could not say in the analysis.

It is difficult for her to think about the longer separation, which the analyst forces upon her. She has developed something alike a “*Rockzipfelgefühl*” (hanging on the apron strings) and finds that she will very much miss the three fixed points in the week: the analytic sessions. She will then no longer have someone with whom she can talk to about the events of the day that occupy her and she is also alone in the evening. She feels left alone by “Papa” and is jealous about all who have something to do with him. She contemplates simply running away.

She has a foretaste of being deserted as the analyst comes late into a session. (She was late and at that point the analyst left again). She had the feeling the analyst would actually rather get rid of her. However, it comforts her somewhat that she believes to know things about the analyst, which nobody else knows: she senses much by his voice and his way of listening.

The fear of being deserted breaks through in a session as she believes that he falls asleep while she is telling an important dream. Because of this she suddenly breaks up the session. She could not forgive this weakness, this disinterest concerning her, if he would really fall asleep. So she tries to find out whether he likes her or not. Being loved by the analyst plays a big role for her. She compares his behavior with that of hers toward her pupils: if she does not like a class then she also comes late.

Period XIII, Hour 300-304

External Situation 13

The patient for the first time places a personal ad looking for a (sexual) partner in a newspaper.

Symptoms 13

No symptoms mentioned

Body Hair 13

With her decision to search for a partner through an ad in the paper the patient occupies herself also with her body. She dreams that her two brothers had said that she had lied in the

ad because she did not mention her body hair.

The patient says about her hair: “Sometimes they disturb me, sometimes I find them completely acceptable.” This shows that in the meantime the patient has positive self-esteem concerning her body nonetheless her hair can shatter this self-esteem once and again.

Family 13

In connection with having fear about the reaction of the analyst concerning her search for a partner, the patient speaks about the situation in the family. The fact that her brother has recognized her ad in the paper amplifies in the patient the feeling of having to protect herself from the interference and the judgment of her brothers and parents. The above mentioned dream lets one conclude that the patient does not feel accepted as a woman by her brothers.

The patient mentions that in the last winter she had often slept in the matrimonial bed next to her mother and that she had felt it pleasurable to have lied in the bed, which was warmed by her mother.

Relationships outside the Family 13

The patient is pleased that a teacher in her teaching staff is particularly nice and open toward her; she leads her euphoric mood in the first session of this period back to this. The patient occupies herself intensively with this, however, does not have the courage to speak to this colleague about this because she fears becoming embarrassed.

In the time when the analyst was on vacation the patient decided to search through an ad in the paper for a partner. Upon this she received several answers. The patient tries to imagine the men who have answered her as concrete as possible in order to make an image of them for herself. In this she is however very insecure and mistrusts the first impression. Mostly she occupies herself with a university graduate who, at the same time, is also undergoing psychoanalysis. On the basis of a letter, which she has received from the mother-in-law of a widowed man with three children, she tries to imagine herself in the role of a mother.

Self-Esteem 13

The fact that the patient does something on her own to find a partner is to be evaluated as a further positive step toward a positive self-esteem. The patient illustrates that during the absence of the analyst she had the feeling of being able to move into a free direction. She could go into vacation alone without being dependent on the parents. Behind her openly aggressive behavior toward the analyst, hides the fear to be rejected by him as well as the feeling to be able to show independence toward him.

Relationship toward the Analyst 13

The patient is in this period very aggressive and angry toward the analyst. Essentially

this is to be understood as such that on the one hand she wants to break free from the analyst however on the other hand, she has great fear to have to separate from the analyst or even to be expelled by him. This is valid except for the first session in the period that takes place in the late afternoon and in which the patient has the feeling of entering into the private hermitage of the analyst. She feels this to be very pleasant.

The patient recounts a fairy tale in which it fascinates her of how a girl from a poor home conquers a king and marries him. This she puts opposite the situation in the analysis in which she has difficulty to speak openly toward the analyst and to uncover herself. She wants to talk about quitting the analysis without having to give consideration to the analyst. The patient has the feeling that the analyst is not open and keeps the negative a secret. Therefore, she also does not know where the analyst feels aversion toward her analysis and toward her. In the proceeding session, the patient does no longer wants to lie down on the couch. She insinuates that the analyst has said that she tries to please him and does not show herself as she really is. Because of this the patient feels very upset. To have been moving in the analysis, on the level of wanting to be pleasant, means for her that the whole work was senseless. The patient wants to struggle with the analyst; in her eyes he tries to evade this. She feels rebuffed because the analyst only asks questions and does not position himself. The aggressions of the patient are tied with a massive fear of rejection. It seems to her as if she were on a scaffold, rejected and condemned to helplessness. She remembers of once having seen how a patient came out of the room of the analyst with a face covered with tears.

The fear of the reaction of the analyst concerning her search for a partner plays an important role. She fears the analyst could object to this and reproach her for being hasty, not to have confidence in her taking this step or to view this as disturbing for the analysis. It would be painful to her if the analyst would be on another track concerning this question.

In her imagination that the analyst would dislike everything she wrote in the ad and stick a number onto every part of her body, her insecurity and also the fear of the judgment of the men who answered the ad, is expressed.

The patient compares the difficulties of communicating with the analysts with the relationship she has with her father, who reproaches her for complicating everything and that she expresses herself incomprehensibly.

Period XIV, Hour 326-330

External situation 14

The patient placed a second ad in the paper and the first answers are coming. She still

has contact with the university graduate from another city, who is also undergoing analysis.

Symptoms 14

No symptoms mentioned

Body Hair 14

There is only a brief mentioning of this topic. The patient dreams of a bald headed brutal man who wants sexual intercourse with her. However, before she is undressed, he goes away and says: "We do not fit together."

This rejection, this "naked truth" (bald headed) she cannot handle. The contrast "bald headed/her hair" disturbs her very much; she is disgusted by him. She draws no conclusions in how far this could have to do with her own hair.

She still does not feel old, does not want to have an old body. She buys, against the will of her mother, a "courageous dress," which nobody believes her to be capable of doing.

Sexuality 14

Sexuality appears only in one dream (see body hair). There she is rejected, as she herself has sexual wishes. She is rejected without a real reason: "He did not even try to see if we would fit together." This rejection hurts her deeply however then she remembers that this man actually seemed ugly to her and that she could stand him.

Also in a further dream she has feelings of guilt and fear. In this dream a child is kidnapped and stays in her apartment together with the kidnapper.

Family 14

The patient feels rejected by her parents and thinks that the mother would like her to continue to be the "small grey mouse." She cuts words from the catchy paper ad and makes an average ad out of it. Also as she wants to give flowers to the analyst the mother advises not to do this: "A lady does not give flowers to a man." Then however she discusses in detail with her, how she should present the flowers and where it would be best to put them down. In buying clothing the mother tries to advise her to buy a dress for a 45 years old lady, which makes her very angry.

She is angry about her father who in earlier times often did not introduce her. In earlier times she could then play the "enfant terrible;" today she can no longer do this when she feels neglected.

Relationships outside the Family 14

The patient occupies herself intensively with the newly made acquaintance. In doing so she has the fear that the problems, which brought her to the analysis, however now bring forth that in the analysis everything is only changing seemingly; but in reality only shift so that she

is becoming only seemingly more independent and self-reliant. She wants to play being the superior toward this acquaintance, but is not able to do so.

Everywhere she feels intensively as an outsider and not accepted thus only standing apart. Much comes to her mind about this: in earlier times the father has often only introduced the mother, but not her when they went out together; the co-headmaster makes derogatory comments about a colleague, who is also undergoing psychoanalytical treatment; in an event at the university she feels like an intruder into a closed society and feels to be completely in the wrong place and does not know what to talk about with the persons who are present. However, she has the strong urge to join in while at the same time she is afraid that one could notice this. Positively though, she sees the relationships with her pupils; they are much freer and better than those she used to have herself toward her teachers. Also former pupils greet her on the street, she states proudly.

Self-Esteem 14

The patient feels rejected and pushed deeply into her problems by the analyst without receiving any help to come back out. Her effort to play being the superior concerning the acquaintance X fails; but she succeeds with the analyst in one session: she simply leaves.

Relationship toward the analyst 14

Also here neglect is important: the patient feels betrayed and neglected by analyst in an event held by the society of the university. She has the impression that he left her standing there alone. Three analysis sessions later she leaves the session early and does not want to continue talking, but wants to have something that she must solve on her own.

This same neglect she feels when in one session someone knocks at the door. The first time she feels very disturbed and neglected by the people who do not want to wait and who do not want to read the "Please do not disturb" sign. The second time she wants to maintain her place and settle the competition, "Sorry, now the place is mine, the younger brother must wait."

For several sessions she occupies herself with wanting to give flowers to the analyst. But she does not know how she should hand over the flowers to him. He could become embarrassed and also she could become embarrassed. In any case there would enter a bit of privacy into the session. Finally she brings him a bouquet; however the bouquet must, as a present from her, be placed in his analyzing room and he is not allowed take it home. The fear that the bouquet is rejected occupies her further.

Dream: she dreams about an old road where flowers are missing and she wants to have flowers for herself. If (the flowers) remain with the analyst then she has, in fact, something

from it. Striking is that in buying the bouquet two persons are being confused: the analyst and the acquaintance X. Suddenly she no longer knows which of the two she actually wanted to give the bouquet to.

The patient begins on her part to interpret the analyst: she talks about the newest book by H.E. Richter¹³ and thinks that her analyst should actually be envious over this colleague, who is writing so many wonderful books, whereby the analyst at the best could only publish his works in specialist journals. She would like to see in him a strong, shining father, who also can do something like that, but then immediately wards off this image leading her into the realm of childhood dreams. She is also afraid of this strong father: as she leaves the session early she is afraid that the analyst would want to press or tear something out of her, which she does not want.

Period XV, Hour 351-355

External Situation 15

The patient continues to teach in the school. A trip to America is ahead for the analyst.

Symptoms 15

No symptoms mentioned

Body Hair 15

The patient still has contact fears that also show in dreams: she shuns away from showing her hair and of allowing herself to be touched; she is very ashamed and suffers from strong feelings of inferiority as a friend of her mother wants to pet her. She is very hurt as a cousin, consciously or unconsciously, addresses her hair.

She likes to touch others, for example, a little pupil; she feels well doing so.

At the beginning of the therapy she often felt undressed and as if she was walking next to herself as if she were a second person. She viewed herself as if she were dressed in transparent clothing. She was shocked by her own sight. Meanwhile she can dream of herself being in a transparent nightgown and find herself attractive; and it does not disturb her that she is in this dream with a man. In her dreams she tests the possibility of having an attractive body.

The feeling to be a hermaphrodite, with hairs on the breast and to be more of a man than a woman intensifies through a television show in which a woman appears who had a sex change. She cannot imagine how this woman can now have men touch her and have them pet her and how she can cope with the still existing hair. She has not solved this problem as of

¹³ Quite famous psychoanalyst following A. Mitscherlich in the role of the „analyst of the nation“ (especially on TV)

yet; this former man however has accomplished this easily.

She herself has already felt like a man; as a brother among brothers. She cannot imagine that a man would like to encounter her hair while petting her.

Family 15

Family relations play almost no role in this period. The patient however remembers in her parents only once who did not want her to simply go into vacation without a plan, but instead that she should make an exact traveling route; at the same time she compares the analyst with her younger brother who often simply kept silent, but with whom she would have liked to have had a sexual relationship. An uncle compares her with his own children and says she was “a virgin” very well-behaved and so forth.

Relationships outside the Family 15

The patient feels strongly disturbed by the move of the department for psychotherapy into another building: if she parks there she is more conspicuous, is being questioned as to what she wants there and must search under more difficult circumstances for a parking place and so forth. She still has difficulties feeling accepted completely. In the school she feels attacked and made ridiculous because at the door of her room, only her name is posted without “Mrs.,” as is the case with her female colleagues. She was especially hurt as she complained to her boss who then forgot the matter. Her difficulties to directly complain she can also not overcome in a dream: she asks the janitor very ironically about the sign on her door and he simply does not understand it; so that she again feels like the stupid one. In reality she manages to eventually ask the janitor, but nothing changes.

Sexuality 15

The patient does not directly talk about sexuality in this period. She only occupies herself indirectly with it because a colleague addressed the caressing of a pupil as indecent touching. She herself says that she only felt the need to comfort; this was the case also as she caressed a big, vital, strong boy who had toothache.

In this period she seems to separate strongly between tenderness and sexuality, feeling only tenderness, but admits to no feelings of sexuality.

Self-Esteem 15

Being an unmarried woman, the patient still is easily hurt and feels not taken seriously. She also fears not to be able to compete with others, concerning the analyst. In a dream she however already sees herself more positively and begins to accept her body.

Relationship toward the Analyst 15

In the sessions the relationship toward him is the main topic in this period and emerges

once and again; all other topics are brought into relationship to it.

The impending trip of the analyst to the USA, that is the problem of being deserted, determines much in this period. Also, the relationship toward the analyst has gained a strong oedipal connotation.

The analyst becomes for the patient a powerful father who however only wants to care for his own physical children: she fantasizes that he has managed the moving of the department for the reason of having it easier to bring his children to the school that is near the new building. She herself has to suffer from this: she has to leave a familiar surrounding, drive somewhere else, accept a more uncomfortable room and endure the noise of construction. He does not give her enough affection, just as her father never drove her to school; she always had to walk alone.

Further, she laments that the analyst does not even leave her for enough time so that he could bring her something back in the form of new insights, new knowledge. For this, five weeks are too short. As an actual present however she wants that he would disclose his basic principles and give her his knowledge and also step out of the usual pattern and perhaps caress her.

Instead, in a dream he sends her maniacs who want to hang her and who she should shoot; he stands aside and washes his hands in innocence as she is fighting with her dark passions that he brings upon her. He escapes to America and leaves her struggling alone.

The analyst cannot give her any rest; otherwise she would not dream that badly. He cannot provide any external peace as in one session there is loud construction noise. However, he has someone call down and ask for a break of the noise, but it is of no avail.

The oedipal relationship toward the analyst is shown in the strong jealousy she feels because of the wife of the analyst. He goes with her to America and will be unfaithful to his patient.

She is convinced that his wife is jealous of the female patients and tries to influence the relationships of the analyst toward them, makes fun of them and despises them. The patient could "for years" forget about the wife of the analyst and view her as non-existent and without life; now the wife of the analysis appears very real and takes her beloved father away from her and to America. She is left behind as a child and does not even know if he takes her seriously. He makes her into a Miss and does not even address her with Mrs.; she is afraid to annoy him with her talking and that she is not satisfying his expectations. So she can only imagine him as being without life and face, like a white plate behind her head; as someone who never, as other analysts and patients, could blush. He remains cold and lifeless.

She feels measured by the standard of the “super patient Moser” who was rewarded with having a talkative analyst. However she must struggle for every word of her analyst. In order to be able to compete with this, she ponders whether she should also write a book on psychoanalysis. In this the analyst would not have to violate his basic principles. She would then describe his life as a “super paradise picture of wholeness and quiet,” in which he has it easy. He can close the curtains and care intensively for another person and he can also relax. However, she must deal with many pupils and parents and by doing so almost lets herself be torn apart just as by the maniacs in the dream. In the analysis he can set the distance and the direction; these are things that she would also like to do.

She does not want to lie on the couch, in the pit of the analyst, who had his nap on it. She can get closer only when he is in the USA; then she wants to move into the building of the department.

She herself wants to determine when the analytic session is over; therefore she always goes a few minutes early. That way she is not being kicked out and has a private triumph. At the same time she has the possibility to give the analyst a present and to please him. She could not handle asking for more time; it would seem too overbearing for her. She would not be able to handle it, even if she would receive only five minutes of free time. Also she has not managed the monstrous time fear in the analysis. In this period she speaks about this for the first time, as if she would hope to keep the analyst by this, and to move him to return to her.

Period XVI, Hour 376-380

External Situation 16

This period is interrupted by Christmas vacation after the 378th hour.

Symptoms 16

No symptoms mentioned

Body Hair 16

In this period there are barely any references to the physical image concerning the body or the hair. She has hurt an intervertebral disc and suffers from the pain, has sick leave and receives massages from the mother as if she were a baby.

Sexuality 16

The patient has a sexual relationship with a man and that occupies her. She does not agree with her role in this relationship and would like to be more attractive. She has the feeling of being in part only an object when he, for example, taps on her thighs while she must drive the car. She says, “I am not prudish, but would then also like to be allowed to be

active.”

The guilty feelings she has because of having a sexual relationship as an unmarried woman, she pushes onto her mother: she is not allowed to tell her about it, it would hurt her. Surely the mother would find this bad.

She also has feelings of guilt toward the analyst because of this; he could be bored by the bed stories, which she actually finds immature. However, she knows from her female colleagues that also they talk about bed stories, occupy themselves with sexuality and in part are mean toward their men in a way in which she does not agree with; although as above, she emphasizes several times that she is not prudish.

Guilt 16

The patient has strong feelings of guilt concerning her mother because she does not know anything about her sexual relationship with a man.

Family 16

In the first session of this period the patient remembers briefly her younger brother with whom she sometimes felt to be quite close, without inhibition and could be active. This she compares with the analyst toward whom she often cannot get close to.

The relationship toward the mother plays an important role. The point of reference concerning her inner occupation in relation to her mother is her sexual relationship. In her imagination the mother can only be prudish and condemn all sexuality outside of marriage. Her own internalized feelings of guilt show, as she recounts how much she would like to talk to her mother about this relationship. But she is not permitted to do so, because it would hurt her mother. She does not feel well about lying like this and says that if the mother would be curious she could learn rather a lot about her in her apartment. She would like to detach herself from her mother and would like to say: “I am now completely adult,” but the mother takes care of her and massages her like a baby.

She cannot comprehend that her mother answers her question of whether she would be against it if she would sleep with a man without being married, with: “No, on the contrary.” According to her, this does not fit the image of her mother who always seemed asexual to her.

By her mother’s presence in the city where the patient lives, the analysis is being questioned. The mother wants, by all means, to drive back home together with the patient on Wednesday morning so that the Wednesday afternoon session would be cancelled. The patient is willing to rather cancel the session than to make her mother angry.

Relationships outside the Family 16

Her relationships outside the family can be divided into two groups: one is her

relationships toward men and the other is her relationships involving the complex of school.

Relationships toward Men 16

The patient is friends with a man with whom she also has a sexual relationship. In this relationship she has rather conflicting feelings: on the one hand she feels rather well, but on the other hand she feels used as an object. This she describes with the example of a walk in which they walked three meters apart from one another. Afterwards they drove back together. She was steering the car and he touched her thighs. Because she had to drive, she felt excluded. She would like to be more active, but would also like to be accepted in this activity.

With another young man from L, she arranged a noncommittal meeting. In spite of the noncommittal nature “thoughts were creeping into the back of her head.” This man has given her a calendar in which there were many pious pictures. He says that this is a response to a card of hers. However, she had written this card with completely different motives.

In addition the topic analysis emerged in the relationship. This man wrote to the analyst requesting a possibility for analysis and received from the analyst the address of a female therapist. Therewith a good piece of the analysis came into a private relationship; the therapist also puts a mark on this part of her life.

School 16

In the school with the children she has the feeling of accordance and togetherness, which she misses in her other relationships. “Her” children care for her very kindly when she is ill due to her intervertebral disc. They even visit her at home and are disappointed that she was at the doctor. The children think and feel in the class exactly that which she intends, and even see ice flowers at the window that are not there.

In a dream a female colleague of hers appears, for whom she was for some time a mentor and with whom she had a good understanding. However, the mother of this colleague had something against this relationship.

In the dream the patient puts up her own pictures which she likes in the not yet finished house of her colleague’s mother. Her colleague’s mother comes and rips the pictures off the wall and then paints her own pictures there. While doing this she says: “This is my house, my room, there my pictures are going to be put up.” After awakening this woman appears to her still for a long time as an “nightmare”; her harmony is disturbed again.

Relationship toward the Analyst 16

The separation caused by the Christmas vacation plays an important role in the relationship toward the analyst. This time the patient tries to escape his “tentacles and nets,” to be an adult, relaxed and go with a lot of zest in to the Christmas vacation and not to be

completely destroyed for three days. She tries to accomplish this in that she makes the effort to drop the last hour before the vacation because her mother wants to be driven home by her. The analyst then offers her many possibilities for appointments so that she eventually has to accept one. In the session at 8 o'clock in the morning she emphasizes several times that she is in a bad mood during the morning and that today one can do nothing with her.

In the course of the session the patient remembers a session in the former building, which the analyst had granted her on a bank holiday. At the time the patient had the feeling that everything was a 'rendezvous'; she wanted to go for a walk with the analyst. But she turns down the pleasant memories immediately. Today she does not want to go for a walk. The session ends with the phrase: "Today you have really disturbed me." — pause — "I now wish you a pleasant Christmas!" Initiated by the brief separation from the analyst through the vacation and, maybe to better pass the time, she addresses the topic "separation" at the end of the analysis. However, by doing so she tries to create a rendezvous-like atmosphere. She admires the analyst for having worked on her fantasy for almost four years and that he once and again finds the main point. He has always offered his session so precisely to her that she was and is tempted to simply drop one. She even fantasizes that he could be angry with her if she would not do this once. He also now prevented her efforts, in that he formally forced the session upon her. He does not agree with her separation ideas, which makes her very angry. In this period the analyst is for her the master and the prince from the mountain, in the castle. She wishes that he would also climb down and be with the people and convey his wisdom not only to his 12 children and a few students. He should also notice something about the people, such as the prince was once lured away from the mountain by the coarse behavior of the people.

In this point she feels superior to him, the "Hieronymus in the building." She was able to make an experience of another dimension, a different and worldlier world of feelings, and would like to, as his leader, bring this closer to him; with that also become closer to him. Up on the hill where the new department building is located she senses great distance toward him, cannot come closer to him and even fears that he exploits her by using her as an object: she imagines that after every session he runs to his writing desk and makes a note of the things by which she has given him confirmation in his scientific theories.

The distance is symbolized by the distance of the parking lot barrier at the site of the building where the analysis takes place, the insiders can enter during the whole week and park on their designated places whereas the outsiders such as her must park at the bad muddy and slippery places, when unlucky. This parking lot symbolizes for the patient the power of the

insider, also of the analyst for whom on top of this mountain she cannot be important and who is not so dependant on her as she is on him.

She even must fear that she bores him with her “bed stories” and that he secretly despises her and finds her immature and prudish and that he cannot understand and accept her like the mother. After the vacation she feels very well with the therapist. She feels to be in good hands, but also wants to pay him accordingly for this. She fears that she is still getting it for the old price. On one hand this would mean that she rose in the row of the siblings to the first place however, on the other hand, it would hurt her and his feeling of value if she would not have to pay him accordingly. Then, as the analyst agrees with her thought, she is shocked and ponders whether or not he is greedy and how she can protect herself and him from this. This also means for her that he is no longer enchanted and thus becomes the “prince who descends from the mountain.” If she can pay him for the job then he is no longer so dangerous and becomes more sober and real.

Suddenly she understands his earlier quiet struggle against demands made by the University toward his “children.” She remembers her indignation about the patronization; today she can accept his past behavior.

Period XVII, Hour 401-404 and 406

External Situation 17

The patient has placed another ad and received a few answers, mainly from Northern Germany, with which she occupies herself.

Symptoms 17

No symptoms mentioned

Body Hair 17

The body and her “hair wall” gains in importance through the, at first only written, contact to a man from G., who is an artist. She wishes for a speedy personal contact and at the same time fears the sharp view of an artist: how will he receive the admittance that she has hair where others do not have hair. The fear that he could, as an artist, feel repelled makes her occupy herself again more strongly with beauty norms. She leads a fierce discussion as to how important the looks are but thereby has the feeling of losing ground. Everything which she has gained in her attitude toward her hair is breaking down. However, she comforts herself with the thought: if the acquaintance can surpass the “hair wall” then this is like a test, just as she must surpass the wall of the convent.

Sexuality 17

The patient remembers how she was always hampered in her sexuality: as she wanted to receive her first kiss a brother disturbed. At home she was guarded well. Her most beloved wish to sleep with her brother she certainly was not allowed to express. Incest is strictly forbidden. Now her potency is requested in the relationship toward G., the new acquaintance; she is not sure whether it is only the sexual or also the mental potency that is requested, however she has the tendency to mean only the mental.

Family 17

Especially the family has always hampered her in her personal development, misjudged her and oppressed her. Her younger and beloved brother now misjudges her again. He disturbs her very much in that he gives her good advice for an ad in the paper, which contradicts her character. He views her too much like the grey mouse; and she can neither can nor is allowed to express her incest wish.

The “men in the house” always stuck together when it was about keeping her under surveillance and letting her search her way without any knowledge thus following behind those who have knowledge. She was not allowed to wear pants at the table, was not allowed to take charge over her dolls that were operated on by her brothers. She was not allowed to ask about anything, because then she was ridiculed.

Only when the brothers had trouble with their girlfriends was she allowed to intervene as a “family inventory piece having a female sex” and thus had to be there in a helping manner.

In this period the contact to a cousin, who she had not seen for a long time, plays a role. He portrays the analyst with the critical view of a medical student at the analyst’s medical school.

Relationships outside the Family 17

Through the newspaper ad the patient has had written contact with several men of which she is particularly interested in two of them. The one from G. is a fascinating artist who has high demands and the other one is a good, secure and stupid one.

She feels to be at the crossroads between a bourgeois and a freer development. However, she is also afraid of a freer development, because she fears that she would not have enough strength. But she is also afraid that she would bury herself alive if she would now agree to a good, solid life. Because of this, she is pleased that this man declines. In the letters to the other man from G., she tries to be very smart and equal to him. She writes in a way that only someone who has a sense for hidden powers would recognize her true potency. However, she is also afraid to be seen falsely and to show herself in a false way: without her

hair and as a human who can withstand the North. Instead she fears that in the North her “Swabian marrow” would be pulled out of her bones and her Swabian soul and personality would be sucked out.

She has great fear that her feelings, which were locked up for so long, will brake out, as a sensitive artist would surely be able to bring about. So she is afraid of the first meeting and is satisfied with telephone, photo and letters.

Self-Esteem 17

The patient sways very much in her self assessment and would like out of her present world, which she finds bourgeois, and into another freer world. On the one hand she thinks of being capable of this on the other hand she has great fear of being too bourgeois after all.

Relationship toward the Analyst 17

In this period the analyst gets another flower bouquet. This bouquet contains a strong symbolic: first, the bouquet was actually meant for G., the analyst must fill in for him. Secondly, the bouquet serves as an apology for the disrespectful thoughts of her cousin and another professor of neurology concerning the analyst. The cousin finds the analyst awkward in his expression; the neurologist even says that every psychoanalyst is a mentally ill doctor. Also she finds the analyst awkward. The question of what would be if he would really be crazy and thus lead her toward the wrong way, she puts to a stop with the bouquet. She thanks the analyst for having learned to do many things, which she would not have done without the analysis. She can hold on to this so that she does not lose ground under her feet and that she does not feel like the nun to whom someone suddenly says: “Your loving God does not exist.”

She feels like the flowers; is afraid that the analyst does not care for them, does not give them enough water and nourishment. In spite of that the opinion of the cousin strengthened something within herself and gave her a sense of superiority toward the analyst. The analyst does not talk to her on a second or third level, which would be too high for her; he is simply awkward, does not express himself clearly. Through this superiority, she can also say how important his face is to her and how much his eye contact and his smile means to her. She can herself come up with topics from which she was at first afraid of.

Toward the end of this period the analyst becomes an old man who tiredly sits in front of the house and slowly grows into the ground; he become unimportant as a support and does not have anything to say anymore. The patient tries out the farewell and finds that she still does not feel quite secure, that she would like to choose the time, and that she still needs the analyst.

Period XVIII, Hour 421-425

External situation 18

The patient has made written contact with another man through a newspaper ad. She wants to build a relationship with him.

Symptoms 18

No symptoms mentioned

Body Hair 18

In this period the patient does not occupy herself with her own body. Instead the topic of her hair is addressed in the following connection: the patient is angry about a very secure seeming patient of the analyst. He has a beard and she says that men with beards are hiding something. In this context she remembers that also her friend P. has a beard on the photo, which she has of him.

Sexuality 18

The patient asks herself the question, which is for her frightening, that is, whether she wants to sleep with P. when he visits her and also if he would like to. This is connected with insecurity about the sexual identity ("what is there, where one touches"). In this context she remembers that an acquaintance of hers allegedly took more than 10 years to notice that her husband is a transvestite.

Family 18

Concerning her own role (to be steadfast, to assert oneself or to fall over) the patient characterizes her father and her grandfather as humans who cannot assert themselves, are weak and fall over. Her mother and grandmother however, she experiences as dominating personalities who by all means try to be right. This quality also finds expression in the current mother relationship. The mother is the criteria for a good house wife; she determines "how the cake will be baked."

The patient describes that she, particularly in her puberty, would have liked to have had a strong father such as the analyst. Her father however always had to be supported by her. He was also never proud of her. He was proud only of her brothers. Everything went a lot slower with her, but because of this she made lesser mistakes and thought through many things more exactly.

Relationships outside the Family 18

The patient occupies herself with the relationship to P. and with the fact that he wants to visit her together with his children.

The insecurity of whether she will be accepted and loved by P. or whether she only will

be used as one amongst many women, burdens her. She is also not clear about her own feelings; she cannot find the right connection to him.

First she reacts aggressive when P. decided on his own to come together with his children. According to her opinion, the visit goes at the cost of the children and her. She bonds with a child of P., which is on the one hand still in need of protection, but on the other hand also observes and experiences a lot. With this, she also expresses that she herself is in need of protection and very sensitive about how P. deals with her.

The fact that he, when he visits her, cannot be there for her and that he comes by so “en passant” and in addition lets her wait for a long time, hurts her in her self-esteem: “Who am I, I, I...?” with whom one can do something like that. “I will show him who the master in the house is.” She feels P. to be dominant, says however at the same time that she feels to be superior to him.

Anxiety 18

Next to the fear of losing the affection of the analyst, the patient illustrates the fear of not being accepted by P. and being humiliated by his children. She feels eight eyes looking at her. The oldest son of P. she describes as a “model of self-reliance;” she is more afraid of his judgment than that of P’s.

Self-Esteem 18

The self-esteem of the patient reflects in her discussion concerning her female role. At a birthday party she comes into contact with the husband of a colleague whom she describes as a “green youth,” having no idea about what life is about. She asks herself whether she should discuss with him, “to fight with the head,” or if she should show herself as the nice host. On the one hand she wants to make her intellectual abilities visual on the other hand she wants to be the beautiful, attractive woman. She has the feeling that she cannot be herself.

In the mental confrontation with the children of the friend, it becomes clear that the patient does not feel capable for the role of a mother. Her self-esteem toward P. sways. She feels him to be dominating but tries, at the same time, to assert her claims and to be steadfast.

The patient feels, as an unmarried woman in her age, disadvantaged compared to men. Men, who are as old as she, can easily “grab” for a young girl without coming into conflict with society’s norms. She absolutely thinks that she needs to get to know an older and also taller man.

Relationship toward the Analyst 18

In this period the analyst personifies the wish of the patient for a strong and helpful father who leads her. (“I have always wished for such a father”). She wants to find out how

old the analyst is.

The patient develops an enormously big rivalry against the daughter of the analyst who, in her eyes, has a magical, mystical character. She is the an angel at the piano, a fascinating dream being, disturbing and overpowering like the stone on the desk of the analyst. She has an advantage from the beginning; the right of heritage, which her own brothers also had in relation to their mother. The analyst accompanied his daughter with his right hand. For the patient there remains, at the most, only the left hand.

Period XIX, Hour 444-449

External situation 19

During this period the patient meets her friend P., after a longer written contact.

Symptoms 19

No symptoms mentioned

Body 19

In this period the patient occupies herself in detail with her physical self-esteem, her hair and her sexual experiences, fears and wishes. She has the wish that P. caresses her neck and emphasizes that she has a very nice and smooth neck and that she is easily aroused there. However, she avoids the touch at her neck, because P. could possibly feel a “stub hair” at the chin. Although the friend tells her that she should keep the hair on her body and on her legs, the hair is still a problem for her and she has the feeling that he does not caress her on the body areas that have hair. It becomes clear in this period that the hair is an aspect through which she is being shattered again and again in her sexual identity. She would like that P. would have more hair. It disturbs her that he has such a “female skin.” Basically, he is more the woman and she more the man.

The patient identifies her hands with those of her parents. She has two completely different hands. The right hand, “the most awful one,” equals the ugly hand of the father. The left hand is nicer and equals the hands of the mother. Simultaneously however, she emphasizes that the father actually has very tender hands whereas the hands of the mother are raw like a “brush.” Her right hand is dangerous, guilty and nice at the same time; she can use it to hit, but also touch her body and her clitoris.

The patient observes that P. likes to look at the breasts of other women and is afraid that he would not like her breasts; even though he tells her that she has very nice breasts. She compares her looks with that of other women; in thoughts, especially also with those of the wife of her friend. In doing so she does not fare very well.

A central point for the patient is the fact that she is not aroused while having sexual intercourse with P. and has no orgasm. Concerning this she looks for various answers. When she is within a certain distance to P., for example, while driving the car, then she is very aroused. However, as soon as sexual intercourse become possible and is wished by him, “she becomes cold.” She is not herself and feels to be miles away from her body. Although she is very tender toward him, she has the feeling to abstract herself from herself; to give herself up. She experiences sexual intercourse with P. in a way in that he only sleeps with her body but not with her. He is not active, tender and sensitive enough. Basically she is the man and he the woman. The patient is worried that she talks while having sexual intercourse and gets into ecstasy. She asks herself if this is love of herself.

The feeling of satisfaction, she describes in that she must be penetrated up to her throat; that the feeling must go completely through her and that she must be “eaten up.”

She blames P. for not being able to have this feeling during sexual intercourse. She emphasizes that she has a “very big clitoris” and therefore everything must be very easy. On the other hand she is very insecure about whether her genital is built right. This is amplified because P. says to her that she is “built faultily” and “too big” for him. In this context the patient recounts that in the beginning P. has hurt her during sexual intercourse and that she was bleeding even days afterward.

Since the patient has a sexual relationship with P., she also has no orgasm when masturbating. She reasons that this relates to her changed physical sensation. She also ponders if the hormonal preparation with which she is being treated leads to frigidity.

Another great problem for the patient is the fact that P. has also sexual relationships with other women and probably still loves his wife. She is angry about this and is jealous and insecure about the question of which place she takes in the row. She also feels that P. has made her to be a whore. In his bed she feels like in a “brothel.”

Under great resistance she recounts that P. wants her to buy sexy underwear. On the one hand she describes this to suit her fancy because she had already thought of this earlier of wearing stockings to cover the hair on her legs. On the other hand it becomes clear that she comes into conflict with her morals because of this and is shattered in her self-esteem. She is forced to emphasize that it was not about “whore’s underwear,” but instead “solid sexy underwear.”

Also the need to buy a book about positions in sexual intercourse is an acute problem for the patient. The patient notices that although she did not consciously try to suggest a pure image to P. and also has spoken to him about masturbation, she however wants to see and

show herself as “pure.”

Family 19

At first the patient keeps her relationship with P. a secret from her mother.

She dreams that she rode a train twice and did not return home. The third time she returned home but did not find the courage to ring the bell and instead threw stones at the window. She asked her mother to ride away with her because a man was shot. On the way there the mother broke in through a roof.

The patient interprets the dream herself as such: she was “shot through” by a man and now became in the eyes of her mother a whore. The mother has always warned her not to “throw herself away” for a man and argued that, as a woman, one is only used by men.

Marginally the patient recounts that P. found her mother on a photo as a young girl very pretty and that the mother also always had an orgasm. The patient intensively yearns to sleep with her brother. In her imagination he must be the tenderest lover. In this, she feels that her father is also involved in some way; “disturbing or stimulating.”

Relationships outside the Family 19

Through another newspaper ad the patient has made contact to another man, probably more so to document to P. that she is also interested in other men.

She is still not sure about the affection from P. Even when he visits her, he is first of all interested in the divorce with his wife. She thinks that he cannot separate from his wife and that he needs several women at the same time to satisfy his needs and to compensate for the rejection of his wife. As one of these women she feels degraded into an object and made into a “corpse.” This causes her to have mistrust, resignation and above all aggression so that she can imagine killing P.; in this she also sees that the source of these feelings is due to the influence of her mother who always warned her about men.

Simultaneously the patient looks for confirmation of herself in relationships. She sees herself as the “woman of his life” who is the only one who can give him security and strength and who brings the patience, which the mother was never capable to provide for the father. According to this idea she makes P. the offer to “leave him in peace,” to not see him anymore until he is divorced from his wife. By doing so, she basically plays the role of her previous life, always to be a good and fair comrade and not to claim anything; however, at this time, she is trying to let go of this previous role. Contrary to this she has the need to be so attractive for P. that he also does not want to separate from her, even for only some time.

Sexuality 19

As the patient describes which feeling an orgasm would have to have for her, she

remembers that she has experienced her first tongue kiss as something awful and forbidden. At the time she thought “this must be like sexual intercourse.” In confession she was punished harshly by a priest. After this experience she was capable only of a completely asexual relationship with a friend at that time.

The patient has feelings of guilt concerning her sexual needs. She has made herself dirty and has become a whore. In this, the mother plays an important role as a judge of morality and immorality.

Self-Esteem 19

The self-esteem of the patient in this period is ambivalent and considerably determined by her physical feeling. Through the experience with her body and the body of her friend, during sexual intercourse, she is once more insecure in her female identity. Simultaneously it becomes clear that she, even though it is a slow process, more so accepts her development. She is furthermore capable of not only seeing her herself as the origin of problems in the sexual area, but to see P. as responsible for this as well; she wants to express her claims and needs.

The patient describes situations in which she experienced P. as dominating and with that has the feeling “of shrinking toward a zero point;” and only through hatred can she find herself again.

In this period particularly one conflict becomes clear in which the patient stands before herself in her imagination. Her life role so far was to be a fair comrade and to abstract herself from her own needs. Mainly, toward P., she takes up this role. She herself speaks about her mother-position, which burdens her particularly when she meets P. in her role as a woman in her sexuality. The other role, to be the pleasant, attractive and passionate woman is considerably burdened with insecurity.

Relationship toward the analyst 19

The patient transfers the rejection which she feels internally by P. and the fear to be used, disappointed and betrayed, to the relationship with the analyst. In the analysis she can easily express her hatred and her impatience.

She reproaches the analyst for not interpreting a dream of P. of which she recounted in the analysis and also that he does not tell her clearly what he thinks of the relationship and what she should stop doing. Once he says that time is on her side and another time he tells her that she actually does not have time anymore. Just like P., also the analyst holds something back from her. She imagines that he knows exactly which mistakes she does and that he does not understand that she is waiting for so long and throws herself away. She hates him and

could shoot him dead.

In the following session she finds that she no longer has the need to hate the analyst and that for the first time she has the feeling to be right.

Period XX, Hour 476-480

External situation 20

This is unchanged.

Symptoms 20

No symptoms mentioned

Body 20

The patient is furthermore preoccupied with her body, her physical sensation and the sexual problems. The hair is only directly mentioned in so far as the patient says that she has been, during sexual intercourse with P., often inhibited because she feared he could feel the hair on her body.

She sometimes feels her skin as being a strange cover, which she cannot lose.

The patient no longer experiences an orgasm since she has been hurt by P. during sexual intercourse. She asks herself if, during the long time without having sexual intercourse, everything “has grown back together” again.

Previously she imagined having a virgin like, narrow and enclosing vagina. At the same time she emphasizes that the vagina was not important to her back then, but only the clitoris. She has a nice big clitoris, “as big as a tree.” Since the injury the vagina is, in her imagination, a “wide open fish mouth,” a “wide cave from which everything falls out.” “It is as if the operating doctor forgets the forceps in the stomach, leaving something behind, which changes the patient.” This idea contradicts itself in that the patient, while touching, still finds an unchanged narrow vagina; in spite of this it is the idea of her body that she has to deal with.

The fact that she also does not experience an orgasm while masturbating strengthens her in the idea that her genital has changed psychologically. There must be a barrier between the clitoris and the vagina so that there is no longer any “flow.” The patient imagines, for example, that her labia by reason of frequent masturbation became longer and bigger and now are in the way. Later it becomes clear that the patient’s fantasy of wanting to close in and hold everything with her “upper and lower lips” is burdened with strong feelings of guilt.

The idea of the vagina being too big continues in the fantasy of being able to swallow everything, to have sexual intercourse with many men at the same time, to be so big that she can only be filled up by the whole world. Along with this is the idea of the patient having a

very fat belly, to be the mother of the whole world and to be the Demiurge. The patient describes the orgasm as a special feeling, as something total; a feeling that must go through “from top to bottom and from bottom to top.” This idea of feeling is closely related to the need of her vagina being filled up completely, that the touch of the clitoris is not enough because the center of arousal is, according to her idea, much deeper in the body.

The patient is worried because, unlike in earlier times, she can no longer be aroused purely visually. Further she addresses the fear of being slightly lesbian. She would like to know how other women look and would like to touch their bodies.

The patient currently reads the Hite-Report and feels in this generally supported in her critique concerning the sexual behavior of men. It is obviously the norm among men that they only care about the sexual act itself without foreplay and after play. Men are miserable sex acrobats, their sexuality is rough and not differentiated; they are only dependent on their impulse and overestimate their penis. They are afraid of tenderness and only the woman can teach them how sexuality can be really beautiful. In this characteristic of male sexuality she sees an unchangeable fact of Western culture. However, the patient emphasizes that female sexuality is much stronger and more differentiated.

Also P. was, as a lover, only average. He was egocentric, could not get involved with her and was not tender enough.

In her need for tenderness the patient experiences the society here as a society of “visual contacts” in which physical touch is a taboo.

Family 20

Departing from her need for affection, safety and tenderness, the patient illustrates the situation in her family. In her parental home, feelings were not seen as something nice, they were played down, suppressed and made a taboo. This experience fills her with great hatred toward her parents. She experiences it as a great disappointment that she cannot even talk with her mother about her sexual problems. The mother has no idea of this and only cares about her work and cannot wish and live intensively.

The patient had to do without physical affection and sexuality for a long time and now goes through much of what other women have experienced already by the age of twenty. For this she first of all blames her father. She is angry at him, could hit him in his face and get a screaming fit when she sees him. Besides which her father belongs to the men who cannot satisfy the sexual needs of a woman.

The patient mentions again the intensive wish to sleep with her brother. In her imagination he is, next to the analyst, the best lover in the world.

Relationships outside the Family 20

The patient places a new ad. She says that among the applicants is a stubborn professor and a bachelor bound to his mother. Moreover, she received a letter from a man in Brazil who looks very good and above all, looks alike her brother. She is fascinated by the idea of going to Rio de Janeiro, into fairyland, to travel to a distinguished man even if this need contradicts her republican attitude. The patient imagines trying several routes, but to not bringing them into battle at the same time.

As before, the patient deals with her relationship to P.; she is about to detach herself a bit and clearly expresses aggressive feelings toward him. In spite of this she still hopes to be able to live with him. She imagines that it would be good for him to look for another woman in the midst of his life.

According to her, P. belongs to the category, as Erich Fromm expresses, of motherly bound neurotics who only love in their own interest. He is not capable of getting involved with another human. The need for the caring mother is most important to him. This expectation raises in the patient all her motherly instincts. It satisfies her need to care for someone in a motherly way.

Now the patient is also extremely interested in how P. is doing and how he is dealing with the relationship to his wife. She would like to go to him and support both in solving their problems.

The patient is also visited by a former pupil. She envies her because she already has, as a young woman, a sexual relationship with a man; because she gets what she wants ("she gets her orgasm delivered").

Self-Esteem 20

The self-esteem of the patient is ambivalent. By her reactions to the former pupil who visited her, it becomes clear that it is difficult for her to accept her slow development; that she is afraid at her age of not finding a man and of not being sexually attractive anymore.

So she decides that she has to change her life in the next years decisively: she wants to leave the school, move away and build up a life as a couple.

The patient still has to struggle with the problem that she has guilty feeling when she accepts something from someone else, when she is doing well, when she enjoys something. Then she suddenly feels a "barrier" within herself and directs everything accordingly in order to do something good for the other one.

In her open critique about the sexual behavior of P. and men in general it simultaneously is expressed that she is more capable of putting her needs into the foreground

and to claim herself as a woman with her sexuality.

Relationship toward the Analyst 20

The patient recounts that she is reading a book by E. Fromm “The Art of Loving”. In connection with her statement, which the analyst probably finds too primitive, she describes how she experiences her current needs according to the situation in the analysis. She feels as if she were in a space empty of air in which it is impossible to “live elementary,” in which above all any physicality is prohibited. Her wish to hold the analyst, to cling to him and to begin crying, cools down in this atmosphere; already in her imagination. She compares this with her relationship to her father who was never able to give her the feeling of safety and strength.

At home the patient had wished to seduce the analyst in the following session, to simply close the curtains and to undress. She fears that the analyst would react shocked. In her imagination he must be a perfect lover. Internally she threatens him, if he does not master this test. The patient legitimizes her wish in that it might be also good for the analyst to once again start a new relationship with a woman.

In spite of many limits within the analysis the patient feels safe with the analyst. He has warm hands a stabile, reliable face, an I-am-there-face. She can now also handle the idea that there are also other women who admire the analyst and give him flowers.

Period XXI, Hour 502-506

External Situation 21

The patient receives a letter from an school administration, which signifies the end of the analysis: she has to present herself to a physician working for this administration.

Symptoms 21

No symptoms mentioned

Body 21

The hair of the patient turns to roots in a dream; she feels to be root wood with strings that spin P. into a bush and hold him. Through this she has a carrying weave and feels this to be pleasing. Now the hair is accepted and no longer felt as disturbing.

The problem male/female resolves in the fantasy of getting a penis put between the breasts. This, for her, an already very old fantasy, would be the highest symbol of fertility, nurturing, insemination of a furrow and with that of being earth bound. Especially between her own breasts she can, according to the form of her thorax, imagine a penis very well. This fantasy she could not even put into reality with P., although she does not know of any taboos

with him. Therewith, she would be powerful. P. admires and envies her for being a woman and being able to give birth and being productive.

In this whole period there is a feeling of accepting her body and sexuality. Also the fantasy to sleep with the analyst, as another not so stiff form of therapy, can be expressed without fear.

Family 21

The relationship with the parents is only talked about in connection with the separation from the analyst: the parents expected sadness from her as she left the house to study. But she could not feel sadness at the time of departure and did not get homesick until later.

She is afraid that the analyst could possibly expect, before the farewell, something other than a feeling of strength.

Relationships outside the Family 21

For the patient the relationship with P. is important, although she does not want this at all. She constantly thinks about him, knows his timetable by heart, yearns for him and even cries over him. In the beginning of this period she describes him mainly a grandiose egoist with breaks in communication. She is weak against this and measures other men only in contrast to him; he, the individual player, awakened her passion for play. She is pleased by his phone calls, although she later dreams that children are being cut through their throats because of the telephoning. She does not want to further continue the friendship because of his polygamy and his egoism. She feels also used sexually: as she refuses to sleep with him on a lawn because she wants to talk, he says: "Then I put you by the tree."

In the course of this period however, she increasingly finds her own strength, her carrying weave and her roots, which can suck out others. She feels P. to be weak and also feels in the relationship to him, departure emotions. However, she does not simply cut off contact to P. as he advised her to do for the end of the analysis.

Self-Esteem 21

The patient does not feel any guilt in feeling strong and the simultaneous acceptance of her own needs. Through the feeling to have roots, to be able to live forever, her self-esteem rose; she can accept herself and her body.

Relationship toward the Analyst 21

Also in this relationship the farewell and the becoming strong, gains in importance. In a dream she first has to "trick" the analyst so that she can get away before he notices that she has already gotten the roots and the ability to live on. Thereby, she must search her own way through a hallow tree, the acceptance of her vagina; and can then run away on her roots.

Then she manages to say: “Probably you are bored by what I recount, but it is my time.” Eventually she leaves the analyst starving, thin on his mountain, as she has become the stronger. She compares the analyst with P.; the analyst is more considerate, not cool, without affection and understanding, as she is being told in a dream. The fear that the analyst could, like her parents, be disappointed by her way of farewell is soon recognized as transmission.

The patient is no longer jealous toward her “siblings,” who lie on the couch before or after her; she no longer feels any rivalry. She is pleased when also the others feel well with the analyst and the analyst with them. The warmed couch no longer disgusts her; she can comfortably swim on in the “warm water,” does not feel pushed aside. Even the arrogance of the “Whistler” no longer disturbs her.

Period XXII, Hour 510-517

External Situation 22

The end of the analysis is agreed upon.

The relationship with P. loosens; the patient wants to end it. In the school she has an intern with whom she does not get along with.

Symptoms 22

No symptoms mentioned

Body Hair, Sexuality 22

In a dream the patient experiences a lady in a circus who suddenly appears in an open blouse with very nice breasts and rides a bicycle through water, whereby water splashes in all directions.

Through this she becomes very envious and would also like to have such nice breasts to show, and to be such an “erotic serpent priestess,” who can exhibit herself; she would like to be able to show her nakedness, like an older woman, with whom she once was on vacation. The patient associates the splashing water with protein, sperm and procreation; she is astonished that this no longer is disgusting to her. The patient also relates the grandmother with nice skin, who starting with the age of seventy had little hairs on the chin, which the patient was allowed to pull out. The grandmother was completely without odor, without human odor; just like the analyst.

The patient remembers that she as a child, while playing with dolls with girlfriend C., sometimes had strong sexual feelings. This girlfriend was also the only one with whom she could talk about sexuality during her childhood. However, it never came to any sexual touch.

Family 22

In this period the family does not play any role; only childhood memories appear, which go into the relationship with the analyst.

The mother appears as a strong, red cheeked woman who conveys a feeling of reliance, although she once let her as a child, stand at a train station and forgot about her. The earlier memories are those of a pale, serious, stern porcelain-like mother who is powerless.

In connection with beautiful bodies and her school mate C., the very beloved grandmother also appears who had nice skin and was without odor, as if without body. She was the only one in the family who was strong against C.; all the others only said, "It is your own fault," when there was a quarrel. They did not support her; only the grandmother sent C. away from the garden.

The father is mentioned only briefly because of a dream in which she uses a shoehorn; her father also used to have such a shoehorn.

Relationships outside the Family 22

Through the invitation of her arch enemy C. to a class reunion intensive feelings of hatred awaken within the patient. She would like to beat and kick C. and remembers that she already in earlier times wanted to stab her. C. was always so self-confident and always dominated her although they were friends in childhood. By the letter of decline and the intensive feelings of hatred, which she can now allow herself, the patient goes a step further toward her inner strength. A further role in declining of the meeting is the fact that all are married, except her. She cannot handle this disgrace and does not want to have anything to do with this disgusting class any more.

A further need for the preoccupation with rejection and negative feelings and aggressions toward others is provided by the intern E. at school, who is uninhibited in her aggressions and criticism and always attacks. The patient feels that she is being treated unfairly and feels inferior to E. because E. refuses to give lessons; E. even ignores her and does not pay attention during class. The patient does not accomplish putting herself in the right light and praising herself next to the so self-confident E.; for her that would be a bad self-compliment. It is however important to her to get along with E. as proof of her own ability. So she is very relieved as it comes to an understanding.

The working on the relationship with P. goes along parallel with the working in the analysis situation. In the relationship to P. the patient is torn: on the one hand she wants to brake up the relationship and no longer adapt herself and accept what is being put into her, no longer lose herself (she fears that maybe something similar has happened in the analysis); on the other hand P. is for her the man of her life and she does not want to be without him. He

might give her a steady place, which the analyst fails to give to her. She let P. torment her psychologically, let herself be changed painfully and invested patience, just as in the analysis.

The effort to try to detach herself from P. is being made more difficult because he has become closer to her again. He needs her to unload his problems, but she cannot convert this for herself, and so needs the analyst.

The topic of the upcoming end of the analysis goes through this whole period. The patient still reports of having toilet dreams. In the analysis she wants to “stink alone” and no longer wants the assistance of the analyst.

The patient thinks about how she would like to arrange the last session; most of all she would like to make a completely normal day out of it; arrive as always and not simply cancel the session, lie on the couch as always and not sum up. She is convinced that she now can be successful in her idea of the farewell and that the analyst does not force his idea upon her and takes her by the leash.

Her friend P. has told her that she should embrace the analyst for the farewell; then she could, without fear, run up the steps of her house in a lively manner.

In spite of all concrete thoughts concerning the farewell, there is also the idea about what could come afterward: the for her peculiar three days in the week without the analyst, the falling away of a steady place, a reliability that she does not want to miss and which she would like to have secure.

According to her view the farewell means to the analyst a successor who is already putting flowers on his table. He will no longer be viewed through her eyes and she will symbolically build him a new apartment and his own stairway. Maybe he will no longer have any influence on her when he is no longer concretely present for her.

Within the thoughts concerning the end of the analysis are a mix of fear, jealousy and hatred. She must try to make the analyst less powerful and having no influence on her. She is afraid about ending the analysis too early such as T. Moser. This shows in Moser's book *“Gottesvergiftung”* (The Poisoning of God) in the fear of losing the fixed place, to stand alone even when the analyst sometimes by his silence radiates something such as death, as poisoned.

Feelings of jealousy and hatred are put onto the lucky successors; first she wards them off, but then she lets the analyst slide down from his castle in which he used to be integrated so nicely and locks him on a chair; the analytical “ear seat:” tied up, kept warm, without being able to move and powerless. She would really like to strangle him; never give him away anymore. So she must make him to an old impotent man who, while recounting of bosoms

falls asleep.

She knows that the relationship toward the analyst will somehow end emotionally, but tries to hold him through new things: for the first time she tells him of her fear of steep stairs, which she had never mentioned before. The stairs to the analyst are especially bad. Also she likes neither tea nor coffee and does not like to pep herself up.

In her strong, aggressive feelings, the patient tries to make herself more independent from the analyst; she interprets much herself and also thinks that she does not need a confessional father and can encourage herself and “stink alone.” She never totally followed the basic rule to say everything. Now she forgets her dreams, which she wanted to remember for the analysis; however interprets those of others, which is a further decrease of the power of the analyst. Maybe, in twenty years, she will build him a monument, or write a book.

Now she can only find that her character did not change because of the analysis, that she did not become another human, did not become a saint. The question concerning change has become unessential; symptoms were not checked off in a row.

The analyst actually never was a strong father to her; she is overwhelmed by the hatred toward neurology professor who once massively criticized her analyst. So she would like to embrace the analyst and protect him. But he has his wife for support. She was for the patient at first, an unreachable problem then a strong woman who dominated the analyst. However, the patient never wanted to be like to her.

The final thoughts in the last session are those that bring comfort into the separation; the patient and the analyst think the same in some things and are occasionally connected in their thoughts.

Coda

We provide this longitudinal and cross-sectional descriptive work to demonstrate what is feasible when tape-recordings and verbatim protocols are available and can be examined by objective observers of the analytic process. Based on a time sample of 22 periods over the course of treatment, external reviewers were able to portray the treatment course with a minimum of psychoanalytic jargon. This clinical description conveys vividly the quantitative modifications in self-experience which constituted structural changes as characterized by Kafka (1989, p. 81). This clinical-systematic background may serve as a roadmap for the formalized studies that will follow.