Empirical study of a six year successful psychoanalytic therapy of a patient with anorexia nervosa

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1.0 Introduction

The reasons to report this case are many: **First**, the patient G, a fifteen year old girl was referred by her Nutritionist to Dra. S.A.G. A Psychiatrist and advanced Candidate of our Psychoanalytic Institute for consultation her about her severe eating disorder syndrome. According to her clinician and Nutritionist, G was diagnosed with Bulimia Nervosa with associated Anorexia Nervosa (DSM-III-R) and a long amenorrhoea. Dra. S.A.G. checked and agreed with the diagnosis and accepted G to a long and high frequency analytic therapy which lasted from 1990 to 1997 (just finished). **Second,** the case, anorexia and bulimia is described as a complex syndrome with chronic course and with severe psychic, social, and physical impairments (Kächele, 1993); , which made the G case interesting to study. **Thirds,** in our Research groups it was considered most important to study the abundant full-tape-recorded sessions including thousands of inferred negative and/or positive interpersonal interactions useful to investigating object relations in this Category of patients who presumably, are unsuitable for Psychoanalytic therapy. **Fourth,** to systematically study the transcriptions according too pre determined fixed variables, to investigate this special therapeutic process without interfering the inter subjective interactive patient-analyst relationship. There are few other existing reasons to study the case that will be explained in future communications.

The psychoanalytic therapy outcome, after almost six years duration, was positive in the three specific domains (Kordy & Send, 1985): symptomatic, personality, family and social context (optional: biological and endocrinology parameters).

1.1 THE DESIGN OF THIS STUDY

For this Research the tape recorded sessions have been studied according to three basic variables (originally five): object relations, anxieties and defenses (remaining other two variables: structures and psycho sexual development, were omitted not forgotten). One of our most important concerns was to choose proper tools for our purposes. We finally came to a decision and started using the Luborsky's CCRT Method (Luborsky, 1990) for "Understanding Transference," that is to say object relations. To study anxieties, we applied a special tool, combining Freud's theories on anxieties with the ULM and our own studies. Finally to systematically study the problem of defenses, Freud's conceptions on defenses plus Perry's (Perry,) systematic investigations and recent not yet published papers have been used. A report on the correlation of the implementation of those three tools is at stack.

Luborsky's method has been useful in this study in several ways. It has not only been crucial to obtain the CCRT but also, using located Relationship Episodes as special units to identify different categories and sub-categories of anxieties and consequently to evaluate the different categories of defenses used to modulate the assessed anxieties Whether Prof. Luborsky would agree to our postulation that the CCRT not only contains patterns that occur in object relations established by any object but also appear with specific anxieties and defenses for the present CCRTs. An other advantage obtained from located RE is being able to use them to compare RE in the session itself (synchrony of the therapeutic process) and to compare RE belonging to different periodic sessions (diachronic of the process), thus being useful to establish efficiency and efficacy of therapies.

1.2 Ms. G. CASE

The three **s**essions used to study the case have been a randomly chosen to represent therapy over a four years period:

S-1) Feb./7/1990 (fifteen years old)
S-2) July/11/1992 (seventeen years old)
S-4) October/10/1994 (nineteen years old)

1.3 SESSION 16 (S-1)

Our Referees located six REs in this session:
Table 1

Abbreviated six Relationship Episodes (Ms. Gilda, Session 16 or S-1)

RE 1 **Mother**
To mother : look how my hair falls out(1) because a lot of hair had fallen out and I am very worried//and she told me: "don't worry, soon everything will be over" //...the thing is you have grown weak for not eating and your hair has also grown weak", that's why it falls out//Perhaps she saw me unwell and she wanted...sort of.... to comfort me (2)//..she held me tight//she didn't let go off me//I told her: "let go of me//don't be such a nuisance"//and she didn't do anything...she didn't let go of me (3)//she says that I am as cold as my father//that I don't show my feelings perhaps that's why she tries to hold me//she is absolutely tiresome that way.// She is always complaining that I don't show her any love//.....//this is me.....she's also very inquisitive,//she is always asking, where are you going? who are you going with? all like that, she wants to know everything, control everything//she is bossy//and this triggers off an unpleasant atmosphere//.....// And...I don't know...//I feel bad// I feel like getting rid of her (4)// but...I don't do anything special I'm afraid she'll take offense if I reject her//today I told her: "don't be such a drag....//but it is unusual, generally I put up with it//I don't do anything but I feel resentment//

RE 2 **Self**
//I'm always stiff...//I'm not natural//It seems as if I always have to be pretending or planning everything//that I am afraid of doing whatever I want.// I have never had the freedom of yelling if somebody does something I don't like//...I swallow everything (1)//I am always paying attention to other peoples reactions//

RE 3 **Mother**
I like freedom, to feel free//but I can't with my mother//with the food issue she is hellish//she is paying attention whether I put oil or butter into the mashed potatoes s///or whether I use sugar or saccharin.//..when she serves me potatoes, she leaves the oil on the table//and she watches if I put some or not....(she thinks I don't realize, that I am a fool//she doesn't understand that I want to eat, but healthily (1).....With my mother it's impossible//On Monday it was my sister's birthday and I didn't know whether to eat or not//and my mother said: eat! //and I felt pressed and very sad (2)// I thought "you only care if I eat//you don't care if I have a friend or not"//I tried to eat because I wanted my mother to see me eating//but it is worse if they are keeping an eye on me//besides it wasn't a proper dinner, it was a snack and that gets me disorganized//I feel bad when something is disorganized (3).

RE 4 **Grandma.**
//Its different with my grandmother//she is not always on my back(1)//The other day we went to eat out to a refilling vegetarian restaurant//and I ate well because it was healthy food (2)//My grandmother didn't care if I ate or not//we talked about anything and she wasn't concerned about what I ate//

RE 5 **Mother**
//My mother feels that the family is splitting apart (1),(2)//Once I told her that when I start University I would like to have an apartment, like the one the dentist has to live with my sister//and she tells me How would you be able to live alone?" //She wants to have me under her control//She doesn't want

us to leave her//I feel that she wants to hold me back//

RE 6 **Classmates** Imagine from USA to Pergamino and to a religious single-sex school, there were many changes//I felt lonely and bored//besides without being able to speak, as if I had my lips sealed//without being able to speak because I don't know why but// I didn't say what was happening to me//The girls didn't accept me they rejected me //and they made me feel rejection, they left me alone(1)//....//and...nobody got near me//I noticed that the girls talked among themselves in the breaks// but they didn't get near me//of course!...as I am so studious (2) they knew I was going to work hard and they took advantage of that....I knew that the girls spoke badly behind my back (3)//they made fun of me(4)//of my way of being because I didn't say swear words and I said: "please"(5)//...I started almost without realizing//I remember that I wanted to go on a diet to lose some weight//and then I wanted to keep slimming and slimming//I started with this feeding disorder...I ate only vegetables, fruit and water//cracks started appearing in my legs because she saw me very thin//andbesides because I was not having my period (6)

1.4 Relation Episodes CCRTs and Session CCRT

RE 1 (Mother)	RE 2 (SELF)	RE (Mother)
W SC	W SC	W SC
13 to be helped	16 to hurt others	29 to not be responsible or obligated
10 to be distant from others	to express anger to others	20 to be submissive, to be assive

CCRT of the Session

In spite of belonging to different categories, there would be a prevailing wish that could be expressed as an independence wish in the sense of not being controlled. I wish to be independent, not to be controlled (Fr. 1, SC 10; FR. 1, SC 29; Fr. 1, SC 21; Fr. 1, SC 23), I feel inhibited (Fr. 7) and then somatize. (Fr. 6). When they are going to help me I feel myself being controlled (Fr. 10). Few times I feel at ease with others (grandmother) (Fr. 3) or I meet people that make me feel at ease.

RE 4 (Grandma)	RE 5 (Mother)	RE 6 (Classmates)
W SC	W SC	W SC
21 to have self control feel free	23 to be independent	11 to be closed to others
	27 to be like other	

Note: It is important to point out that in this session REs have blurred limits especially as usual the end points (Luborsky, 1990). We can see that in all RE the Responses of Self are plagued with feelings about others with whom she interacts, interpreting others with whom she interacts in a very indiscriminate way, interpreting other people's attitude in relation to her feelings. This can be corroborated since there are hardly any dialogue included in her REs. The REs structure is therefore reduced to descriptions of other people's attitudes, feelings and somatizations such as responses of the Self. I think that the wishes have no heterosexual content and they are frequently pathological (to lose weight to a ridiculous extent).

1.5 ON THE ANXIETY LEVEL IN RE

Thomä and Kächele (Kächele, Schaumburg & Thomä, 1973) started studying the proper methodology to create tools to determine the possibilities to measure, validate and to operationalize psychoanalytical clinical observations on anxiety. Thus questions like: how reliable and valid are clinical observations?..they cropped up many papers stressing the necessity to deal with basic concepts about anxiety, to properly define theoretical constructs allowing them to capture observations very close to the operational level. Taking advantage of their teachings we have tried to create a manual on anxiety that we are here applying for the first time in this kind of context.

For anxiety's assessment we applied thirteen categories related to anxiety and a variable number of

sub categories for each category designed with Baires/Ulm studies. Every assessed form of anxiety receives a number indicating its category and Roman Number indicating its sub category of anxiety. In our G. Case Anxieties corresponding to each of the six REs reproduced above have been included.

1.) RE # 1 (Keeping chronological order of appearance in session)
11-VI (Somatic Anxiety)
4-IV (Adolescent Anxiety)
3-IV (Neurotic Anxiety)
2.) RE # 2
11-VI (Somatic anxiety)
2-III (Inconnscient feeling of Guilt)
3-IV (Self Deception Feeling in front of her Ideal Ego)
3.) RE # 3
3-IV (Neurotic Anxiety)
4.) RE # 4

5.) RE # 5
4-IV (Adolescent Anxiety)
6.) RE # 6
4-IV (Adolescent Anxiety)

Almost all categories of anxiety (including sub-categories of anxiety) have anatomic, physiological and psychological components. They have conscient and inconscient qualities. They may be reduced to internal expressions or compromise external single or group objects and/or natural things. We have a phylogenetic prenatal disposition to feel, to modulate and to discharge anxieties. Being very reliable it was originally a response stemming from protoplasm's irritability and later on transformed into Conservation instinct. This original situation meant that the object received diversity of stimuli that produced states of irritation that had to be discharged through escape or endogenous-structural modifications (PROTODEFENSES) that remained imprinted in a hypothetical organisms memory in a sort of inherited facilities (Mnemonic phylogenetic traces.) Thus the primitive creature learnt how to filtrate, select and adequate external stimuli in quality and quantity starting to develop our actual complex defensive system.

After birth and under the influence of a Historic factor, anxieties interweave with sensations but remain unchanged like their primitive identity being a typical subject's reaction against any kind of danger eventually useful to prevent and to signal it.

In session 16 (Gilda's case) we may analyze her present anxieties in the six REs and observe that all anxieties are very primitive and coherent with different CCRTs found in the same session. Wishes are naïve and Infantile. They are unsuitable for her situation. Very seldom may we track heterosexual genital Contents. Object (real) anxiety is almost absent, explaining weakness of her sexual strivings. Before leaving the fascinating campus of anxieties a small and necessary space should be allotted to the complementary problem of defenses as understood according to Freudian basic ideas, to Vaillant Vaillant, 1971 and to Perry (1991) and later Perry's reprints. It is true that the original Perry's scales were designed for use in making reliable judgments of defenses in psycho dynamically-oriented clinical interviews but it is also true that in more recent papers (1993) he reviews issues pertinent to studying defenses in psychotherapy sessions

1.6 Defenses in session # 16

In RE # 1 is possible to identify (1) **somatizations (L-1),** (2) **hypocondriasis (L-1),** (3) **dissociation (L-5),** and (4) **hypocondriasis (L-1)** again as defenses. It is remarkable the prevalence of hypocondriasis (help -- rejecting) defense. There is a perfect correlation between CCRT, anxieties and defenses, specially because of the regressive nature of the wish of being looked after by her mother. It is also relevant to point out the poor Self-other discrimination that is shown by the somatic manifestations and symptoms.

In RE # 2 and in connections with G's impossibility to express aggression to others in this RE with

the Self, it is most important to observe the accurate description of the **turn against the self** defense.

In RE # 3 there is a predominance of inferences and interpretations that G. makes of her mother's behavior out of her pathological desires and feelings. The level of anxieties and defenses fully agree with the regressive characteristics of CCRT, **Denial (L-3) and dissociation (L-5).**

In RE # 4 It is observable that her relationship with her Grandmother is very positive due to a firm **dissociation (L-5):** grandmother = ideal object and mother persecutory object; her **rationalization (L-3) is clear** (I ate well because it was healthy food...). The CCRT is based on G's attitudes and interpretations of behaviors and feelings more than on a dialogue. The R. Self is positive modification of her eating disorder.

In RE # 5 Gilda uses **idealization defense (L-4)** of the personal and family situation in USA. She also uses **Self and Others devaluation defense (L-4)** right now. **Projection (L-3) and rationalizations (L-3) are also present.** Nevertheless this RE is more in agreement with her age; with her tendency to exogamy, in other words farther from body responses. And finally in RE # 6 we observe that it is a rich episode with her classmates; we can assess (1) **Self and other's devaluation (L-4),** (2) **Self idealization (L-4)** (better at school, with a higher level), (3) **projection (L-3) (**the girls spoke badly behind my back, (4) **devaluation (L-4) (**they made fun of me), (5) **Self idealization (L-4) (**I had a special education) and (6) **aggression (L-1)**(turning against the Self. Acting out: I wanted to loose weight (Anorexia, somatizations). It is remarkable in this CCRT the pathological answers of the Self expressed by feelings and severe somatizations at the failure of her wish to mix with her classmates. The narcissistic idealization and Self-other devaluation defenses alternately agree with her poorly discriminated way of reacting physically before others through sensations.

Table 1

CORRELATION OF ANXIETIES AND DEFENSES IN S-16

ANXIETIES	DEFENSES
	RE # 01
A1) ***11-IV PRESENT*** **(x of origin)**	**D1)** ***HYPOCONDRIA*** **(L-1)**
A2) ***4-IV ADOLESCENT*** **(L. cycle)**	**D2)** ***SOMATIC*** **(L-1)**
A3) ***3-IV NEUROTIC*** **(Psychopath)**	**D2)** ***SELF REJECTING*** **(L-2)**
	RE # 02
A1) ***11-IV PRESENT*** **(x of origin)**	**D1)** ***PASSIVE AGRESSION*** **(L-1)**
A2) ***2-III INC. FEEL. GUILT*** **(STRUCT.)**	**D2)** ***PASSIVE AGRESSION*** **(L-1)**
A3) ***3-IV NEUROTIC*** **(Psychopath)**	***.....***
	RE # 03
A1) ***3-IV NEUROTIC*** **(Psychopath.)**	**D1)** ***PASSIVE AGRESSION + ACT.OUT*** **(L-1)** **D2)** ***DENIAL*** **(L-3)** **D3)** ***PROJECTIVE IDENT.*** **(L-2)**
	RE # 04
NO ANXIETIES	**D1)** ***SPLITTING*** **(L-2)**

RE # 05

A1) ***4-IV ADOLESCENT*** **(L. Cycle)**

D1) ***DENIAL-PROJECTION*** **(L-3)**
D2) ***RATIONALIZATION (L-3)***
PROJECTION **(L-3)**
D3) ***IDEALIZATION (L-3)***
D4) DEVALUATION (L-4)

RE # 06

A1) ***ADOLESCENT (L.*** **Cycle)**

D1) ***SELF AGRESSION*** **(L-1)**
D2) ***PROJECT. IDENT. (L-3)***
PROJECTION **(L-3)**

As we shall observe in following figure in session # 16 we can hardly find a higher degree of defenses beyond level four. Nevertheless we can observe that within the session there is an improvement of defense's quality used by the patient between minute 35' and 45' to decline again at the end of the session. In later sessions we shall assess much better levels of defenses.

Graphic 1

1.7 SESSION # 197 (JULY/11/1992) . FIRST COMPARATIVE SESSION
I shall include only one ER corresponding to S-197 (First comparative session) which is a key one since it is a turning point in the therapy. It describes a Synchronous point in which we can observe the end of a long symptomatic period of the patient.

RE # 01

of course it was//terrific, the day that my menstruation came-back. I couldn't believe,//you see?. Because...of course...after two and a half almost three years it didn't come to me// I was afraid, How should I communicate it?// well...the fact is that.../ I realized that it had come back to me just before lunch//I thought...shall I tell them now ?..// I hesitated...shall I tell them now or after lunch ?// because...// I didn't want to communicate "the news".// My father and sister were at home and I know them// they become so bothering! You know?// My mother could start making difficult questions, you know ?too feminine in front of my father//....I will not tell her now because I know her well, // she will ask for a toast, and she will say, How lucky the girl is !.// she might start crying// I say...shall I be able to wait until lunch is finished ?// for in that moment each one shall disperse towards their own business//"the news" it is not just a toast altogether...I didn't want that// I wanted my father watching TV or going to his bed for sleeping a nap//....// I had lunch very nervously//...I realized...I must let her know !//I am sure she wants to know whether I am menstruating,.// Then, Mo....., I called her// She became very moved,//.....//she looked at me and could not believe it,//She calmed down and told me: "now you need a little towel"// Of course I Knew that..!//You must call the Doctor"//..Oas not the first time.!//I knew she would be coming with all those ideas//Should I have said that at lunch she would have said : "Lets toast for G..."and I didn't want that// nevertheless, to tell the truth// I wanted them to be informed// what a pleasure!// however I wanted to avoid their adhering to me// I touched my belly, and I asked my self Does it hurt ?//....//I didn't want them to making a party//Everybody like do give good news.// I know my mother, she is very bothersome//I think that she expected this fact more that I did// I was very ashamed to my father// It is a subject I don't want to talk to my father about//....//My sister M. came afterwards, she came to greet me, Everybody came to say hello//...//that night and in front of my father my mother asked me (about her menstruation)//...I knew I was going to have troubles with.....since I had given no information (to father)// I didn't go to my father and tell him: "Daddy, menstruation is back with me",// //When we came back home from somewhere, she asked me: "and G., are you in pain?..../I answered: "No, No, No"..../I was embarrassed because Daddy was there...//...//Then my mother asked me: Did you call E. ? //"Yes, I did !// Did you inform your father that you are menstruating is back to you? // Enough, I said! // I confirmed very silently that I had //I hate my mother when she behaves in such an old fashioned way..//

CCRT RE # 01:

I want to communicate (Fr. 5; SC 9) but I don't want to show happiness (Fr. 3; SC10), and I don't want my father be present.
My mother is interested in me (Fr. 3; SC 9); she helps me (Fr. 1; SC 13) and she is happy and proud of me (Fr. 1; SC 29).
My mother is not empathic (Fr. 4; SC 2), she will cry (Fr. 1; SC 28).
I am happy; my period is back (Fr. 1 SC 19)
I am ashamed (Fr. 8; SC 26); I don't like mother telling me what to do (Fr. 6 SC 21). I feel
inhibited with my father (Fr. 3; SC 8)

COMMENTS: In this CCRT we observe more positive wishes and Object and Self reactions. We are describing the exact moment of psychotherapy in which hypocondriasis starts disappearing and G. starts menstruating again. Sexual components are present again. Emotions are in the manifest content of the RE though she is not ready to display and communicate them to her father because she feels ashamed to do so. A mayor change has taken place in responses from the other and also in her Self responses.

1.7 ON THE ANXIETY LEVEL IN RE 1
(Keeping chronological order of appearance in session)
The two more assessed anxieties by our Referees in this RE were **EXPECTANT (8-III)** and **ADOLESCENT (4-IV).** Expectant means course and duration. Adolescent anxiety is a type of anxiety equivalent to **Virginal anxiety.** This means that G.'s Anxieties are rather adequate now to her adolescent conditions.

1.8 DEFENSES IN RE 1 SESSION 176
In chronological order our referees assessed seven different defenses: (1) **Affiliation (L-7),** (2) **Hypocondriasis (L-1),** (3) **Projection (L-3),** (4) **Denial (L-3),** (5) **Repression (L-5),** (6) **Acting out (1) and** (7) **Devaluation (4).**
It is most important to point out that there is no quantitative correlation between anxieties and defenses. For instance in RE1 there are only two main anxieties assessed whereas seven different defenses were tracked. What are correlated however are the qualities of anxieties and defenses.
An improvement to display anxiety is always followed by higher levels of defenses.
Following figure illustrates changes of defenses and levels of them in RE 1 that is in 15'

Graphic 2

1.9 SESSION # 382 (OCT/15/1994). SECOND COMPARATIVE SESSION
For this session and for obvious reasons I will transcribe only three REs that I consider enough to make evident the therapeutic analytic process evolution.

2.0 RE # 1 (CLASSMATES)
//Everybody was very on edge because T. had made a phone call//I started to cry//nobody understood anything at all(1)//what happened they asked me?//I explained to them that strange things were happening to me//since a week ago, I was telling some girls (D. and P.)//that I was feeling terrible//that I feel very oppressed(2)//and with that I finished to tell them about what happened to me//that's it//...I was altered//very nervous//very worried about many things// and I almost explained things to them because nobody was understanding clearly what was happening to me//finally I realized that they wanted to help me//They came to me and asked me and told me and they looked at me//the four boys looked at me as a strange being(3)//"What's the matter with this girl?"//she is always so witty and in peace with everybody//because and for your information I am the most stable character of all my class mates//...I never have sudden outbursts// I am that kind of person that gets along fine with everybody//I never make up stories//that's me!//That's why they didn't understand anything at the very beginning//

2.1 CCRT RE # 1
3 SC I WISH TO BE VALUED; TO BE IMPORTANT TO my class mates; I was anxious, tense and I cried [11 RS (-)]; they did not understand why I was crying. They are accepting (3 SC); They

are helpful (13 SC); Usually I feel happy (SC 29) and I like Others (SC 5)

2.2 ANXIETIES RE # 1
Our Referees considered G's anxieties "Difficult to assess **(CC-13)**" and essentially **Pathological,** that is **Hysterical (3-III) one.**

2.3 DEFENSES RE # 1
Our referees integrated to assess defenses in this RE using Perry's system to do so and considered that **Acting-out, Dissociation,** accompanied by **Hysterical Convertion and Somatic Convertion with permanent Self-observation were most important defenses used in the first part of this RE.**
It is very important to underline that in the second part of RE # 1 besides **Rationalization, Anticipation and Affiliation, it was easy to assess SEXUAL REPRESSION and soft Acting-out**

2.4 RE # 2 (GIRL CLASSMATES)
//It's as they are proving OK to me that they are worried about me//some one came and told me:" ..Well, G. Are you any better? Are you all right? How are you?//some other classmates paid no attention to me and asked me nothing at all// M. and I. even they were at home and they heard about everything, they asked nothing//I was in the bathroom with my mother and I cried (Soft acting-out)// and I am sure they hear me crying//that time they came home but.....//

2.5 CCRT RE # 2
I Wish that M. and I. (Friends) were concerned about Me. They were very unconsidered with me. They did not care about Me when I felt bad, when I cried and I was very anxious.

2.6 The most assessed Anxiety in ER # 2 was C-3-I (**Phobic anxiety**)

2.7 Most assessed fluctuating defenses were:
Hysterical Acting-out, SEXUAL REPRESSION, Dissociation: Very secondarily, **Anticipation, Rationalization and Anticipation.** The real issue in this RE is the clear use of Sexual Repression Mechanism (more neurotic Mechanisms).

2.8 RE # 3 (Girl Classmates)
//but I felt suffocated(1)//because M. and I. came home that day//and mother who did not pay attention to me//did not talk to the girls//and my sister telling me every two minutes//how can you invite M. and I.?//You were supposed not to talk to them any more?////my father had a long face//I felt horrible//nobody understood me//I felt engulfed among them and my parents(2)//and I was hungry//and I felt very sick(3)//you know//and I don't know, I think that to be hungry and to have a low glucemia//I had the sensation of being nervous//not to be able to breathe//more over I could not breathe(4)//I couldn't swallow//imagine it was hard for me to try to swallow and to breathe (5) at the same time//or to do both things//I had to make an effort to concentrate//I had to discriminate and say: I swallow now, I breath now//when you are in these conditions your larynx gets closed//you can't breathe not even for swallowing your own saliva//it was even hard to swallow my own saliva//I was nervous(6)//I had a balloon in my stomach//no, no, no, I couldn't explain it//furthermore I was nervous because I had decided not to eat for a longtime//suddenly to have food and to have decided not everything(symptoms)//everything is weak//nevertheless I could have suffered it but I was nervous and tense//may be I could have devoured like an animal//because I was hungry.....too nervous//

2.9 CCRT RE # 3 (PARENTS AND SISTER)
I WISH TO BE UNDERSTOOD (SC 1), **TO BE EMOTIONALLY STABLE** (SC 30); **MY MOTHER OPPOSED ME. MY SISTER AND MY FATHER TOO. I FELT ENGULFED AMONG MY CLASSMATES AND MY PARENTS. I REACTED VERY ANXIOUS, WITH ANXIETY AND CONVERSE SYMPTOMS, SOMATIC** (I couldn't breathe, I couldn't swallow, I felt sick)

In this CCRT we observe a predominant negative Self tendency, with somatizations (conversions) sickness, difficulties to breathe, a balloon at the stomach. Etc., and high intensity of anxieties. You

can also observe R.O. (-): my parents and sister do not understand me.

3.0 The most assessed anxieties in this RE # 3 are:

3-IV (Adolescent anxiety) and secondarily **11-VI (Somatic Anxiety).** This RE is a real turning point in Gilda's therapy because Adolescent Anxiety, from a clinic point of view is properly an Adolescence Anxiety equivalent to **Virginal Anxiety.** This last Anxiety was used by Freud in his early Papers to describe anxieties that young or virginal people display when facing sexuality. Concerning the Somatic Anxiety, Freud considered it as a Convertion of the an xiety neurosis into somatic sensations (fainting, diarrhea, rheumatic problems, cardio-vascular functional diseases, respiratory dysfunctions, etc.), All of which share one important common trait: the ideational content has been suppressed. Something is undoubted: they are essential mature anxieties and are based on (but not entirely) sexual conflicts..

3.1 Defenses used by Gilda to modulate above mentioned anxieties in this RE are seven: (1)**Dissociation (L-5) with** (2) **light Hysterical convertion; some** (3) **Anticipation (L-7);** (4) **dissociation (L-5) with** (5) **converse symptoms (L-1),** (6) **Self observation (L-7) and again** (7) **SEXUAL REPRESSION (L-5) are present in this RE.**

Table 2

CORRELATION OF ANXIETIES AND DEFENSES S-382

ANXIETIES	**DEFENSES**
	RE # 01
A1) 11-IV *PRESENT* (x of origin)	**D1) *HYPOCONDRIA* (L-1)**
A2) 4-IV *ADOLESCENT* (L. cycle)	**D2) *SOMATIC* (L-1)**
A3) 3-IV *NEUROTIC* (Psychopath)	**D2) *SELF REJECTING* (L-2)**
	RE # 02
A1) 3-1 *PHOBIC ANX*. (Psychopath)	**D1) DISSOCIATION (L-5) ACTING-PUT (L-1)**
A2) 3-1I *HYSTERIC ANX*. (Psychopath)	**D2) HYSTERIC ACTING OUT (L-7)**
A3) 3-I *PHOBIC ANX.* (Psychopath)	
	RE # 03
A1) 3-IV *NEUROTIC ANX.* (Psychopath)	**D1) *DISSOCIATION* (L-5)**
A2) 3-IV *NEUROTIC ANX.* (Psychopath)	**D2) *RATIONALIZATION* (L-3)**
A3) 11-VI *SOMATIC ANX.* (X of origin)	**D3) *DISSOCIATION* (L-5) and *HYSTERIC CONV.* (L-5)**

If we compare these described defenses with defenses modulated in previous sessions by the patient there are no doubts that an important evolution has taken place towards much more mature levels. **F**ollowing is a synthetic illustration Defenses session # 382

Graphic 3

Now, if you compare the three sessions illustrations you will have a clear picture about how defenses have evolutioned from session # 16 to session # 382

3.2 A great effort has been made to obtain this extended but yet compact phenomenological descriptive abstract of a long Psychotherapy of more that six hundred sessions. It was a necessary way to give an approximate idea of the evolution of the case concerning CCRT, Anxieties and also defenses

3.3 CCRT EVOLUTION

From the very beginning the method followed for extracting the CCRT was a two-phase guided system called A and B. During phase A we located and identified the Narratives (REs) in tape recorded sessions. During phase B. REs were reviewed and CCRTs were extracted from REs.

The sessions were chosen according to a randomized system but leaving a sufficiently long period between the studied sessions to facilitate diachronic comparisons. In to avoid interference with the intersubjective therapeutic field of analyst-patient, we did a clear "off-line" study. According to the Referees information, (we received sessions with REs identified), they had used first **Tailor made Categories** that they translated into **Standard Categories** afterwards. We considered the agreement between pairs of Judges was reliable so we started working upon their already scored work.

If we consider the **prevailing wish** in session # 16 **"to be independent, not to be controlled"** is very inadequate for a girl of her age, for instance that she is very sick, that she lost much weight, and that she has no material possibilities to leave towards exogamy. She has no symbolic dimensions in her thinking or she is unable to relate her wishes according to future times. If we analyze the six REs of Session # 16 we come to the conclusion that she feels negative and regressive: **to be helped, to be distant, to not be responsible or obligated, to be submissive or to be passive (mother);** very secondarily, we find positive wishes like: **to have self control, (grandmother); to be independent (mother) or to be close to others (classmates).** With an acceptable level of inference clear heterosexual wishes are not obvious or apparent.

As we stated before, if we consider Responses of her Self , they are poorly differentiated and she frequently interprets peoples' attitudes with relation to her feelings.

Now, if we come to session # 382 more than four years later, we shall observe interesting changes in her CCRT: We even find predominant negative Self tendencies, with somatizations (conversions) like sickness, difficulties to breathe, a balloon at the stomach, etc., she is able to formulate few positive and more mature wishes of a feasible nature: **to be understood (SC 1)** and to be **emotionally stable (SC 3).** Using a small degree of inference, sexual desire (she is hungry again) is now present.

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