Abbie's Case

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Introduction

The patient, Abbie, started her psychoanalysis with me on September 29, 1960. She was treated on the couch, two sessions per week at the beginning and currently four. At the beginning of therapy Abbie was 23 years old. She had been divorced for two years, after a marriage that had lasted three years. She was living with her mother and a sister ten years her junior. She worked as a saleswoman in a family business, owned by her brother-in-law, where she was earning $75 per week.

Her father, who had remarried, contributed a substantial alimony to Abbie's mother. Inspite of this, the patient considered herself as the breadwinner and head of the household.

Abbie is short, slightly overweight, and has an adolescent cute and seductive manner. She is very straightforward, looks assertive and self-confident, but is somewhat masculine in her demeanor. Her chief complaint, as stated in the intake interview, was: "Basically I feel I am not myself. I have fits of temper. I cry all the time. I don't have any goals or purpose. I am overweight and I cannot lose weight. I fight with my family. I throw things around the house. I say and do things I don't mean and don't want to do. I lie. I am a mess. Anything I do well, I enjoy it, but if I cannot do it well, I get frustrated and I won't do it. I want perfection, but don't strive for it."

The patient said that the complaints began when she was separating from her husband. At the same time, her parents were getting a divorce. As she put it, "We made a foursome." The patient then stopped working, sat around the house, did not know what to do, and indulged herself in self-pity and crying.

Her temper tantrums, that were said to have started with her marriage, later on in therapy were revealed to go back as far as her early childhood. They would be set off by the slightest thing, frequently by a suggestion made to her that she do something or by her trying to explain something and feeling that she was not reaching the person. She described her husband as irresponsible; he gambled and did not provide for the house; they were not suitable for each other. She went on to say that she did not blame or condemn him. She had walked out of the house and never returned. There were sexual problems in the marriage upon which the patient did not elaborate at intake.

Her problem with weight control started at the age of 12, coinciding with her menarche. She was never able to control her eating habits with the exception of a short period from 16 to 18 when she was engaged. Her symptoms of depression seem to have been acute for a short period while she was living with her father after her separation from her husband. She had no history of physical illness, with the exception of chronic bronchitis, which recurred every winter.

The diagnosis made by the intake psychiatrist, Dr. Tannenbaum, was that of Passive-Aggressive Character Disorder, with acting out of an Oedipal problem.

At the beginning of treatment the patient was suffering from an amnesia that almost completely covered the first ten years of her life. With the progress of therapy it became apparent that even the few things she did recall from this period, particularly her perceptions of people, were highly distorted.

Family History

Abbie was born in Brooklyn on January 15, 1937 as the second child of a lower middle class Jewish family. She has a sister, Lois, 2 1/2 years her senior, and another sister, Jane, 10 years her junior.

Her father, 49 years of age when the patient started treatment in 1960, is a self-employed salesman. He never was a good provider at home and he used to gamble. He separated from his wife in 1958 and remarried a few months later. He separated from his second wife in 1961. Abbie said, "He has been my daddy all my life - a real girl-father combination. - I was always very close to him. I was a tomboy when I was young. He was very proud of me. We always went places together, and did things together. As good as he is, he can be bad."

Her mother, 48 years of age when the patient started treatment, was

a housewife all her life and was described as "the type of mother who lives for the children, for doing things, for buying things. She is hard to reach as far as intellect is concerned. She has her ways, is pretty much set. She, too, has her problems. She is as depressed as I am". Abbie perceived her relationship with her mother exclusively in a negative way. She remembered only fighting with her, trying to reach her, and, failing to do so - hating her. Later in treatment she was able to recognize that she had been very close to her mother, mostly at a physical level, and that they both were very demonstrative, especially after big fights, kissing and hugging each other, even lying in the same bed.

The relations between Abbie's parents were never good. She remembers that there always were fights in the house, the arguments being about the inability of the father to be responsible and be a good provider, or about his outside interests. The mother seems to have been the strong one in the family. She would flare up and provoke the father to a point where he would either have to beat her up or leave the house. She always belittled him in front of the children and outsiders. The marriage was always on the verge of breaking up. These fights would usually end in great demonstrations of tenderness, where the father would break down in tears and the mother would console him and be very close. Outside the home the mother was a big flirt. In social settings she would drink heavily and act up in front of the husband, who was unable to control her.

Abbie's elder sister Lois was sickly, shy, and meek. They had frequent fights for which Abbie was always blamed and punished, even on occasions when she was not at fault. Abbie felt that she was always expected to play the role of an older sister. The relationship seemed to improve when Abbie gained some status within the family by marrying and then divorcing her husband before Lois married. Lois was married and pregnant with her first child when Abbie started treatment. Walt, the husband of Lois, is highly regarded in the family circle. Abbie was very close to him, and in the course of her treatment this relationship became overtly sexual. Walt himself is in analysis and a great deal of "note comparing" and "sexual acting out" went on between them. Abbie never commented on the outcome of her sister's pregnancy, and only indirectly did I learn that Abbie has a niece.

Abbie was very protective toward and concerned about her younger sister, Jane, whom she considered more as a daughter. However, Abbie remembers being disappointed when this sister was born and was not a boy. She also recalls letting Jane accidentally roll down the stairs in the carriage when she was fighting with Lois over who was going to wheel her in the street.

Personal History

The patient remembers having tantrums, fighting her sister, and breaking the house apart, as far back as the age of five or six. This was so bad that all the babysitters refused to babysit with her and her parents were not able to leave her at night. She was a bed-wetter at least until the age of eight or ten. She slept in the parent's' bedroom for as long as she was wetting the bed.

When she went to kindergarten for the first time she was scared, felt like crying and wanted her mother to stay. Instead, because she was expected to be a strong kid, she swallowed up her tears and started bullying the other kids at school.

At the age of four or five the family was evicted because Abbie kept on demolishing the rose garden of the landlord. The reason for this seems to have been that Abbie felt that the mother liked the landlord and she was angry at him for this.

She describes herself as being a tomboy until the age of 12 and being happy about it because she did not know that there was a difference between boys and girls. At that time she realized that the other girls were different from her. Due to her mother's insistence Abbie was introduced to some girls andjoined a club. "I remember the girls were interested in the boys of the neighborhood and in parties, and I couldn't understand why they should be. Not that I didn't like the boys, but I was afraid that they wouldn't like me. I showed disinterest. I started to feel that I was not feminine." Abbie fought this by either dating a boy "to show the girls" or by becoming "one of the boys".

She was very naive in sexual matters and openly asked questions at home, mostly of her mother. When she first learned about contraceptives, she thought the woman was the one who wears the condom. Her mother teased her by asking her, "Where do you want to put it on?" With puberty, at the age of 12, she started to put on weight, became very selfconscious

about her figure, mostly if she had to get undressed in front of other girls. She first experienced sexual feelings at the age of 13 when another girl was lying on her lap and this made her feel very peculiar. At that time she used to tell herself: "I am not a girl like the others, not only because of my sexual feelings for them, but because they are so feminine and I am like a boy". Saying this to herself, she was led to "do crazy things, and feel like a boy." She says she was a problem kid, but at the same time a good kid, the latter mostly because she kept herself out of trouble with boys. " I was very wild, we would go hiking late at night, I stole money that I spent with the gang. For a while the gang was taking marihuana. I think I did too, once or twice. I used to tell myself 'I do wrong things but I am not bad, because I know what I am doing'. I knew I was going to be alright because I had control over it". The boys would use foul language in front of her and would brag about their sexual adventures. On occasion she would provide the means for them to satisfy their needs. For instance, when she was 14 and was left to babysit for her younger sister during her sister Lois' graduation from High School, three of her boy friends came up to keep her company and brought along with them a prostitute for a line-up, that took place in the next room and that Abbie had occasion to witness through the half open door. She was felling inadequate as a girl for not being like the others, but she would have felt a "sissy" if she had been genuinely interested in boys. That, however, did not prevent her from having some heterosexual contacts and interests, which she had strongly to excuse herself for or deny altogether.

These heterosexual experiences took place always in the presence of other girls, or where her mother was likely to find her.

In her school life she was mostly outstanding in sports and extra-curricular activities. She went to an all girls grammar school and high school where she was a boss and a bully with the other kids. She played hooky frequently but did not get into trouble with the truant officer. Probably her parents covered up for her on more than one occasion. She managed, however, to graduate from high school at the age of 17, with a general diploma.

At the age of 16, a significant change took place in her life, she lost weight, became interested in her appearance and in boys and finally she met and fell in love with Morris, whom she married two years later. Due to her inexperience in sexual matters, she turned towards Mark, her best boyfriend, for advice. He told her not to give in, that she was a good girl, not like the others. She was proud of Mark's confidence in her, but hurt that he did not show interest in her as a woman. During the courtship with Morris, he was sexually aggressive, but they did not have intercourse. On a couple of occasions she reached orgasm, once petting fully dressed when she felt the pressure of his penis against her vagina and on another occasion when he was practicing cunnilingus on her. During this experience they were interrupted by his mother and her mother, and there is reason to wonder whether Abbie hadn't contrived this situation.

After the marriage, Morris lost his initiative in the relationship, and Abbie became the aggressive one in sexual matters. She never reached orgasm while having sexual intercourse. She began to feel very rejected because of his progressive lack of sexual interest in her, and would start violent fights with him. She would provoke him to the point where he would physically attack her or leave the house. He became irresponsible in his job, started gambling and drinking, and felt she did not let him be a man in bed or outside of it. All during her marriage Abbie felt she was a 'devoted' wife; she took care of the house, worked full time as a receptionist in a stable position, earning 65 dollars a week. She felt extremely frustrated and disappointed about her marriage. The first time in her life that she ever masturbated was during her marriage. She managed, however, to be discovered by her husband the first time she did it. The realization that her marriage was a carbon copy of her parents' came as a shock to Abbie, and mostly because of seeing herself repeating with her husband the same behaviour she despised in her mother. Things were neither better or worse than usual in her marriage when she decided to leave her husband. The precipitating factor seems to have been the separation of her parents, which she took very badly and about which she became very depressed. Her father took her with him to his appartment and they shared the same bedroom. They were real buddies. They would discuss their mutual views and experiences about sex, marriage and dates. The father played a very active role in her separation and divorce procedures. He also gave her advice about how to be a woman and how to behave in bed. She was very cross with him because

he would bring dates home without consideration for her. This went on for nearly two months when finally Abbie moved to live with her mother and younger sister, who were at that time in Florida. The mother would talk against the father, and Abbie felt caught in a conflict of loyalties. She temporarily worked as a social director in a hotel and as counselor in a summer camp. From this last job she was fired because of a scandal that arose when some children overheard her discussing sexual matters with the other younger counselors.

She finally returned to New York and there she found a surprise. Her father was getting married again. She projected her feelings onto her younger sister and thought that her father's re-marriage would affect her badly. Superficially she accepted the situation. She had a great argument with her mother, who did not want her to go to the wedding. She did finally go. Referring to this episode she says, "I got so angry that I took a kitchen knife and I threatened to kill myself, if she did not shut up". But in the next sentence she continued, "I was getting excited, I ran and I grabbed the knife and I said 'if you don't shut up, I'll kill you'".

The relationship with Mark was renewed at this time and created further complications in her sexual adjustment. When she married, she had wanted Mark to continue in the role of confidant, but neither her husband nor Mark would accept this plan. So, she says, Mark went to the army heartbroken. She started writing to him and telling him about her difficulties in her marriage. Mark at the beginning was reluctant to get involved in this

role, but he finally started accepting it and consoling her. When finally the marriage broke up, Mark was the good friend she could turn to. She was very fond of him because she could really speak to him and be understood, but resented that he did not treat her as a woman. A problem arose, however, when Mark began to treat her as a woman and, responding to her seductiveness, wanted to make it more of a man-woman relationship with sexual demands. Finally he proposed to her. She had been able, for the last two years before coming into therapy, to play a game with Mark. She would sexually seduce him, and, when he would start reacting, she would withdraw. They have had sexual relations on a couple of occasions, but this is not what she wanted. She wanted to keep the relation just at a level of buddies, but he had to be a sexually aroused and continuously frustrated buddy. Mark had reached a point where he meant business, and either he would marry her or finish the relationship. The relationship reached a deadlock. She was forced to choose an alternative. That seems to have been the major reason why Abbie applied for treatment. Therapy was the way out. The night of her first session she went to Mark and told him that she loved him, but that she was so mixed up (she was going to a psychiatrist), that he would have to wait until she was ready for marriage.

Assay of Motivation, Insight, Personality Strengths and Weaknesses

The patient was sufficiently motivated to enter therapy. She had reached a point where she realized that her personal difficulties and problems were not just a matter of chance and that she had to do something about them.

She had some insight into her condition as well as into the psychological nature of it. She was appropriate and logical in her thinking. She made a good rapport with the intake psychiatrist as well as with me. She seemed to be in contact with her feelings. She is a sensitive, perceptive, intelligent, and introspective person. She was functioning at a satisfactory level in her job, and her problems were mostly limited to her family and heterosexual relationships. All these factors led me to believe that she had enough ego strength to benefit from more classical psychoanalytic treatment. The only drawback was her tendency to act out, which was not very prominent at the beginning of treatment.

The Course of Treatment

The initial therapeutic contact with me was characterized by the following features: She was verbose, articulate and associated freely right from the beginning. She established a very strong transference, too soon for my liking.

Her transference during the initial phase of treatment was of a maternal type. It was based on a strong need to be dependent, on her part, and a system of defenses against it, that showed themselves in a mixture of seductiveness and rejection, hope for an ideal relationship and fear of being swallowed, expressed as distrust, controlling maneuvers, etc. Her statement "I want to be helped by you without becoming part of you" clearly shows these dynamics.

My countertransference was based on my reaction to her need to control me as well as on the narcissistic blow to me that she was doing so well by herself, which did not give me a chance to help her. As soon as I stopped countertransferentially reacting to her, it had repercussions in her current life situation.

Mark, became more reluctant to play the game which had been going on for more than two years, and as a consequence the relationship broke off. She attempted to make it work with another man, but without success. A great deal of controlling by teasing was involved in these relationships. A significant change followed in her relationship with men. She fell in love with a divorced man with two children, a dentist, Bob, who after one month proposed to her. At this point she was extremely conflicted because she was really feeling for him but she was afraid of the responsibility. She had a hypnopompic hallucination, in which she was married to this man and she was taking care of his two children. Because of negligence on her part a fire broke out and the two children were killed. She felt lost and came to me, desperately crying and asking me what to do, and I did nothing (in the hallucination which she had experienced).

Unable to find partners with whom to act out her neurotic pattern, she was forced to find another solution. 24 years of age she decided to start an acting career and enroll in an acting school. She was aware of the neurotic implications of that decision and its significance as a way of avoiding adult responsibilities as a woman. But in spite of that she went through with it.

At another level, this had been the ambition of her life, and the way she was able to get admiration and attention from her father as a child. She decided for acting, and with great pain she gave up Bob, the dentist.

Around this time, she presented her first dream:

> "I was in a bus with my mother. She was going to buy some Jewish candy; there was a commotion in the bus; I bumped against her; we got off. My first instinct was to look back to see if people were looking at me".

This dream, together with the above mentioned phantasy showed me the oral origin of her homosexual attraction towards mother as well as the sibling rivalry behind her competition with women.

She was experiencing my lack of countertransferential response to her as a rejection, and this was translated in treatment as a phase of resistance, with lateness, blocking of associations and hostility towards me. She was making continuous reference to her brother-in-law's therapist and how much he was doing for him. As a way of arousing my interest, she turned toward Walt, and made of him a substitute therapist who provided for her the kind of reaction she was not getting from me.

At this point I was quite confused about the role that she had assigned me in transference. At a verbal level I was without doubt her father. The nature of our relationship, however, was of a maternal type. Only much later in therapy was I able to understand that this was her way of relating to men. This came about through the analysis of a favorite expression of hers: "having homosexual relationships with women", which had the implication that she had been having homosexual relationships with men.

Around the sixth' month of therapy her father separated from his second wife. Her feelings of omnipotence were heightened, and she relived what she experienced during divorce proceedings of her parents, becoming aware of how much she wanted them separated. There was her strong desire for her father, but it was clearly a desire for a maternal figure.

I appeared in one of her dreams for the first time.

> "The doctor said that something was wrong in my throat; that he had to examine it. The doctor came over the bed and sort of laid on top of me. He started to move back and forth. My friends turned away; they were in the room; and they looked towards the window. The doctor kept on rubbing his body against mine. It is so hard to say! ... Through doing this I had an orgasm. I woke up and I did not know if I had had it in the dream or in reality."

This dream shows the oral origin of her interest in me as well as the nature of her sexual activities, which were at a masturbatory level. This opened up the area of her feelings of sexual inadequacy as well as of masculine identification. She reviewed her marital life and it became apparent that her feeling sexually inadequate as a women was not really so, but was tied up with her trying to play a masculine role in relationship to her husband, who represented the mother.

I went away for a week. Upon my return she said:

> "I had a thought to say to you ' I misse d you the time you were away', but I could not say it. I felt very bad in general all this week. I felt like crying an awful lot. And I felt lonely. One thing in particular has

happened in the past two weeks that is very peculiar and I cannot understand ..."

And she went on to describe at length that she was feeling sexually attracted towards a married woman, her own teacher, Joannie; and she was desperately trying to get into an heterosexual affair.

The summer vacation of 1961 came and she was sleeping in the same bed with her mother, and during the weekends she would go to the country with her sister and brother-in-law. A lot of sexual acting-out went on between Walt and her. She would tease him, engage in some petting but always avoid touching his penis. When, on one occasion, he had a premature ejaculation while he was trying to really have intercourse, she could not help but have a feeling of triumph. She was trying to take him away from her sister, and to reach her sister through him. A dream that she brought after the vacation clarifies the meaning of this relationship.

"I was married to my sister Lois. We were in bed. I wanted to have sexual intercourse with her. She was telling me that there were people around and we could not right now, but maybe later. I was very annoyed and troubled in the dream. Then the dream shifted: Lois, Walt and I were in a bathroom (familiar to me as the one in a house where I lived when I was younger). I was telling them that I was going to divorce Lois because of sexual problems. Nobody wanted to believe it. I was trying to explain it, but nobody paid any attention. My mother was not in the dream, but she was standing around some place."

This dream was associated with her relationship with Morris, her husband, and covered up some sexual play with her sister, in which she probably played a masculine role. This dream was followed by a session into which she brought two dreams. In one of them she was castrating me and in the other she was having a relationship with Joannie, her woman teacher, where the teacher was "blowing" Abbie and Abbie had an ejaculation. She brought another dream: where she was walking out of the house with her mother. They came upon a man, who was tied to the railroad tracks and was being tortured by a train going up and down over his foot. She said that he was foolish letting himself be tortured little by little, that it was better to put all his body under the train and be killed at once. After that she walked happily home with her mother, where the girls were." When she woke up from this dream, she found herself masturbating. The sadistic and castrating phantasies towards the man in the dream were broadly confirmed later on. The meaning was adouble one: Either she can eliminate men and have mother, or by castrating them they become mothers.

She was thinking that Joannie had homosexual intentions towards her and she was pushing the relation to a point where she confessed to Joannie her feelings and to her great disappointment Joannie did not respond. She felt very hurt and withdrew from this relationship. In the meanwhile Abbie's mother wanted her to "work" on the father in order to make him want to return home. She was extremely enraged over the demands of her mother. Initially it seemed that it was because she did not want them to be together. Further analysis showed us that she had a feeling of omnipotence, that if she would say a word to her father he was going to do whatever she wanted. In reality she did not want to take the risk and try it out.

Up to this point, the problems we had worked out in therapy were mostly her sexual identity, her relationships with men, and her latent homosexual feelings. I suggested at this point a fourth session, mostly because I wanted to have opportunity to have the experience of a patient on a four-times-a-week basis, and she could afford it. She accepted the idea very happily, because she felt that I finally was reacting to her manipulation and that I was interested in her. But at the same time she started coming a quarter of an hour or so late for every session. This form of resistance was based on the feeling that she was losing control, since previously she was the one who suggested a third session or decided to go onto the couch. During the therapy previous to this incident, the insights the patient reached were mostly at an intellectual level and they had little or no behavioral impact. The material we had been working on, oedipal in nature, was a cover-up for deeper conflicts of a pre-oedipal nature that she was not ready to face yet.

From this point onwards the analysis took a different course. We were working directly through the transference on her need for controlling and her fear of being controlled. Recently, when she was ready to give up her controlling maneuvers, she started again acting out her homosexuality. She never before had had a homosexual experience at a physical level. Through this affair we were able to analyze and understand the meaning of her homosexuality. She wants to be eaten by her partner, but she cannot give up control, and she finds herself playing a masculine role which she does not want. If she becomes feminine in the relationship, she feels as if she is falling to pieces, confused and with a complete lack of control.

What she really would like to do is to hold on to the partner forever, her maximum pleasure coming from just physically holding each other. When her partner tries to leave she becomes extremely anxious and pleads for her to stay. She is completely insatiable in her need to be with the other. They can spend days and nights together, and when her friend leaves she has to call her on the telephone innumerable times. This pattern of voracity is apparent also in the way she uses her therapeutic sessions. She comes late and slowly enters into the session, but always has to leave with the feeling that she has yet to tell me so many things.

During the last six months the patient has made significant progress. We have been working through her feeling of omnipotence. She is now ready to start trying to give up control, as shown by the homosexual experience, which I consider to be one of the first object relationships that she has had. Her inability to let herself be helped by me has also been dealt with. Another important area she has worked on is her tendency to project onto other people what are her own needs. Besides therapy, one of the factors behind the latest forward movements is that as a result of working on her conflictual entanglement with her mother, she decided to move away, and she has taken her own apartment. This forces her needs for mother into transferential objects.

Psychopathology and Diagnostic Formulation

This is a patient who came for treatment after an unsuccessful marriage and with complaints covering the following areas: 1) A feeling of lack of identity accompanied by a feeling of lack of purpose and goal in life. 2) A striving for omnipotence, perfection and control, which if frustrated throws her into a depression or an outburst of rage. 3) An inability to control her impulses, with a low tolerance for frustration, as shown by her over-eating, her bed-wetting in the past, and her history of temper-tantrums. 4) Finally, she had a sexual problem consisting of an inability to reach sexual orgasm in intercourse, a clear masculine identification and a problem of latent homosexuality.

All these symptoms point toward a fixation at an oral stage of development or a regression to it. Phenomenologically, however, there were none of the primary or secondary symptoms of schizophrenia. Therefore, originally I accepted a diagnosis of oral-sadistic character disorder.

With the continuation of therapy and increased understanding of her ego functioning, I have to change the diagnosis to that of borderline schizophrenia. That formulation is based on her lack of identity; the fluidity of her ego boundaries as shown by her difficulty in separating dream and phantasy material from reality - hypnopompic hallucinations f.e. - ; the suddenness and intensity of her transference as well as her inability to keep it within the limit of the therapeutic hour; her emphasis on sex and the lack of repression of sexual material which at times comes into her dreams in a bizarre and undisguised form; the rapid shifting of sexual objects and her hazy sexual identification together with a distorted body image.

As usual in borderline cases, the schizophrenia is encapsulated to certain areas of functioning. Her school and working areas are free of it. The patient has many talents and seems to have been able to channel her potential for acting out and vicarious living towards an acting career, where she is a promising student.

Prognosis

The distinction that Benjamin makes between "process schizophren ia" and a "schizophrenic reaction" has to be taken into consideration in order to formulate a prognosis. There is no evidence of process schizophrenia in Abbie's case. No progressive deterioration is present, nor any of the characteristics of the endogenous schizophrenia. There are some possibilities of heredity, but Abbie's mother seems to be herself a borderline case. On the contrary, there are many positive elements pointing towards a borderline schizophrenic reaction of an exogenous psychogenetic nature.

Her response to therapy so far has been fairly satisfactory. She has been able to give up some of her controlling mechanisms. She is establishing relationships, even if homosexual, which are closer to an object relation than ever before. And finally, she is working towards a more integrated feeling of identity.

Whether the patient will consolidate at her present level of adjustment or if she will go farther toward a heterosexual level is something nobody can foretell. However, I feel that Abbie is the type of patient who can benefit from pscyhoanalytical treatment and I tend to be optimistic in her prognosis.

Her ten dency to act out in the transference, which is the major misgiving in her treatment, could be curtailed by putting her into an analytical group in addition to individual sessions. This would give her objects in a therapeutic setting on whom to transfer without having to find them within her immediate family or the outside world. Besides, her ambivalence which at times creates a state of confusion would be diminished by the splitting of the transference onto different objects.

Psychodynamic formulation

Abbie is a person functioning at an oral level of development. Her original object, the mother, was never abandoned nor reached. Her oral needs were never sufficiently satisfied. There is evidence her mother told Abbie that she had rejected her for not being a boy and neglected her as a baby by letting her cry in her crib for hours on end. The tremendous anxiety, the feeling of helplessness and the experience of near annihilation that she must have experienced were accompanied by feelings of anger, wishes to swallow or to eat up the mother, to be omnipotent and to destroy her. These later feelings were projected onto the mother and she became in Abbie's eyes an all-powerful, allcontrolling, destructive and cannibalistic witch. Abbie then incorporated this projected image of a 'bad mother' into herself and identified with it.

This complicated system of projections and incorporations can clearly be seen not only in the historical and phantasy material of the patient, but also

in her symptomatology, i.e. her depression, her compulsive eating, her throwing temper tantrums, and in her basic patterns of relating to people. For her having a breast is equated with having power and control; and therefore her typical way of gaining control over people is by giving to them. She makes them want something from her and then deprives them of it. She teases, or makes the other person anxious by disappearing. As a child she would hide herself from her mother's sight in a public place and then wait for the mother to get frantic. At this point, she would reappear and would get a good beating from her mother, but she would also have the feeling of being wanted. This type of behavior was repeated in the transference by her being late or missing her appointments and then calling me to see the effect.

When, later on, her father entered into Abbie's perceptual field, it was as a competitor. He was able to take the mother away from her because he had a penis; so in her phantasies she considered the penis to be a bigger and more powerful breast than the mother's breasts. In her relationship with her father she followed the same pattern as with her mother. However, his being good natured and responsive forced Abbie to have a different kind of reaction: she became her daddy's "girl".

Abbie's masculine identification and sexual confusion stems from this point, and it is twofold in its origin: 1) It is based partly on the identification with a phallic woman, the mother, arising from frustration, helplessness, and anger in a relationship and 2) partly on the identification with a castrated male, the father, but this arising from love and affection in a relationship.

The fact that the first identification-with her own sex - is negatively toned and the second identification - with the opposite sex - is positively toned, explains the ambivalence of Abbie's self-image.

Her homosexuality, her penis envy, her sadistic and castrative wishes, even if superficially, may appear to be defenses established in the resolution of her Oedipal problem, but they are not at all genital in origin. They can more easily be understood as expressions of the early oral oedipal situation that M. Klein has explained in terms of the father being a competitor for the mother's breast and the mother for the father's penis - breast.

Abbie moves from one triangular situation into the other, as a three foot stool seems unable to balance except on three legs. One cannot but be impressed when one closely examines these triangles by the complete disregard for the sex of the protagonists. She can be competing with another man or woman for another man or woman indifferent. She says, for instance, "Every time that my mother paid attention to my father or sisters I felt rejected." In the only dream in which she has sexual intercourse with a man, - a man she associated with her father - , she is interrupted by her mother who angrily asks 'What is going on here'? The man answers "You did not take proper care of me, that is why!" This clearly shows the oral basis of her Oedipal problem as well as her perception of the other parent as a competitor for the breast, whichever parent happens to happens to have it at the moment.

Abbie is unable to enter a sexual relation with a man or with a woman without being in control, the price is having to leave unsatisfied her need to receive, to be given, to be feminine, and to be a child. To give up control makes her feel weak, helpless, like dying, like disappearing. This conflict showed itself when she had her first physical homosexual contact while in therapy. She shifted back and forth from being in control and being aggressive in the relationship and, consequently, feeling inadequate in the masculine role because she actually has no penis, to giving up control and being feminine but going into a panic because she feels like a helpless baby rather than an adequate woman. The first break-through of this pattern is taking place in therapy as she begins to let herself be helped and in some ways be feminine without getting into an state of confusion or into a panic. It seems that what is assisting her in this direction is that in therapy she has been able to feel a basic trust which she was deprived of as a child, and which for the first time is allowing her to experiment with external objects instead of just moving endlessly in a world of projections, incorporations, and negations which characterized the schizoid-paranoid position in which she was fixated in her development. That this patient, in spite of the extremely difficult relation with her mother during her first months of life, did not regress to an autistic position, which would mean an open schizophrenic process, is probably due to the relationship she was able to establishw ith her father, and also speaks for an inherited potential strength of her ego.