THE PSYCHODYNAMICS AND THE PSYCHOTHERAPY OF AN OBSESSIVE-COMPULSIVE REACTION IN AN ADOLESCENT

A Case Report

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Case History

Halit is a fifteen-year-old high school boy who is the older of two brothers in the family. His father, age 56, is a high-ranking official in one of the ministeries. His mother, age 46, is a housewife who was once a school teacher.

Halit developed his first obsessive thought six months before being seen at Hacettepe when he went to Istanbul where he was to take an examination to enter a military school. He and his father were on an elevator when it occurred to him that he might have caused the death of a man by pushing the button before this man reached the elevator. Following the examination, in which he failed, they returned to Ankara. He continued his studies in high school.

Not long after this he developed another symptom: he gave up riding his bicycle lest he hit someone on the road. He was afraid of hitting and killing people without being aware of it. He began to have the same feeling while walking. He had to stop and look back to be sure he had not hit anybody. He kept asking his parents whether or not this was possible. Other more disturbing symptoms followed these: he felt that he had been secreting poison through his skin. He could touch neither people nor objects for fear of poisoning them. He started to wash his hands and take baths many times a day. He could not go out without taking a long bath. When he was through, suspecting he had touched some place, he would start all over again. Should his parents interfere with his ritual he would become very anxious and upset. He would ask them: «In case I poison someone and cause his death, will you take the responsibility for it?» If they said they would, then would he cut the rituals short.

He also had spontaneous anxiety attacks several times a day. He would beat up his younger brother, throw furniture around and swear terribly. He wanted his way in everything and ordered everybody around. If resisted he would threaten the family with his suicide. His mother chose to do whatever he wished and his father alternately tried to be very strict and very lenient with him. They got nowhere. They did not leave him alone with his brother lest he kill him. However, his mother was the main object of his attacks. He would make her wash his trousers daily insisting that they had spots. He would have her tie his shoes and try her patience by demanding impossible things. She would cry and beg for his mercy. He would continue his torture by saying: «No mercy, no pity for you!»

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Although he had been very affectionate towards his mother in the past he stopped hugging her and would not even let her touch him, nor was anyone allowed to touch his bed. His brother teased him by doing it a few times. He would get very angry, beat him up and sleep on the floor. Although he felt he would poison everybody, he believed his brother was the only person who could poison him.

Because he was not able to concentrate, to hold a pencil, nor to touch the school desk, he stopped going to school after a few weeks. He was taken to a psychiatrist who treated him with high doses of tranquilizers and supportive therapy. When no change was observed in his symptoms, he was referred to the Child Psychiatry Department at Hacettepe Medical Faculty.

Past History

The patient was born eight years after the marriage of his parents. A baby who was born before him had lived only four days. As a baby he was a weakling and the parents were afraid of losing him too. Frequent illnesses and the childhood tuberculosis he contracted from his father made his health the only concern of the family. As a result he was overprotected and overindulged. He was breast-fed for a year and half.

At the advice of the family physician, he was weaned and the mother fed him with only soft food «in order to facilitate his digestion.» This lasted for about ten years. It was reported that he cannot chew his food properly even today. He began to walk and talk around the first year and began to use the toilet at seven months, although his toilet training was said to be «uneventful.» He has been constipated all along. He hated to take baths which have been given to him by his mother up until six months ago.

At the age of five he was hit by a truck. He was hospitalized with a fractured skull and a broken leg. At six he had infectious hepatitis. Around this time his brother was born. Halit was very jealous of him and, because he thought he would not live very long, refused to buy him a present. He always said that his brother was «the king of the house.» Considering his jealousy, his parents sent him to school a little early. Shortly afterwards he was circumcised. This experience was rather traumatic since he did not know anything about it and ran away; he had to be tied to his bed.

During the years of elementary school, he has been described as a phobic and hyperactive child. He got along well with his peers and did average work in school. His playmates were carefully chosen and his play was restricted.

In seventh grade he played more and studied less. When he failed in some subjects his father began to use pressure on him. Although he had not been punitive towards him in the past, except when the patient mistreated his brother, the father began to beat and insult him. Halit studied very hard in order to be able to enter military school. In the eighth grade he entered puberty and became very tall. His mother noticed signs of nocturnal emission on his underwear. He was very shy and resented his father's jokes about girls.

Family History

The father is a tall and nearsighted man who is overly polite. He is described as being a perfectionist. He had been a hardworking student who studied under

very unfavorable conditions. According to his wife, he is anxious to please everybody and goes out of his way to do it, this being one of the causes of frequent quarrels in the household. When the patient was three years old, the father developed lung tuberculosis with some signs of meningeal irritation. Following this illness he became a very irritable man, sensitive about his illness and not liking anybody to talk about it. When Halit became sick the father lied to the doctor who was trying to find the source of infection. According to Halit's maternal uncle the father has been very inconsistent in his handling of his son.

During the interviews the father appeared restless. He was anxious to correct his wife's statements and would interrupt her frequently. He would come to the hour with a list of complaints of new symptoms and take notes during the conversation.

The mother is a depressed-looking and unattractive woman. She had had a difficult childhood, having lost her parents before she was eight. She was raised by her uncles after her alcoholic father died. She is overprotective of her children and uses the fear of God as a main method of discipline. Most of the time she feels helpless and enjoys playing the role of martyr at home. She quarrels with her husband over almost anything and tries to control people around her by hysterical outbursts. When she was pregnant with the patient, she prevented her husband's going abroad for a few months by fainting and crying. Although she criticized her husband constantly, she was somewhat afraid to discuss everything about their family life. She often asked the therapist to keep some of the things she said in confidence. She also blamed her husband for favoring their younger son.

Psychodynamic Formulation

It is quite clear that Halit's main conflicts center around two main drives, aggressive and sexual. From his early childhood he was not given the opportunity to express his feelings freely. His parents' fear of aggression blocked all normal channels of discharge for him and the only way open to him was denying his aggressive impulses and developing a defense mechanism of reaction formation. Hitting people was not only dangerous but also a sin. He could not express his negative feelings toward his brother let alone hit him, and whenever he hit him he was made to feel terribly guilty and told how he might kill him. In his own eyes he was a beast who was afraid of his omnipotence. This is best illustrated by his obsession with killing people inadvertently. Only after he accepted his «craziness» did he bring himself to beating his brother freely. Even then his ambivalence was so strong as to arouse intense anxiety in him. After each quarrel he would regret that he had hit his brother and ask his mother if he might have caused a brain hemorrhage. His reaction formation could be seen in his responses to the sentence completion test: «I am sure when I grow up I will become a pious and useful

citizen... I am most ashamed when other people talk about my badness... What I hate most are drinking and atheism.»

The stories he made up, as responses to Symond's Picture Story Test, were full of killings, robberies, sibling rivalries and injustice he suffered at the hands of a father figure. For example, two robbers, one old and the other young, rob a house. The old one gets more than his share. The young robber wounds the old one in order to get his share. Interestingly enough, he told his mother that he was sorry about making up such ugly stories. He thought he was going to be misunderstood by the therapist. His choice of profession further indicated his ambivalence concerning aggressive drives. He could not decide whether to become a jet pilot or a priest. When he finally made up his mind to be a jet pilot another doubt began to torture him: in case he were to cross the sound barrier, would not the noise kill or make people deaf?

The patient's conflicts concerning his emerging sexual impulses were also evident in his anger reaction over his father's jokes about girls. In the sentence completion test, he produced statements like these: «I prefer to stay away from girls... I get along well only with my boy friends..»

The role of his sexual conflicts in the symptomatology will be discussed in the following brief account of psychotherapy.

Psychotherapy

The psychotherapy with this patient began six months after the appearance of the first symptom and lasted nine months. For four months he was seen two or three times a week and later once a week. The parents were seen separately three or four times a month.

The severity of his symptoms and the rigidity of his parents' personalities were unfavorable signs. On the other hand, his age and the acute nature of his illness were regarded as favorable factors.

When he came to the first hour, he appeared to be a tall boy with a round face and even features, looking younger than his years. He was shy, soft-spoken and sat in his chair calmly, keeping his hands on the arms of the chair. When he spoke he seemed to show very little emotion. He said his most disturbing symptom was his fear of poisoning people, adding that this was irrational but he could not help feeling this way. When asked from what parts of the body he felt he was secreting poison, he mentioned every region except his

genital organs. When we inquired specifically about this region, he blushed and nodded his head. The point was not elaborated any further at this time.

He spent the rest of the hour discussing how intolerable life was for him. He talked about his anxiety attacks, endless handwashings and the effort he spent to avoid touching people and objects. He constantly omitted the quarrels and disturbance he caused at home. He in fact had warned his mother against mentioning them to the therapist. He acted embarrassed whenever the therapist brought them up.

He said he always felt better whenever his parents reassured him by telling him that his fears were baseless. He implied that he expected the same kind of reassurance from the therapist. We explained to him how we would work together in therapy and what he was expected to do. He did not seem very satisfied; in fact, he felt worse afterward and told his mother how disappointed he was. When he thought he got direct or indirect reassurance from the therapist he felt relieved. Some days he would become angry with his mother and refuse to come to the clinic, but he would change his mind and show up for the appointment on time.

During the interviews held with the parents a direct approach was tried. Without going into their own pathology, they were told what to do and what not to do. The father's inconsistent handling of the patient's behavior and the mother's helpless attitude were taken up. This method seemed to work with these compulsive parents, since they stopped feeding the patient's secondary gains. The home atmosphere became quiet and Halit's aggressiveness subsided to a great extent. He began to spend some time in a family friend's carpenter shop lest he be preoccupied with himself all the time.

The patient, however, continued to talk about his obsessions, which seemed endless, and he kept asking for reassurance. In order to get out of this vicious circle, the therapist decided to be more supportive. This saved time during the hour for discussions of more meaningful material. Gradually he began to see his infantile behavior and to realize that he himself was, to a degree, responsible for his own actions. With occasional interpretations he began to grasp the meaning of his fear of hurting others. He reported a dream in which he pushed someone off a cliff. When asked what he thought about it, he said he was doing something he was most afraid of doing in real life. Nevertheless gaining more insight did not result in any apparent improvement in his compulsive handwashing.

The patient's sexual conflicts had not been brought up in the interviews thus far, mainly because it was felt that it would be too premature to do so. Towards the end of the third month the therapist decided to use an opportunity to introduce this subject, thinking that the patient had had enough therapeutic experience to tolerate it. The therapist's anxiety, however, about the standstill which therapy had reached also played a role in timing the introduction of this subject. Halit said that he stayed away from his boy friends because they talked about girls all the time. When asked what he did not like about their talk, he could not answer. He was encouraged to say more about their talk because it appeared to be disturbing to him. It was added that by clarifying this subject he might get some relief, since it was natural for the youngsters of his age to have mixed feelings concerning sex. He said very little and following this interview his parents reported that he had frequent anxiety attacks and washed his hands more. When he came back he showed his hands which were bruised all over. He seemed to say: «See what you have done to me with your questions? Don't do it again!» It was indicated to him that his distress might be connected with his last session with the therapist and that he must really have troublesome feelings about sex. He acted as though he did not understand and he denied that he had any interest in girls, but later in the hour he admitted that somehow it was hard for him to discuss this sort of thing with anyone. He was told that this was understandable since he might have the idea that even being curious about sex was wrong. He was helped to talk by being given examples of misconceptions which youngsters usually hold. He was asked if he would write down some of the things which he was unable to express aloud and bring them to the therapist, but he was unable to do this. He said he tried but he could not use a pencil because of his fears. However, he slowly began to bring up material relating to things he had heard from his friends. Their talk about masturbation and about its bad effects had aroused anxiety in him. He believed that one could really «go crazy» or get tuberculosis. Besides it was a great sin. He heard his mother talk to his brother about it when she caught him playing with his penis. He had gotten panicky when he experienced his first nocturnal emission the year before. In subsequent hours he was able to talk about his first masturbation, which occurred when he was studying for his final examinations.

It became evident that he also had many distorted ideas about birth and the anatomy and physiology of sex. He asked many

questions but seemed to try very hard not to sound very curious. Through simple drawings the facts about sex were explained to him. Following a discussion of pregnancy he asked a very interesting question: «Would the sperm be carried to other persons by soiled underwear or hands?» This question clarified at once the origin of his most disturbing symptom, namely the fear of poisoning people. This fear was covering his real fear of making others pregnant. This was interepreted to him, and he was told how hard he had been trying to wash his sperm off himself. He responded to this by smiling for the first time. The hour was spent elaborating this point. He revealed that after his mother discovered his first nocturnal emission, she told him to take a bath. (It should be noted that taking a bath following sexual intercourse, nocturnal emission or masturbation is a common ritual in Turkey, and the person who does not follow this is considered «dirty» or sinful.)

This fear in fact represented a combination of his sexual and aggressive conflicts. His fear of being poisoned by his brother was probably an indication of their mutual masturbation or homosexual games, but this last point was avoided in the discussion. In the following hours the patient was noticed to be very relaxed. About ten days later his parents reported that his excessive handwashing dissappeared completely, but that he demanded that one of the parents be with him while he washed his hands. However, the anxiety attacks continued to bother him. He was able to ride his bike with only mild fear of hurting others. Instead he developed various obsessions of short duration. For example, he could not help thinking that shiny objects like his buttons, eyeglasses or his bike's mirror might reflect the sunshine thus causing the drivers to have accidents. His anxiety attacks became less frequent and less severe. At the end of the fifth month he felt well enough to go on a vacation with his family. When he came back he looked and felt much better. He was able to wash his hands by himself without doing it excessively. His family's only worry was about his returning to school in the fall. When school started none of his previous symptoms returned. His only complaint was not being able to concentrate so much as he wanted. At the end of nine months he and his family decided, against advice, to take a break from therapy. In the following year he was seen occasionally. His improvement continued. At the last interview he said he was still shy in the presence of girls, but otherwise he felt well. He added smilingly that he has been busy playing soccer and even got into fist fights a couple of times.

Discussion

It is a well-known fact that patients with obsessive-compulsive neurosis resist every kind of treatment including psychoanalysis. Ever since Freud [1, 2] treated his first patient with this kind of therapy, the results have been inconsistent. This has necessitated many technical modifications in dealing with them.

What makes them so inaccessible to psychotherapy is of course their inability to use the insight they gain. This is due mostly to their isolation of affect and their resistance to going through a corrective emotional experience in therapy[3]. Also many therapists seem to avoid active interpretations of central conflicts and prefer to work on the level of ego functioning. Nowadays, the use of adaptational techniques is being emphasized.

In therapy with Halit, anticipating a long treatment, the therapist decided to go showly. At the beginning, ego supportive remarks were made, clarification of the patient's behavior was emphasized and exploratory analysis was avoided. It was attempted to keep his dependence on the therapist at a minimum. Although the patient responded to this approach by gaining some insight into his aggressive impulses and by becoming calmer, his most bothersome symptoms persisted.

The turning point in therapy was reached when his sexual conflicts were probed actively. At first he reacted to this probing with heightened anxiety and aggravation of his symptoms, but clarifying his misconceptions and satisfying his curiosity, without making him feel guilty, opened the way for the crucial interpretation. He was emotionally ready to accept it since he was the one who asked the question. His sexual conflicts were especially disturbing because they contained strong incestuous elements. There was only one person whom he was afraid of making pregnant, his mother. His physical avoidance of his mother and his cruel attitude toward her verify this point.

It should be noted that his free-floating anxiety was the other important factor facilitating the resolution of his nuclear conflict. In a way, the conflict was dealt with before the patient had enough time to encapsulate or to set up rigid defenses against it.

Despite this dramatic recovery, it goes without saying that the patient will remain an obsessive-compulsive character. His future course will be determined by many favorable and unfavorable

experiences. It can be speculated that after turning the dangerous corner, called adolescence, he might be better able to withstand further traumas.

Summary

A case history of a fifteen-year-old boy with a severe obsessive-compulsive reaction is presented and the psychodynamics are formulated. The psychotherapy, which resulted in a surprisingly sudden improvement, is discussed. The value of active probing of a patient's central conflicts and interpretations of them are emphasized.

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