



RESIDENT'S COLUMN

by Jeffrey T. Junig, M.D.

Lessons From the Past, Support for the Present and an Enlightened Future



She came to her intake appointment at the end of the day; a time when I settle a bit more deeply in my chair and my mind moves more slowly.

She was a bit younger than I was, but certainly within the age range of my peer group. Her clothing was upper-middle-class conservative. The intake summary reported that she was a successful businesswoman in town, but the woman who arrived lacked the confident air and step of a person of that status. She walked down the hall to my office with a defeated posture and slowly sat down. I noted that she had medium-length, reddish-brown hair, in a color and style similar to that of my wife. I asked open-ended questions, and she answered with a voice muted by depression and fatigue as she told her story.

"I can't take anymore of this. Since he left me, I've been a basket case, I can't sleep, I can't eat ..."

Her voice became a bit stronger, but the tears hiding in the corners of her eyes belied her pain. "I knew he was bad for me, all the drinking, the yelling ... all of my friends told me he was no good ... but ..."

She cried softly then, as she remembered the feelings that had attracted her to him when they first met. He was charming and so handsome. And for some reason she felt safe with him, as if she were home, in a way. Her pain felt as deep as the loss of a family memory from long ago. Memories of her broken romance were brushed with a childish reverie of dreams and images; she was the little girl, the princess, nervous like the first day of school, holding the hand of someone who knew all the answers and who could save her from any dragon.

"I feel like such a failure ... like I'm nothing. I don't understand—I know I'm too smart for this" she said, crying softly. "He's done this before. I must be doing something wrong. I don't want to be alone ... I'm so alone."

She continued to painfully speak about the rejection by her partner, her "soul mate"; rejection that was even more tragic given the abuse that she had endured during a prior marriage. She spoke with resigned sadness about the good man that she had become bored with in college, a man who now—from a distance—had a wonderfully average

life, with an average job, and an average wife and family.

I felt sadness for her. She had been through bad luck with an array of "bad men," tragically finding one after another. I thought of her young children, and wondered how a man, or two men, could walk away and leave such wreckage behind. Aware of my countertransference, I pushed the feelings aside and assumed a clinical posture to

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begin the familiar thought process of picking a selective serotonin reuptake inhibitor.

If only it were that simple, or from the perspective of someone looking for a sustaining career, thankfully it was not that simple. In the irony-filled world of psychodynamic psychiatry, there were many more struggles to be had, and many more decisions to be made. As she spoke, I recognized that in running from my countertransference, I had only developed a different, reactive countertransference. I struggled to find a neutral position—one of empathy, but with awareness.

Noting the fear and despondence in her voice, I faced a dilemma. She had come to our center, perhaps naively, looking for long-term psychotherapy. And yet she was so acutely pained and so broken that I wondered if this was the time to do the work of peeling away defenses, as she already appeared so raw and fragile. Perhaps supportive therapy would be more appropriate. Besides, all of her problems are in the "here and now." Sure, certain patterns were evident: Her relationships all seemed to follow a certain path, for example, and the men she chose were oddly similar. But to point that out now seemed excessively cruel in a way. I had come a long way from believing that a hug may be beneficial, but surely she needed empathy and support rather than the pointing-out of her lapses of reason and character flaws.

As these thoughts drifted through my mind, she continued her story. "My upbringing was pretty normal. Mom stayed home, because Dad didn't want her to work. He was an alcoholic." She caught herself. "Not in a bad way,

though. I mean, things were sort of crazy when I was little. They would fight, and I think that he may have even hit her a couple of times. But ... he had a good side too. Most of the time he was a good man. It was fun to be with him when we went places—he was always the life of the party." She continued to describe sometimes happy, sometimes chaotic times with her father. She talked about her awareness of her mother's

than see a decision between treatment approaches, I saw that the boundary between past and future was entirely of my own making.

I pictured sessions with the patient in the future, of processing her likely return to a similar relationship not with admonishment or advice, but with understanding. I wondered whether in time she would choose to keep the familiar drama, or venture into an unscripted, average world on her own. I imagined the difference I could make. Not necessarily in the outcomes of her decisions, for that would be overstepping my role, but in helping her find insight into these patterns. How are these patterns sewn in part through the fabric of past, present, and future—that would be as dramatic as providing a flashlight to a person meandering capriciously through a darkened cemetery.

I made a point of registering several lessons from that day. I recognized the value of supervision, and the need for occasional external processing and perception. I noted the differences between a supportive approach and a psychodynamic approach, and I recognized that the choice of therapy is not necessarily an either-or proposition. I also took a moment to pat myself on the back and appreciate the progress I had made in understanding the infinitely complicated world of personality, relationships and feelings of the wonderfully complicated array of factors that make us human.

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