Vicki was shouting in the waiting room of the Emergency Services suite. When she finally got a doctor’s attention, she stopped shouting but began talking non-stop about “I gotta get her outta there!” She demanded vociferously that the hospital write letters to various health care agencies and the probate court. The psychiatric resident soon appeared and, interjecting a word or two here and there, got Vicki to slow down and explain what was going on. During this and several follow-up interviews, a fuller picture emerged.

Vicki’s mother had dementia and was in a nursing home after hospitalization for a minor stroke. Years ago, the mother had signed a living will saying that she was never to go to a nursing home. Noting Vicki’s intrusive and demanding behavior in the hospital and then in the nursing home, the authorities had been reluctant to let the mother go home with Vicki; although Vicki was a registered nurse, she had a suspended license due to a psychotic break several years earlier. For the past several years, Vicki had established and implemented a detailed nursing program, including scheduling home care agency services, for her mother’s care at home.

Vicki had made quite a stir with her mother’s caretakers in the hospital with her repetitive phone calls and strident demands on the medical wards. They had been moved to establish a temporary guardianship to prevent Vicki from taking her mother home against medical advice. The pace, intensity, and scattered quality of her speech had made them wonder if she was psychotic—and indeed she was. Her previous episodes had led to the diagnosis of schizoaffective disorder, and she was now in a manic episode.

Where do psychodynamics enter this picture? Psychoanalytic concepts have pervaded psychiatric practice, indeed the whole culture, to such an extent that they are taken for granted and their origin is often unrecognized. The psychiatric resident who talked with Vicki did what Freud and his mentor, Charcot, first did with hysterical patients—they listened to the patient. Although Vicki was experiencing a psychotic episode, she had a story to tell about a real life crisis. Remonstrating with her about her behavior would not have been helpful; listening to her concerns gave her some dignity and hope that her issues could be resolved, and she became cooperative.

Vicki was demonstrating projection—another psychoanalytic concept, one of the psychological defense mechanisms by which the ego (a collective term for the higher, integrative mental functions) protects itself against overwhelming anxiety. Vicki saw disorder, chaos, malfunction all around her, including in the medical staff who were attending her mother, instead of recognizing the chaos in herself. Only when the psychiatrist who treated her was able to help her see that she’d had a relapse and to accept an increase in her mood stabilizer and antipsychotic medication, could she recognize her projection and see that her illness was part of the problem, if not most of it. This took time, with frequent sessions and telephone calls.

The doctor-patient relationship was crucial in her recovery. The psychiatrist who helped her out of this episode had worked with her in the past. She trusted him and complied with her medication program. He helped her deal with the issues related to her mother’s illness by encouraging her to postpone trying to persuade the nursing home authorities to allow her to bring her mother back home until she was well enough to be a reliable caretaker in whom her mother’s doctor could have confidence. He made telephone calls and wrote letters that explained the situation to Vicki’s mother’s caretakers and expressed the expectation that Vicki could be a competent caretaker once her illness was under control. A positive transference blossomed because of these interventions, and Vicki, in her excessive way, was proposing to write a letter to the county mental health board (which had no jurisdiction in Vicki’s private sector care) saying that her doctor was the most wonderful psychiatrist in the whole world! Her psychiatrist helped her understand that he was merely doing his job, and that such a letter would be inappropriate.

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There is nothing in psychiatric work in the ER and the short-term crisis clinic that precludes the rapid development of transference to the doctor from parents or other important care-taking figures in the patient’s earlier life. This may take the form of an idealizing transference as described above, or it can be vehemently hostile. Freud and his followers taught us a great deal about this phenomenon of transference, which is ubiquitous.

Countertransference is ubiquitous, too. Vicki’s repetitious, urgent, inappropriate phone calls could have become annoying, and her psychiatrist had to be firm, interrupt Vicki when he could, and set some limits without imposing his personal issues. It would have been easy to be angry with her or even break off the treatment, but the psychiatrist kept his perspective. An understanding of the patient-doctor interaction informs the psychiatrist’s attitudes and actions even though—as is often the case—the timing is not right to interpret the insight to the patient.

The key thing to know about Vicki was that anxiety was at the core of her relapse. Psychoanalysts attempt to understand the source of a patient’s anxiety, which is viewed as more than an ordinary symptom. In psychoanalytic thinking, anxiety is an affect that occurs when the ego feels in danger of being overwhelmed. Besides external stresses, anxiety may have roots in childhood developmental stages that predispose people to react to current situations that reawaken fears of abandonment, loss of the love of a key person, bodily injury, or punishment by a sadistic guilty conscience.2

Anxiety is therefore a pivotal symptom, because the patient develops ways of anticipating potentially overwhelming anxiety and avoiding it by the use of defense mechanisms such as denial, projection, introjection, isolation, undoing, displacement, reversal, or identification with the aggressor. Depending on the choice of defense mechanism, the result may be one of a variety of symptoms or behavior patterns. By attempting to understand the whole patient, symptoms and peculiar behavior may make more sense.

Most of this takes place outside of the person’s conscious awareness, so one task in psychotherapy is to identify maladaptive patterns to give the patient a better chance of controlling them. In fact, a major strength of psychodynamic psychotherapy is that, through allowing the patient to talk freely, insights emerge about what had previously been unconscious, facilitating choice and mastery.

As it turns out, Vicki was also torn by internal conflict, which she was externalizing when battling with her mother’s caretakers. Deep inside, she had some idea that in her present state she might not be up to caring for her mother. She was too disorganized and frantic—would this calm down if she got her mother home? Would she be able to call for help and take her mother to a hospital again if her mother’s condition deteriorated? Could she handle that separation? And there was a more practical side to the conflict as well: Vicki’s meager household income would be further reduced if her mother’s benefits went to a nursing home instead of Vicki’s home. The primary focus of the psychotherapy, once Vicki recognized her illness and agreed to the increase in her medication, was to sort through the elements of her conflicts and decide on a realistic course.

Vicki also had to deal with grief. She knew her mother could die at any time. She and her mother had been very close in some respects, in constant conflict in other respects, earlier in their lives. Excessive or prolonged dependency, or conflict and ambivalence, in a relationship with a loved one predisposes one to go beyond normal grief-work in dealing with a loss—beyond mourning to depression.3 Vicki did not turn her anger against herself—rather she projected it outward—but she did identify pathologically with her mother in her growing conviction that she herself was in the early stages of Alzheimer’s disease, for which she had persuaded a physician to put her on medication.

Another issue was Vicki’s self-esteem and her sense of self. Vicki is an intelligent woman and was viewed as a very competent nurse before the psychotic illness that led to the suspension of her license. Her ability to work, support herself, and function in a very responsible position was supremely important to her (as it is to all of us). Much of her disorganized, rambling writings during this episode had to do with repetitively outlining her mother’s treatment plan and how she would manage all the external agencies involved. To be treated as if she were incompetent even to take care of her own mother was a terrible blow, to which she reacted with anger and ever more stringent protestations of her competence. Psychotherapy was helpful in supporting her sense of worth: she was taken seriously and she was given the expectation that, with her illness under control, her previous abilities would return and she would be functional again.

Psychoanalysis is often viewed in terms of its focus on psychic development and the origin of difficulties in childhood experiences, and it is often described in terms of the developmental perspective, focusing on the contribution of early life experiences to personality development and to psychopathology. In psychodynamic psychotherapy, however, one does not routinely expect to work in depth with childhood experiences and their...
consequences, although there are notable exceptions. What is extremely valuable is the dynamic perspective, a focus on the complicated, conflictual interactions within the personality, such as those relating to biological drives and needs, the demands of conscience and self-expectations, and the requirements of reality and a sense of integration. Modern psychoanalysis has extended the range of our understanding of the crises of emotional life through its investigations of the sense of self, the mechanisms of regulating affect, and the relationships between self and other. All of these perspectives offer powerful tools for helping patients understand and master crises, starting with the here and now, but exploring underlying issues in personality development as the necessity arises. Armed with an understanding of these mental processes, the psychodynamically aware psychiatrist has the foundation for practical and effective psychotherapeutic intervention in the ER and in crisis intervention.

References