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Case Report

I am (not) The Little Mermaid: A Case Report

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Abstract

Sarah, currently aged 14Y: 3M, is a late child of a socially differentiated couple, who were already the parents of monozygotic female twins, aged 13Y at the time Sarah was born. Sarah had experienced "double parenting" for years due to her twin sisters, who sequestered and took hold of her under the nonchalant and emotionally detached eyes of her biological parental couple and which led to the development of an identity based on a cleaving of her *Self*, often projected in repeated drawings of the 'little mermaid'. Sarah underwent four years of psychoanalytical psychotherapy, initiated in the sequence of marked complaints concerning socialization problems with her peers and school phobia. After a one-year interruption, Sarah resumed therapy reactively electing a symptom linked to anorectic behaviours and a refusal to grow up and which concealed a means of enacting some familial power, and through rescuing her 'lost identity' established a place that was duly hers in the family nucleus. The ruthlessness and the obsessive nature of her anorectic behaviour, assumed as a means of control, had materialized into a vicious sadomasochist circle (she controlled herself so as to be free from control, but ended up being controlled as a result of that very self-control). Such behavior resulted in her being committed to a psychiatric institution on three separate occasions, due to manifest and already life-threatening weight loss. It was the therapist's responsibility to rescue and preserve the healthy part of Sarah's *Self*-revealed in the course of the therapy sessions, in stark opposition to the other pathological and cleaved *Self* that presented during her institutionalization. Through psychotherapeutic relational attachment, the healthy and salubrious parts of her *Self* (those which both possess and induce health) have allowed for the structuring of a new relational object, thus consenting to the 'sealing of the identity cleft' and the development of her personality.

Keywords: *Anorectic behaviours; Identity; Cleaved Self; Relational bonding*

Sarah, currently 14Y:3M old, is a late child of a socially differentiated couple who, at the time of her birth, were already the parents of 13-year monozygotic female twins. For years, Sarah experienced "double parenting" (Figure 1), where her twin sisters sequestered her and took care of her under the nonchalant and emotionally detached watch of the biological parental couple.

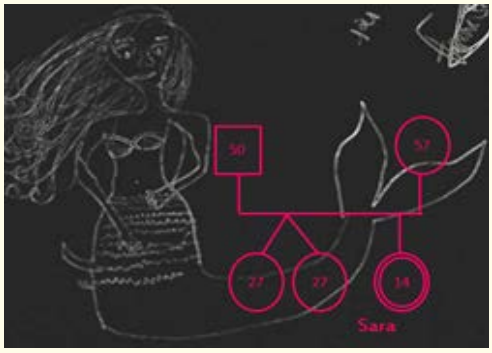

Figure 1

This double parenting experience has led to the development of a "splitting" in Sarah's *Self*, often projected in recurring drawings featuring the 'little mermaid' (Figure 2a) and highly fortified 'castles' (Figure2b).

Figure 2a

Figure 2b

Sarah had always shown, since a very early age, strong dependency issues (Figure 3a). When attending elementary school, those issues were evidenced by school phobias and marked complaints regarding socialization problems with her peers (Figure 3b). Those complaints led to the first series of psychotherapy sessions (Figure 3c).

Figure 3a

Figure 3b

Figure 3c

Sarah's rejection of dependency served as an expedient defense to contain the schizoid isolation that she felt towards her peers. For example, she systematically shunned herself from them at recess time. This defensive resource was mobilized in order to experience her independence, although in a negative manner. In other words, her autonomy-gaining process did not seem to be experienced through the development of interpersonal relationships. Instead, Sarah felt a severe isolation from any kind of *otherness* experience, thereby restricting her inability to develop the cross-identification processes, typical of adolescence, and which normally lead to socialization and autonomy [1].

Sarah underwent four years of psychoanalytical psychotherapy – between the ages of 6 and 9. After a one-year interruption, at the age of 10, Sarah resumed therapy. By this time, she had complicated her clinical diagnosis by developing a symptom linked to anorectic behaviours and a refusal to grow up (Figure 4). This new and reactive symptom was an attempt to regain and impose her own power over the family. In other words, she needed to rescue and recapture her still 'lost identity' and the place that was duly hers in her family unit.

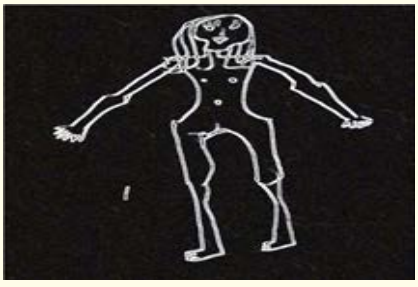

Figure 4

Thus, the choice of the symptom (anorectic behaviours) seemed to us to be merely accidental. On a conceptual level, the Portuguese psychoanalyst Amaral Dias tends to include anorectic pathology within the broader spectrum of borderline pathologies, where anorexia (and its respective constellation of symptoms) emerges as a specific/particular form of borderline pathology [2]. In September, 6th, 2010, a date prior to her first admission to a psychiatric institution, Sarah, at my request, drew how she perceived her own body. The pictures she drew in that session, particularly the manner in which she destroyed the feminine body, together with her refusal to ingest food (a condition that was then emerging), seemed to be psychological mirror images reflecting: a veritable hatred towards the female condition. In Sarah's mind, her body and the resulting refusal to grow up and become a woman, appeared as the only path to the construction of an autonomous identity [1].

She made use of her anorectic body, not just as an intersubjective weapon, but also as her last stronghold of control over the Other.

Parallel to this and, before her second institutionalization, Sarah left me a note, pinned on my office room's door, saying: 'I am strong, but I will be stronger than strong' (Figure 5).

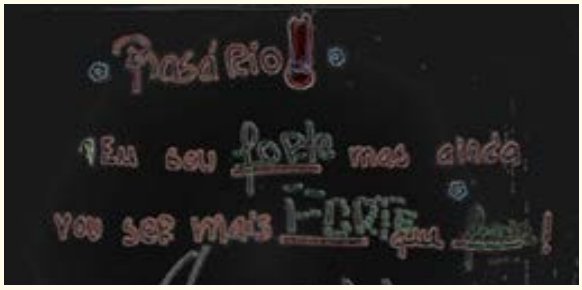

Figure 5

I interpreted her message as a contrarian pseudo-argument, by which she was attesting some sort of identity through the negative: 'I will be stronger than strength itself'. Though an insistence on omnipotent control, she was also inflating her ferocious anorectic ruthlessness, convinced as she was of her ability to dictatorially control everything and defensively justify all of her behaviour.

Evidence of such a mindset can be seen in the fact that, during her first admission, she was found doing physical exercises to lose weight in her hospital bed while intubated; refusing to swallow medication that was administered to her (hiding them under the mattress or flushing them down the toilet); as well as her refusal to comply with hygiene protocols both at home and at the hospital. Adding to these, family meals that took place during 'experimental discharges' from the hospital were her preferred moment for exerting control over her immediate family members.

In fact, family meals have always been reported by Sarah's parents as real 'family duels', where Sarah's plate was always ritually served by the twins, under the complicit and consenting watch of the parents. Sarah would describe her twin sisters as fat and 'big-breasted' (Figure 6), as if she was attempting to deny and project the feared image of her own body –she wouldn't grow up in order to (not) resemble her sisters –, an image that, nevertheless, she anticipated and desired for herself.

On the other hand, Sarah's manifest anorectic behaviours were also an identity attribute that she had adopted as a reaction: as a statement of opposition against her sisters who, at that time, and in sovereign fashion, kept claiming and performing the role of the 'phantom parental couple' in Sarah's family unit.

A telling sign of her sisters' claim was their decision to contact me to arrange for an urgent appointment. When I denied their request, they tried to undermine Sarah's therapy and pressed their parents to look for another psychologist. Faced with this situation, it was Sarah herself who stated her position by opposing and vehemently refusing to stop being treated by me.

Figure 6

The ruthlessness and obsessive nature of Sarah's anorectic behaviours – assumed as a form of control – nevertheless made it necessary to commit her to a child psychiatrist institution for three consecutive periods, due to manifest and life-threatening weight loss.

Sarah endured those periods of confinement, but she felt a great existential anxiety as she experienced feelings of captivity and imprisonment.

The weighing and the weight scale as well as the 'experimental discharges' on the weekends was, the price she had to pay for not gaining enough weight – the 'exact weight of freedom' (Figure 7).

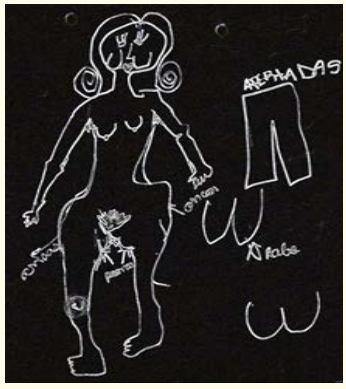

Figure 7

From my perspective, I felt powerless, but also determined to maintain at all costs the therapeutic bond, feeling in my heart (a certainty) that Sarah would come back.

I went to the hospital once a month so as to have 10 minutes with her; I attended several of the institution's clinical team meetings; and, every week, in what would otherwise have been Sarah's therapy hour, I would receive her parents' pro bono.

I felt that I had to meet those hopeful messages that Sarah kept sending me over the phone, namely whenever a discharge date was set, which said 'Trust me, Rosário, I will be definitely out on that day!', even making a note of that day on my calendar.

I felt that, much as in those remote days when Sarah had been sequestered by and entrusted to her sisters, it fell upon me to rescue her from the institution where she had confined herself with her reactive anorectic side and her false and disturbed *Self*, with her refusal to grow up and her obsessive refusal to ingest food. In short, with her rejection of her adolescent sexuality, and in an environment that condemned her to be an emaciated and asexual woman.

As to the counterpart of her split *Self*, a genuine and true *Self* survived in our psychotherapy sessions. By true *Self* I mean the one connected to a thriving, voluptuous and genital woman, with curvaceous hips, pubic hair and a sexual identity – a *Self* that Sarah wished to assimilate and assume as being her own true identity.

It was thus my responsibility as her therapist, through a new relation (a healthy and health-promoting relation, to use the phrase of Coimbra de Matos, 2011), to retrieve and preserve that healthy part of Sarah's *Self* that emerged during therapy sessions – an aspect of Sarah's *Self* that was in stark opposition to that other pathological and split *Self* that was presented during her institutionalization.

In March, 2012, Sarah was discharged from her third period of institutionalization. She was then confronted with the fact that she would have to fail at school, despite always having been an exceptional student. Four months of psychotherapy ensued, with a few extra sessions.

By mid-July, for the first time she explicitly gave voice to what had been, until then, silent complaints against her mother and father, saying how neglected and unsupported she had felt since she was little.

Regarding the relationship, we had established, she let me know that she would still need to be seen by me for another hundred days. In Portuguese, "hundred days" is pronounced SEM DIAS, which also means "without Dias". As we both knew, my name is Dias (Maria Dias). Thus, it was as if she was denying, and at the same time she was affirming, the unspoken feeling that she had found herself inside my heart, inside my affection for her. Because I didn't forget her, she found inside my own memory of her – which means "a memory of someone other than herself" (Figure 8) – a place where she could exist and where she could feel alive.

Figure 8

From the transference relationship perspective, Sarah still felt that the leading thread of her identity narrative was set, sine die, in our relation. In fact, in our last session before the summer holidays, Sarah presented a 'manifest of never-ending transference' by drawing a picture of me aged 70, and asking me for the drawing to be left on the corkboard until our first post-holidays, session.

Still in July, she mentioned that she was, "quite pleased because I feel that my breasts are getting bigger and I am no longer ashamed of them" and also that "I haven't got wide round hips yet, but I will" (Figure 9).

Figure 9

In our first session after the summer (September 2012), and against the odds of a clinical amenorrhea as predicted by her doctors, Sarah proudly announced the good news: "Rosário, I had my period in August; and now, having the period, surely my breasts will begin to grow bigger" (Figure 10a). She said that she was very happy, she had learned how to insert a tampon, and was quite proud of" herself. She also expressed a desire to be "more coquette' (Figure 10b) with boys; and a wish to be more girlish, ´I think I'll start wearing flower hairpins, and buy myself new and very fashionable clothes!!´.

Figure 10a

Figure 10b

This intra and inter-psychic life trajectory included momentous changes in the structure of her family unit. At the time of her second institutionalization, one of Sarah's twin sisters got married; Sarah reacted serenely to the news when she returned home – in her words: 'She should go and live her life, and let me live mine'. At the time of her third institutionalization, the remaining sister moves out of the parental home and started living with her boyfriend. Sarah's parents commented that, much to their surprise, they felt that Sarah was now far more peaceful and appeased than ever before. By the end of September, Sarah's parents asked for an extra session with me and announce that the father fell in love with a friend of the family and would temporarily move out of the family home.

On the other side of the mirror, Sarah revealed distress; 'Rosário, you think I am fatter, don't you?', adding ´I would like to put on some weight… I would like my body to feel more like a 'womanly body' During one of the sessions, I suggested that we draw the outline of her body on a large piece of paper. Faced with the resulting image (Figure 11), Sarah became astonished and perplexed, with a sad look, gazing at the contour of her body as if it was a 'paper corpse' and admitted that 'I had no idea that this was how I was… we will have to work hard ... I definitively have to eat, to get fatter... Otherwise, boys will not like me at all ... I think I am a bore ... Surely that is the reason why boys don't pay any attention to me at school. Seriously, I would be pretty if I gained 20 pounds´.

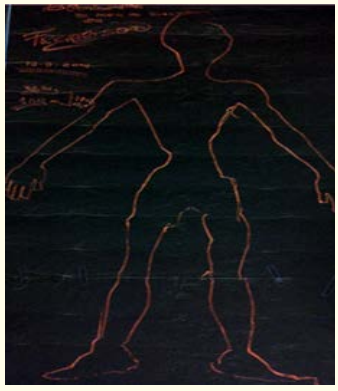

Figure 11

Sarah's alienation from her own identity seemed to have collapsed when she saw the sketched outline of her body [3]. This mirror-confrontation appeared to have momentarily broken the imaginary link between the image of the actual body and the body imago (the unconscious image of the body).

Through psychotherapeutic relational bonding, the healthy and health-promoting parts of her *Self* have been conducive to the structuring of a new relational object [4], thus consenting to the 'sealing of the identity split' and the development of her personality.

One can say that Sarah is still swimming under water, looking for her *Self*; however, her condition of 'larval little mermaid' has already transmuted, metamorphosed, into a teenager who does wish to grow up and become a woman.

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Conflict of Interest

Any conflict of interest exists.

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