

the aimless motions we had been through. Those moments confirmed both the shell of the man and the person inside. I was only sorry for their brevity.

We stopped meeting after two years for reasons incidental to changes in my training. I was sorry not to see it through to the end, though I imagined it would take some years. George chose not to continue in therapy with a new therapist. He talked for several months prior to our last meeting about terminations and beginnings and his feelings about them. He still talked about feelings rather than experiencing them on the spot with me. We may not have conducted good or true psychotherapy, but something good came of the effort. We learned the difference between connecting and obscuring, showing and telling, feeling and talking about feelings. We may have laid the groundwork for psychotherapy.

I would not tell about my shortcomings if I were not reassured by the good that came of our efforts, with a little help from my friendly supervisors. Effort and persistence overcame inexperience and taught us both (George and I) useful lessons. My supervisors tell me there are lots of people like George out there looking for psychotherapy. Big cities teem with therapists treating therapists of all kinds. We share the lingo, the habit of intellectualizing, the experience of therapy for training. The invitation to confuse roles is hard to resist. The difference between the motions and the genuine process of psychotherapy is at times hard to know but identifying this difference may provide, as it did in this case, the picture of the resistance and how it interferes with therapeutic progress. The ability to spot pseudotherapy may not define what psychotherapy is, but it helps.

THE IMPACT OF HYSTERECTOMY DURING ADOLESCENCE IN A WOMAN OF REPRODUCTIVE AGE

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INTRODUCTION

There is extensive psychiatric literature on the psychological effects of hysterectomy on both pre-menopausal and post-menopausal women, but a careful search covering the last ten years and beyond reveals no references to the impact of hysterectomy during adolescence. There is also nothing on this subject in the gynecological literature of the last ten years. Obviously, the incidence of severe pathology necessitating hysterectomy is extremely rare. However, there can be little doubt that a procedure of such symbolic magnitude at an age when a young woman is

trying to integrate her personality, emerge as an autonomous sexual being, and experiencing a recrudescence of her infantile conflicts must have tremendous impact.

CASE REPORT

R. is a thirty-one-year-old woman who presented to the out-patient clinic with a chief complaint of difficulties getting along with other women at work. She described intense competitive feelings with other women which would often lead to angry outbursts. Following these outbursts she would feel deep regret and intense guilt. She also complained of difficulty concentrating while engaged in doing paper work. R. works in a supervisory capacity.

In response to a general question about her childhood, R.'s first association was to age thirteen when she had experienced severe abdominal pain while attending the wedding of her older sister. While her sister was away on her honeymoon, R. underwent a total hysterectomy for a malignant ovarian tumor. During the ensuing twelve months she received chemotherapy. There has been no recurrence of her tumor.

R. is one of two daughters born to a middle class Jewish family. Since childhood she has always felt competitive with her sister (seven years her senior), whom she feels is prettier. R. excelled in school; her sister was a C student. R. went to graduate school; her sister married and had children. In discussing her parents, R. described how her family had always focused on her good fortune to have survived cancer. No one had ever focused on her loss. Menarche occurred at age twelve with normal development of secondary sex characteristics. R. dated in college and graduate school, and eventually married a man she originally met in high school.

During the first session R. was able to connect her presenting complaints to the intense feelings she was beginning to realize she had regarding the loss of her uterus. She then began to understand why she had been unable to discuss the possibility of adopting a baby when her husband broached this subject. She related that her close women friends were all starting to have babies or plan families, and that she was jealous and felt left out.

In later sessions, R. further amplified her difficulties with other women. She idealizes women whom she sees as accomplished, professionally and personally. She continues to present examples of ongoing, intensely competitive feelings with her sister. Most recently, it has become apparent that she has feelings of being inferior and inadequate in comparison to other women.

R. also fears being left out of groups at work. R. relates this fear to age twelve, when she felt different from the other children because she was of a different ethnic background. She felt excluded from play and withdrew to her room, where she spent long hours alone reading books about groups of children and fantasizing about herself as a key member of a group.

During sessions R. is constantly battling strong affects. Tears often well up in her

eyes. She openly weeps when describing her relationships with other women. She is extremely uncomfortable with her anger and avoids expressing it.

DISCUSSION

This patient is dealing with the sequelae of two major traumas occurring in adolescence: one, a life-threatening illness—cancer—and the other, major surgery involving the total removal of her reproductive organs.

Ack (1) reported his clinical observations on adolescents undergoing major surgery and experiencing serious illness. He found that all children have fantasies about their illness and its cause. Some of these fantasies are so profound and disturbing that if considerable work is not done at the time of trauma that they may be too overwhelming to be integrated and can lead to character changes that persist for years. Ack also mentions that children dread being different from their peers. The child interprets being different as a sign of failure. R. was already feeling different from her peers and her sister, as noted by her withdrawal at age twelve. Then she underwent a procedure which made her feel totally differentiated from other members of her sex. As a result, one can see why she worried about being left out of groups of women at work.

In discussing the impact of surgery on children, Freud (2) also emphasizes that the meaning of the experience is dependent not only on the actual surgery, but on the fantasies aroused by the experience itself. Freud described how surgery is often seen as punishment for aggressive thoughts or behavior. What determines the child's ability to overcome these punitive fantasies are the defense mechanisms available to the child at the time. In R.'s case, one would have difficulty imagining defense mechanisms strong enough to overcome such a trauma. She was already feeling depressed and withdrawn, feelings one can speculate may have been exacerbated by both the growth of her tumor and the struggle with her sister. The occurrence of her first physical symptoms at the wedding of the older sister, with a subsequent loss of her reproductive organs (while her sister is on her honeymoon), must have stimulated many fantasies for R. Of course at this point in treatment this is clearly speculation.

It is important to note the adolescent milestones that R. would have been passing through at the time of her surgery. Thirteen years of age is a time when she would be struggling to master and understand her own sexual instincts and impulses. Adolescence is a process of working through these struggles, the resolution of which can lead to either a normal character formation, or, in a pathologic outcome, the formation of neurotic symptoms (3). R. did not have the opportunity to resolve these struggles for herself.

Drellech and Beiber (4) studied twenty-three women who had undergone hysterectomies. They assessed the women's emotional reactions to the loss of their uteri. Many of these women felt that they were no longer complete or feminine. They felt less effective in both sexual and non-sexual spheres in their lives. Some women had fantasies that excessive sexual activity had led to their disease. Many saw the disease

and surgery as a punishment for earlier sins. In R.'s case, the trauma of hysterectomy in adolescence led to problems in adult life. As she reaches the peak of her reproductive years, she has become symptomatic.

CONCLUSION

In view of the paucity of literature, it would seem that hysterectomy in adolescence is a rare occurrence. However, with the recent findings of cervical pathology and subsequent hysterectomy in the adolescent daughters of women who took diethylstilbestrol during pregnancy, this may well become a more familiar problem as this population matures. From the evidence presented here, careful follow-up and counselling is strongly indicated at the time of surgery.

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