

CASE STUDY OF EDNA*

by Leo Litzky, Ph.D. (New Jersey)

I. Identification of Patient

Edna is a 34-year-old housewife of Jewish extraction. Her light auburn hair, smooth skin, and trim figure would make her quite attractive except that her careless hair-do and dowdy dress detract from her appearance. A high school graduate in the secretarial program, she is currently a student at a school of interior decorating. She has been married for thirteen years to a handsome young man of 37 who works as a trucker in her father's business. They have one daughter thirteen years old. Neither parent has had any education in Judaism, and the family does not practice any religious customs.

II. History of Previous Therapy

Edna first came voluntarily to the Alfred Adler Clinic in January, 1961, with a complaint of some depression and indecision as to whether she should have another child prior to a needed hysterectomy. The social-work intake was done on 1/30/61 and the psychiatric interview on 2/9/61 with a diagnosis of anxiety reaction and conversion symptoms and a recommendation of psychotherapy.

The patient was first referred to Dr. R., who saw her until May 1, 1961, when she stopped in order to have surgery. During this brief period of treatment, the patient complained frequently of her poor health.

On 1/10/63, about one and a half years later, the patient returned to the Clinic after having been apprehended for shop-lifting. Although she had had a history of shop-lifting, she had never told Dr. R. of this fact for fear of having to go to jail. She again saw Dr. R. weekly at the Clinic until 4/25/63 and privately from May 1, 1963, until September, 1963. The shop-lifting case against her was dismissed as the result of Dr. R.'s certificate of treatment.

The patient claims that therapy was stopped in September, 1963, because she could not afford it and because she did not agree with the therapist's advice that she could overcome the urge to shop-lift if she took a lover. On another occasion the patient reported that she had again been apprehended for shop-lifting in a department store, and Dr. R. referred her back to the Clinic because she "needed lots of care."

At any rate, in October, 1963, the patient again returned to the Clinic and asked to be assigned to another therapist. Her chief complaint at this time was that the urge to shop-lift was very great. On 10/14/63 she was seen for the first time by this therapist.

III. Biographical Data

A. Family Relationships

Edna's mother, aged 54, is chronically ill with headaches, stomach

*The case was treated and supervised at the Alfred Adler Institute (New York) and the Alfred Adler Mental Hygiene Clinic, New York.

cramps, and other vague complaints; and she was hospitalized twice for mental illness. The first breakdown occurred about fourteen years ago when Edna was engaged. Her mother was hospitalized for three or four months and received shock treatments. The second breakdown occurred about seven years ago when she was hospitalized for a slightly shorter time (about two or three months) and again received shock treatments. During each breakdown, Edna spent most of her time with her mother, even leaving a job to take care of her after her return home from her first hospitalization. Two years ago her mother took an overdose of sleeping pills.

The patient claims her father is hard, cruel, callous, egotistical, dishonest, stubborn, and money-mad. Although he possesses considerable wealth in the form of stocks, bonds, real estate, and a trucking business of eight trucks and twelve employees, he exploits his son-in-law (the patient's husband) by paying \$85.00 weekly for a 65-70-hour work week. The father's money is hoarded and never spent for any pleasures. For the past two years, her father has been promising, every few months, to retire; but he always sets a new date when the deadline arrives.

Over the years the parents have always bickered, argued, and fought. In the early years when the children were small, there were several separations. In recent years the patient's mother has talked about the father's infidelity when the children were younger. After most fights, the mother would seek support from the children. Until a few months ago, the mother would telephone Edna after every quarrel with her husband in order to complain. At such times the patient sided with her mother. Afterwards she would arrange to meet her father on the outside to iron things out.

The patient remembers little of her father in her early childhood. Her only early memory of him is his lifting her out of a car window when she was four or five years old. Later on, from about the age of ten until only a few years ago, she recalls being warm and affectionate to her father: kissing him, loving him, and sitting on his lap, even as a married woman of 28 or 30. As a young girl of ten or eleven, she has a picture of him working at his desk; and she remembers helping him by recording payments. Once, when she misplaced a receipt, he beat her. This is the only beating she recalls, and she felt very rejected at the time.

Only recently, since her husband has been working for her father and she feels the exploitation of her husband, has she become cold and distant to her father. Also, her recognition of his role in encouraging her shoplifting by the example of his own petty thievery, his business dishonesty, and his casual attitude toward her problem, has helped widen the gap between them. She reports that when she was first apprehended for shoplifting and he was informed, he merely laughed. Without hesitation or resentment, he provided the money for a lawyer. Edna somehow resented this ready acceptance of her crime. Recently she had a bitter fight with him because he objected to having his business pay for the gas and oil of the patient's car. She told her father, "You'll take your money to the grave but you won't have a daughter." This is one of the very rare displays of courage and independence the patient has made to her father.

The patient's relationship with her mother was always bad, she says. Her only early recollection is that of her mother's taking care of her when she

was sick. When she was three years old, she developed asthma; and this ailment continued all through her early childhood. When her mother told everyone that Edna was sick with asthma, it made her cry. Edna's later childhood memories picture her mother ill in bed, with a towel on her head. Her mother seemed always to be sick — stomach-ache, headache, pancreatitis — and has continued this pattern until today. The patient has never felt close to her mother although she always felt a duty to call her regularly and console her when she was sick. If she did not call, she felt guilty — and still does. Since the fight with her father, she has not called her mother, the longest period of such lack of communication. One cause of her resentment toward her mother is the fact that, in her fourteen years of marriage, her mother has never visited her home except when she (Edna) was ill.

Edna never got along well with her sister, who is six years older. She remembers very little of her sister as a child. What stands out most vividly are her mother's frequent remarks of comparison: "Why can't you be good like your sister?" To this day, the patient says, her mother considers her the bad one. "Why do I always have to do ten times as much as my sister to be accepted by my mother?" Mention of her mother's rejection in favor of her sister is made in nearly every other session. As long as the patient can remember, she recalls hostility to her sister, although she claims she cannot remember anything about their childhood together. She does recall having fought with her sister before the sister's marriage and not speaking to her on her wedding day. Her sister has reminded her of this a hundred times. Another incident occurred when Edna was about twelve and her sister, eighteen. Both went shopping separately and came home with the same dress. The sister, in a rage, took a scissors and cut Edna's dress into ribbons. Edna cried and had a tantrum.

Today, when Edna quarrels with her mother, her sister phones and accuses her of making Mother sick. Recently, after an argument between them, she accused Edna of making *her* (the sister) sick. Their most recent argument occurred when the sister discovered that her own husband had a mistress and Edna had known about it. She blamed Edna for not telling her while Edna says her purpose was to save the marriage. Edna claims that her sister is more and more like her mother: good to Edna when she (Edna) is sick; at other times, hostile, rejecting, condemning. The patient claims that not only is her sister benighted like her mother (ridiculing therapy, making fun of her interest in drama and interior decorating, prudish about sex, a rigid condemning parent to her own daughter) but she is like her mother in her escape to psychosomatic complaints. Edna claims that living in the same two-family house has helped to make them alike. Her sister has never lived away from her mother.

The patient believes that her mother favored the sister because she (the sister) was short, homely, and helpless whereas Edna was taller, prettier, and livelier. Her father, on the other hand, favored her over her sister — at least until their recent conflict over his exploitation of her husband.

The patient's relationship with her husband has undergone many changes. She feels she married Alan at the early age of 19 to escape from home. There was really no escape, however, because she remained dependent on her parents and for a long time, at least ten or twelve years, was

more concerned with them and their interests and feelings rather than with Alan's. Their daughter, conceived before the marriage, was born eight months later. This event resulted in a physical trauma: the patient developed a slipped disc because of childbirth and was confined to bed for four months.

The early years of their marriage were very shaky. On their honeymoon Alan's immaturity was sharply apparent. He had no steady job at this time but fancied himself as a free-lance photographer. To earn some money while they were honeymooning in Florida, he spent most of the day at the beach or hotels, taking pictures. His wife, of course, felt hurt, unhappy, and rejected. After a year as a photographer, he went to work as a trucker for her father, but he found this situation very difficult because of his father-in-law's exploiting nature. After a year, he quit, worked briefly for a competitor; then, with his father-in-law's help, he bought a truck and went into business for himself. Ten years later his father-in-law persuaded him to return, with the promise of a share in the business upon the father-in-law's retirement, which would soon occur. This retirement date has been postponed several times. As indicated before, Alan earns a very limited income and works long hours.

The patient feels that her husband was always moody and in some ways peculiar. For example, in the early years of their marriage, he was very concerned with and possessive of material things. He polished his car and cared for it like a precious toy. He made his wife take off her shoes when she entered it, and she was not permitted to touch his car or his pictures.

During most of their marriage, her mother made decisions for them. They accepted her repeated admonitions not to have a second child on the grounds that it would impair Edna's health in spite of the fact that their doctor said it was all right.

The patient found it difficult to communicate with her husband. He usually worked very hard; he would come home late, say little, eat a little, and go right to sleep. Weekends were no better. She craved affection but he hardly noticed her. Since the patient's apprehension for shop-lifting about December, 1962, her husband has shown more interest and has communicated more.

The last member of this family is the patient's only daughter, a tall, pretty 13-year-old, well developed physically and appearing several years older than her age. Emily is a superior student and, according to both parents, a happy, well-adjusted child. She has many friends and leads an active social life. They love this child dearly and would sacrifice much for her welfare.

The therapist saw her once at the dramatic performance in which her mother appeared. Her reaction seemed unusually mature as she appeared to enjoy her mother's acting and acclaim. Surprisingly, no note of jealousy or embarrassment at her mother's prominence in a seductive role could be detected.

Emily does not have her own room but sleeps on a couch in the foyer of their three-room apartment. Neither she nor her parents have any privacy, especially since the parents' bedroom has no lock. They are reluctant to install one now for fear of making her feel shut out. Edna con-

siders her daughter over-modest, as she hides her body and insists that Mother cover up when Dad is in the house.

Emily gets along fairly well with her grandparents but does not care to spend much time with them.

B. Psychosexual Development

The patient reported an early childhood incident which occurred when she was about three years old. A boarder in the home came to her crib and "played doctor" with her, inserting his finger into her vagina. He repeated it on several occasions but Edna was too frightened to report the matter. Since then she has had a revulsion for long, yellow fingernails, such as the boarder's.

When the patient was about 15, she was subjected to an attempted rape. She was knocked down in the bushes by a youth who had followed her. She suggested that they go to her house rather than be uncomfortable, and when he let her up, she bolted and ran home.

In her teens Edna was fairly popular and dated frequently. She engaged in necking but had never had intercourse until she was engaged to Alan. Shortly after his mother died, they had relations for a few months, and she became pregnant a month before their marriage.

During most of their marriage, sex has not been very important, the patient claims. In the first few years, the couple had frequent and enjoyable sex relations although the patient claims that she rarely had an orgasm. In the last few years her husband's interest in sex has been gradually diminishing. After he began to work long hours in her father's trucking business, his interest lessened even more. Now coitus may take place as infrequently as once a month. The patient has reached a point where she too is not interested in sex with her husband. She reported that during their marriage she has frequently been attracted to other men and had two separate affairs, one about eight years ago and one recently. The first episode was reported in an early session, at which time she said, "Alan and I have gotten closer and it probably couldn't happen now." Three months later, she reported having gone to bed with one of her husband's friends who had coaxed her for a few weeks. She described the event as follows: "I loved every minute of it, especially his loving, kissing, and fondling me. He made me feel desirable. I felt like a woman. However, when it was over, I felt depressed."

In a discussion about the possibility of her taking the sexual initiative with her husband by being more seductive, wearing a black nightgown, using perfume, etc., she laughed with embarrassment. "I never owned a black nightgown," she said; and then she added, "I'm not sure I care to. I don't have the urge. I'm rather irked by his disinterest. I'm kind of glad he's leaving me alone. In fact, I think I'm not physically attracted to him with his round shoulders. I feel guilty talking like this. I don't think he would speak of me this way."

C. Dreams

Dreams are frequent with this patient and fall generally into four groups: dreams relating to shop-lifting or stealing, dreams relating to work and

work plans, dreams relating to sex or marriage, and dreams relating to death of parents. Examples of each type are here given:

1. Dreams relating to stealing

- a. I dreamt I took a bracelet and ring from a store. I awoke very depressed.
- b. I walked past a music shop and I heard a popular record being played. Then, to promote the sale of records, a girl's voice came over the loud-speaker. As the titles of the songs were named, every once in a while the voice added the words, "Shop-lifter, shop-lifter." I awoke and I felt glad I was *outside* the store. I was good because I didn't take anything.
- c. I dreamt I had a large pocketbook with my own possessions. It bulged and I was afraid someone would think I had stolen some thing from the store. I really hadn't but I left the store. I was very fearful in this dream. I also felt I was being watched.
- d. I dreamt I was in a parking lot. Racks of garments were all around with the price tags hanging. They said, "Two dresses for \$5.98." They were good buys but I didn't care for the styles. I didn't try them on. I felt very happy for some reason in this dream.

2. Dreams relating to work and work plans

- a. Someone showed me a beautiful furnished apartment. Suddenly it turned into a tennis court. As I slowly awoke, I was struck by the fact that I had actually been working on interior decorating. I felt good.
- b. I was interviewed for a job and got it. It was for two days a week teaching drama. I was surprised I was capable of receiving it because there were so many girls interviewed. I was pleased.

3. Dreams relating to sex or marriage

- a. I was in the country with my husband Alan. I was annoyed because he played cards and left me alone. I felt discarded and I went looking for people to associate with. He was upset because he didn't see me. I was in a phone booth phoning (probably Dr. R., my previous therapist).
- b. I dreamt I was watching a girl and a fellow reclining on a couch in a hotel lobby. The girl was wearing gray stockings and the man was rolling them down so that her thighs were exposed. Many people were watching and laughing. The couple didn't seem to be aware or to care that they were making a spectacle of themselves. I feel I was the girl on the couch.

4. Dreams relating to death of parents

- a. I went to pay a condolence call. The dead man, faceless, was laid out in the center of the room. Nearby was a large violin case. I asked a woman if he was going to be placed in the violin case. The woman said yes. When I awoke, I remembered that my father used to play the violin.

- b. I dreamt I saw my father being lowered into a grave. I'm always dreaming about my mother and father dying. I always feel guilty that it would be my fault.

D. Health History

The patient claims that she was sickly as a child and suffered from asthma from about the age of three until ten. During childhood she had mumps, measles, chicken pox, and scarlet fever. In her teens, however, her health was good. Her mother, constantly ill, required much attention from Edna.

In childbirth at the age of twenty, the patient developed a slipped disc, was bed-ridden for four months, and suffered with back trouble for about two years. Shortly after she had a recurrence of asthma. A few years later, when she was about 25, she developed a severe neuritis in the neck, which lasted for several months and still recurs occasionally. At the time that she applied to the Adler Clinic for the first time in January, 1961, she complained of depression, anorexia, loss of weight, insomnia, and inability to make decisions. She also suffered from stomach pains, pressure over the chest, and various allergies. She still felt very guilty over the early birth of her daughter as a result of her pregnancy before marriage. In May, 1961, she underwent surgery, a myomectomy. Since then there has been a gradual improvement in physical health, especially since the resumption of therapy at the Adler Clinic in September, 1963.

E. History of Shoplifting

In the first session the patient admitted to having shoplifted on only three or four occasions. By the fifteenth session, after much probing by the therapist, she admitted that it had been a pattern since childhood.

The highlights of the history are indicated here. From the age of six and throughout her childhood, the patient claimed, "Mother always threatened I would be taken away to a reformatory. When we passed the jail on the way to the mountains, Mother would say, 'You'll end up there. That's where you belong because you're so bad.' I did have a bad temper. This started long before I stole anything."

As a child Edna noticed that her father always took things. Wherever he went, he picked up a pencil, a pen, or some other small object and put it into his pocket. He has done this throughout his life. As recently as last month he took the family to dinner, walked out without paying the check, and bragged about it.

The patient does not remember exactly when she began to steal. She was probably about ten when she started to take ribbons, pencils, and other small items from the 5 & 10. When she played school, she stole paper from school. When she was about 11, her mother took her to the movies. When the cashier issued the change, Edna put it into her pocket. Her mother asked the cashier for the change, and the cashier replied that she had given it to her. Her mother and the cashier had an argument. Edna was too frightened to say she had taken the money.

When she was about 13, she and a friend went on a belt "kick." On several occasions they stole belts of all kinds and told their parents that a

friend's father had a belt factory and had given them the belts. Edna feels that her mother suspected that the belts were stolen but, with her tendency to avoid problems, she said nothing.

During her teens the patient continued to take small items from the 5 & 10. On occasion she stole money from her sister. She recalls that, during the courtship period and for a couple of years after her marriage, she did not steal. Then she began again with small items, such as thread, pencils, ribbon, dog-bone; later she took small items of food from the supermarket; and still later she took clothing items from the department stores.

She was apprehended twice for shoplifting: in December, 1962, and in September, 1963. The December incident occurred in a 5 & 10. Charges were filed in this case but were dismissed in March, 1963, because of a statement by Dr. R. that the patient was in treatment at the Adler Clinic. The second apprehension was for stealing a blouse in a department store. Here she was handled roughly by the female store detective and finally released with the order never to enter the store.

Shortly after this incident the patient began to see this therapist. She has not stolen anything since September, 1963, with one exception, a small pom-pom, generally given to buyers as a sample of material and color.

IV. Course of Therapy and Discussion of Case

At the time the patient came to this therapist, she claimed that she wished desperately to change her pattern of behavior and stop shoplifting. She felt helpless about it and wondered whether therapy would really help. In another session she explained that her doubts were magnified by the fact that she would sometimes leave the office of the former therapist with the intention of not stealing and then would shoplift before the same day was over.

It was evident to the therapist that Edna's shoplifting was only one symptom of a distorted adjustment to life. The goal of therapy would therefore have to include much more than the elimination of Edna's dishonesty, for, according to Adler and current theories, the personality is a total unity. In her case, the goals of therapy must include the elimination of her strong feelings of inferiority through a change in all her unhealthy adjustments and defenses — her illnesses, her illusion of obtaining security through her father's retirement, her guilt and fears at cutting the cords of dependency, her fear of failure in the realistic work goal of interior decorating, her acceptance of half a marriage, both sexually and otherwise. All of her useless and inadequate adjustments to life were inter-related; poor adjustment was evident in the three main ties of life — human relations, work, and love.

The history elicited from the patient revealed a life style of long dependency on her parents and an inability to assert her independence in values and in actions. The patient had learned very early to run to Mamma and Papa to buttress herself from her feelings of inferiority and inadequacy in encounters with life. And she has been running to them ever since. This dependency is evident in the first memory of her mother, caring for her at the age of three when she was suffering from asthma. Between the ages

of 20 and 33 she was still listening to her mother, who advised her, "Don't have another baby. See what happened to you when you had the first one." And the patient obeyed.

The earliest memory of her father, picking her up out of a car window at the age of four or five, is likewise evident of this dependency. As a married woman she is still being "carried" by her father. Her husband works for his firm at a meager wage. Reluctantly her father pays the gas bills for her car; and until recently she was still being "carried" by her father when she loved him and sat on his lap.

Accompanying her great dependency there appears to be a strong feeling of inferiority, insecurity, and deprivation. In an effort to overcome these feelings, the patient struck out in blind rebellion and began a pattern of petty thievery.

Since stealing is utterly unacceptable to society, it was urgent at this time to assist the patient by every possible means in her efforts to stop; the other aspects of her problem were, for the time being, considered secondary. Supportive therapy became, therefore, the first device of the therapist; and with the usual expressions of sympathy, understanding, and warmth, the therapist attempted to establish quick rapport. The patient responded with complete acceptance and considerable dependency. She was then encouraged and bolstered in her goal to control the urge to steal. The first step was to avoid, temporarily, the stores where temptation was great. Husband or daughter was to be sent shopping. The patient agreed to cooperate in this manner until she felt strong enough to shop on her own.

Meanwhile, under questioning by the therapist and in our efforts to discover when and why the stealing had started, the patient went back earlier and earlier in her life history. She was surprised when she was eventually confronted with the discrepancies between her first and later reports as to the number of times she had stolen. In probing how she felt when she stole and why she stole, the patient began to see some connections between her feelings and her actions. In the early sessions, the patient had described her stealing as a rather deliberate act carried out with a minimum of fear or guilt. Here is a conversation from an early session:

Therapist: How did you feel when you stole?

Patient: Sometimes I was afraid. More often I was calm and nonchalant.

Th.: Why did you do it?

P.: I don't know. Sometimes if I didn't have the money, I would go and take things. Frequently, if I bought something which I felt was too high in price, I would steal something to make up for the overcharge. Besides, I guess I just got a kick out of it.

Th.: Did you feel guilty?

P.: Not very much. I used to at the beginning, but not later on.

During the fifth session, the patient proudly announced:

"I've been buying thread and paintbrushes — things I would have taken before."

Th.: Why?

P.: I don't know. I feel stronger. And maybe I wanted to please you.

- One supportive approach dealt with her family.
- Th.: Do you wish to be the kind of example to your daughter that your father was for you?
- P.: God forbid! She is such a wonderful child. I would die if she ever knew about me.
- Th.: How does your husband feel about your stealing?
- P.: He is horrified. He's so honest. But he loves me and sticks by me.
- Th.: Do you have any idea at all why you do it?
- P.: No, not really.
- Th.: Does it have anything to do with your husband, Alan?
- P.: I'm not sure, but he's more attentive to me since the charges were brought against me by the 5 & 10.
- Th.: Do you feel that beginning to steal after your marriage was to get more attention from Alan?
- P.: It could be, but I'm not sure.
- Th.: Did you usually get what you wanted as a child?
- P.: No, just the opposite. I always felt deprived. My sister was better than I in my mother's eyes, and, being older, she always got more. Mother rarely even made me a birthday party. I can't remember a birthday cake as a child. I didn't even have a wedding party when I was married. Last week I had a birthday and nobody recognized it. I called up my mother and reminded her it was my birthday. After I got angry, she invited me over and sent out for a cake. It was no fun.
- Th.: Do you think you might be stealing because you never got so many things you wanted?
- P.: I never really thought of it, but I did feel very jittery after the argument with Mother on my birthday. It was like the restlessness I would feel when I went out to shoplift.
- Th.: What did you do?
- P.: Nothing then, but the next day I had a phone call from S. (a friend of my husband). I felt like going to bed with him.

She eventually did. The patient here apparently gives some evidence of being driven to useless kinds of behavior by feelings of deprivation. That these feelings are strong in her is obvious. She is resentful of her mother's denial of little pleasures such as birthdays and pretty clothes. She resents her father's hoarding of money and his failure to enjoy it himself or share it with the family. A feeling of deprivation can be noted also in her account of her marriage: her husband's rejection of her on their honeymoon, his lack of interest in sex, and his resistance to giving affection. The patient had good cause to feel deprived, and she had few experiences of a cooperative nature to draw her toward more wholesome adjustments.

Nevertheless, as the therapy sessions continued, progress was discernible. Even her dreams revealed progress. Recorded in time sequence, the patient's dreams pertaining to her shoplifting reveal a gradual improvement in control. The first dream is a reflection of reality: the patient dreams of stealing and is depressed. The second is self-accusing: the patient is called a shoplifter but she is happy because she doesn't steal. In the third she is full of fear that she may be accused unjustly even when she doesn't steal.

In the fourth the patient is inside the area of temptation and takes nothing. She feels happy. In a fifth, a recurrent dream not listed above, the patient cannot get out of a large building. While it is not a jail, it feels like a jail to her and is reminiscent of the times her mother told her she would end up in a jail or reformatory which they passed on the way to the country. This dream expresses the recurring fears of the consequences of her acts. Bringing these dreams to the surface helped the patient to see that she was developing strength and encouraged her further.

Alfred Adler has frequently expressed the concept of social interest as the essence of mental health. While it is valuable to gain insight into the relationship of rejection and inferiority feelings to one's faulty adjustment to society, it is equally important, if not more so, to experience the response of one's fellow-men through building relationships with others. Through cooperation and kinship with others, the isolationism of spirit is broken down, useless defenses are destroyed, and a more wholesome life style effected.

Therefore praise and encouragement were given to Edna in those activities where cooperation and social interest were somewhat evident. Thus, for example, she was encouraged to accept a leading role in a play to be presented by an amateur drama group which she had joined. After many self-doubts and much difficulty in preparing for the role, after many sleepless nights, the patient gave a magnificent performance on three separate evenings. The accolades and acclaim she received helped considerably to overcome some of the strong feelings of inferiority she possessed and contributed to the development of greater self-esteem and independence. She pleaded with the therapist to attend one performance, and he did so. She was delighted by the well-deserved praise he gave her.

The therapist also encouraged her in her desire to attend a school of interior decorating. The patient's work history has been very meager: a few minor jobs between graduation from high school and marriage, a brief two years. She worked as a secretary and as a model for hats; she had left her last secretarial job during her mother's first mental breakdown. The patient claims she has always disliked work, especially the monotony of punching a clock and being tied to a desk from 9 to 5. It was hoped that interior decorating, with its opportunities for individual creativity and free lance work, would be a more readily acceptable work goal for the patient. She responded to this encouragement and is now looking forward to a career in interior decorating, albeit with some fear, trepidation, and feelings of inferiority. Hopefully, continued therapy will make her more confident in this area.

During the course of therapy, certain changes in the patient have become evident. First, she admits to having stronger self-control about stealing. In fact, she now says the temptation to steal is completely gone. She goes shopping regularly and has no desire to shoplift. Second, she looks and feels healthier, smiles more, is more animated, has gained weight, and is more optimistic. Third, the patient has asserted herself to both parents and has made, in effect, a practical declaration of independence. However, she still feels guilty about not telephoning her mother since the recent argument with her father. All in all, the patient's progress is very real. Although she is still rather dependent on the therapist, she seems to be overcoming

basic feelings of inferiority and solidifying wholesome values. Her desire to improve, her willingness to cooperate, her flexibility, her new awareness of the differences between her values and her parents' are assets in her favor. Her lack of faith in her husband's ability to grow and change needs further discussion and re-evaluation.

At a recent session, the therapist suggested a re-evaluation of goals in therapy, and the patient listed the following as those she would like to secure help with:

1. Strengthen my marriage.
2. Get rid of my restlessness and develop more peace of mind.
3. Come to a decision in regard to another child. I feel guilty about not having one.
4. I want to be more decisive.
5. I want to get my diploma for interior decorating and to be my own boss. I don't want to work for anyone.
6. I want to continue my work in the drama group.

With the progress attained in the main problem of shoplifting, with such a positive set of goals as those above, with a growing mutuality in relation to the therapist, the prognosis for Edna's continued improvement is excellent.

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