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Case Study of Medical Case

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Abstract

Case study describes patient (Ms. L.) consulting her doctor (Dr. S) with the face flushing, the increased pulse rate and the heart rate. Diagnosis first not sure but is resolved, analyzed as process of the transfer and the countertransfer.

Introduction

Doctors must to be so careful to be objective when examining and diagnosing and treating the patients in person face-to-face. One danger is Transfer (transference) and even Countertransfer (countertransference) of feelings, which seems likely in the following case. This brief report is original transcript of exchange between doctor and patient going backwards, followed by description and analysis of it in present, with the future research going forward suggested. In spirit of being open (woken), this transcript is already in the print [1] and also in audio-visual formats as well [2], but never in medical journal.

Transcript: (extraction and taken out from Lee and Kretzmer [1])

P (patient): Oh doctor, I'm in trouble.

D (Dr.): Well, goodness gracious me.

P: For every time a certain man

Is standing next to me.

A flush comes to my face

And my pulse begins to race,

It goes boom boody-boom boody-boom boody-boom

Boody-boom boody-boom boody-boom-boom-boom,

Dr.: Oh!

P: Boom boody-boom boody-boom boody-boom

Dr.: Well, goodness gracious me.

D (Dr.): How often does this happen?

When did the trouble start?

You see, my stethoscope is bobbing

To the throbbing of your heart.

P: What kind of man is he

To create this allergy?

It goes boom boody-boom boody-boom boody-boom

Boody-boom boody-boom boody-boom-boom-boom....

D: From New Delhi to Darjeeling
I have done my share of healing,
And I've never yet been beaten or outboxed,
I remember that with one jab
Of my needle in the Punjab
How I cleared up beriberi
And the dreaded dysentery,
But your complaint has got me really foxed.

P: Oh doctor, touch my fingers.
You may be very clever
But however, can't you see,
My heart beats much too much
At a certain tender touch,
It goes boom boody-boom boody-boom boody-boom
Boody-boom boody-boom boody-boom-boom-boom.....

D: Can I see your tongue?
P: Aaah.
D: Nothing the matter with it, put it away please.
P: Maybe it's my back.
D: Maybe it is.
P: Shall I lie down?
D: Yes.
P: Ahhh...

D: My initial diagnosis
Rules out measles and thrombosis,
Sleeping sickness and, as far as I can tell,
Influenza, inflammation,
Whooping cough and night starvation,
And you'll be so glad to hear
That both your eyeballs are so clear
That I can positively swear that you are well.

P: Put two and two together,
D: Four,
P: If you have eyes to see,
The face that makes my pulses race
Is right in front of me.

D: Oh, there is nothing I can do
For my heart is jumping too.
Both: Oh, we go boom boody-boom boody-boom boody-boom
Boody-boom boody-boom boody-boom-boom-boom.

D: It is me.
P: It is you?
D: Ah, I'm sorry, it is us.
Both: Ahhh!

Description

Patient (SL) tells doctor (PS) she's in trouble with the facial flushes and rapid pulse, and that this seems to occur when she is present with "certain man" (innamed). As doctor examines her with his stethoscope round his neck, which bobs to her rapid heartbeat, doctor asks how often this happen and when was it starting up for first time for her. She has no answer but wonder what kind of man would create these symptoms inside her.

Doctor tells her about his wider past medical experience when he was in India (going back where he comes from) where he cured many patient ailments and that he has never not managed been boxed - at least until now. Patient repeats that its clear to her what is stimulating her condition- its a touch from certain person (again innamed) - so she asks him to touch her fingers. Will this cause reaction?

Doctor proceeds along usual professional paths of asking the patient to stick out tongue so that he can check it's colour. She does it, gurgelling "Aaah", and he declares it to be clear - no bad colour on tongue. She asks if maybe the problem is her back and should she lie. He answers yes indeed and announces his diagnostic of her case: it isnt (not) measles, thrombosis, sleeping sickness, influenza, inflammation, the whooping cough, or night starvation, and that her eyes are so much clear that she is actually quite well, and not sick at all.

She then asks him to put count two together to realize that the special man causing excitement is standing right before (four) her, who is the Doc himself. Then it is after that doctor admits that his own heart is also jumping and that they are "us".

Analysis

In this case, patient experience what is called the classic case of transfer, which Freud [3] says is processing based on early feelings of love from when a child but not been fully developed or shown as adult and they are now transfered to physician as the new role model. So P is transferring these feelings to D.

However, in this case. after the counting D starts to experience the same symptoms as P, as he is with P. This is countertransfer (countering back) "the analyst's own reaction to the patient, "the counterpart of transference in the analytic situation" [4].

Next Researches

Interesting speculation for the future research going forward; Because the presenting case shows transfer with people close, which is near transfer with the transfer to similar features in vicinity [5], it raises the question of far transfer [5] to associated but more distant features and in another place altogether.

This would mean different doctor for P somewhere else and different patient for D somewhere else for the far counter, and would be explained by the famous common elements theory [6], according to which "the likelihood of transfer to take place is directly related to the degree to which the source domain and the target domain share common features" [7]. However, because "that means that while near transfer is predicted to occur often, far transfer is supposed to be rare" (ibid.), the future investigations might not find far transfer or far counter. Nevertheless, because Barnett and Ceci [5] argue that large far transfer can occur, "but critical conditions for many key questions are untested", there is hope for this in cases like one reported here.

References

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