Abstract:
This paper is an exploration of anger and its potential to impede or facilitate creative or analytic process. Conceptually I consider anger in terms of cognitive-affective linking and unlinking, and transference-countertransference enactments, and the repetition compulsion as an encoded “second language,” with reference to neuroscience research findings. At its experiential center, this paper tells the story of a story that could not be told about anger in a distressed clinical process.

Part I-Introduction: Anger and Potential
When it comes right down to it, I find it hard to write about the subject of anger, particularly as it pertains to the patient who had to leave treatment. She came in saying that she’d been much too angry all her life. She kept getting into trouble—anger spilling out all over people whom she barely knew. Something was the matter with her and she didn’t know what. Always out of control. After a about a

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month of seeing her I suggested that maybe she hadn’t been angry enough to begin with. She asked me how I came to say what I said and I didn’t know how to tell her it was just my feeling. And I certainly didn’t know her well enough to say the feeling was uncomfortably familiar.

So there it is. Being gripped by something that I can’t quite grasp gives me the impetus to try and explain what I mean when I talk about the two way track that anger may take, the inherent fall out from anger disavowed and the potential vitality that emerges with ownership of anger, including the creative possibilities and risks involved in the process of moving anger forward toward more intimate relating.

My mother—who held her anger back along with many of the rest of her feelings—let me know that even though she loved me as much as her other daughters, I was definitely the problem child. She found me oversensitive and temperamental. Whenever I got angry or particularly upset, I felt her disappear. In calmer moments she would try to explain what made my “fits” so unbearable for her. Since she was born and raised in Europe with English as her second language, she couldn’t make sense of my angry messages, or find the words to soothe my pain. Naturally, I took in her trouble as failures of my own while at the same time feeling unable to help myself. More than anything, I yearned for her closeness. But the overall message I received was that I “could never get enough, was never satisfied.” It seemed to me no matter
how hard I tried to please, I would forever be a stranger in my family. I felt bad. And also mad.

Maybe this “person or people hunger” combined with shame-faced loneliness contributed to the care and feeding of my avid interest in psychoanalytic studies. Imagine my relief on reading Winnicott’s (1968) formulations of aggression as intrinsic to maturational processes! The “good-enough” mother’s non-retaliatory survival of her baby’s destructive moves allows him to place her outside of his omnipotent control, creating the rich potential of a shared reality between two separate subjectivities. Henceforward, the limitations of intrapsychic processes, the internal workings of connection or disconnection, are awarded the broader possibilities offered by intersubjective experience.

Referring to the clinical setting, Epstein (1984) elaborates the analytic task in the face of overt or covert aggression by making substantial use of Winnicott’s (1968) ideas. He quotes, "Without the experience of maximum destructiveness (object not protected) the subject never places the analyst outside (of the area of omnipotent control) and therefore can never do more than experience a kind of self-analysis using the analyst as a projection part of the self. In terms of feeding, the patient then, can feed only on the self and cannot use the breast for getting fat. The patient may even enjoy the analytic experience but will not fundamentally change” (p.652, Epstein’s italics.)

See Playing and Reality, Chap. 6, “The Use of an Object and Relating through Identifications.” (p.91)
With gratitude to Winnicott, Epstein, and those clinician/theorists who have already charted significant aspects of my terrain (and I mean to quote from a few of them as I go along), this paper, including a clinical illustration, explores both linking and unlinking potentials carried by anger.

In our work with patients’ repetitive patterns fueled by anger, we note the unlinking of affect from cognition in an unconscious operation that we call dissociation in one form or another, or dissociative patterns that we have come to recognize as the repetition compulsion. Inevitably, something angry-making in the treatment situation, something too terrible to take occurs causing a reflexive cut in connection. We assume that some past experience has been conflated and ironed down like a stencil in the mind through which our patient’s present and future appears unalterably viewed. I agree with Russell’s notion (1988, 2006a) that, “Functionally, we can understand the repetition compulsion as a resistance to affect, to remembering with feeling” (p. 87). But that is not the whole of it exactly. We tend to overlook the role of anger as it relates to cognition in the unlinking process, which Russell rightly and precisely subsumes along with other component dimensions of affect.

Only recently have I learned more about the role of cognitive unlinking in an article from The Center for Research on Bilingualism in the UK, and published in The Journal of Neuroscience (Wu and Thierry, 2012, pp.6485-
Apparently experimental psychology already has clarified that the bilingual human mind—when reading second language words—spontaneously activates native language translation. It is also known that “emotional content is a fundamental part of language based communication” (p.6485). But this current study offers surprising evidence of what happens when Chinese bilingual subjects are presented English words like war, violence, and other related angry words conveying a negative valence. Researchers Wu and Thierry have succeeded in unraveling emotional arousal from linguistic access through a complex experimental design involving careful collection of behavioral and electrophysiological data. Results show that emotions conveyed by potentially disturbing words “trigger inhibitory mechanisms that block access to the native language” (p.6485, my italics). Thus we might infer that my mother’s assessment of her difficulty had been on target after all. And of course there is more to it, which may account for the boldface title of Wu and Thierry’s article proclaiming, “How Reading in a Second Language Protects Your Heart.”

There is more to say about this research but for the moment let’s simply hold on to the hypothesis that higher order intellectual processes are innately intertwined with the language of the heart; that the components of emotion, including perception, intention, memory, and a variety of affect’s cognitive functions (see Russell, 1988), are all a part of the affective inborn interweave of mindbodybrain, a
unity or balance that seems impossible to maintain. Much of what we do in our consulting rooms is to try to understand what causes the person we are sitting with to feel “unhinged,” or unhinge us. In hindsight we attempt to mark the moment when dissociation takes us over (see Russell, 1988; see also D. B. Stern, 1997, 2010, Bromberg, 1998, 2012), or when our patient disconnects.

From the beginning of my work in this field, my analytic sensibility has been rooted in the assumption of an innate impetus within each one of us to discover or restore our own unique balance of affective cognitions, and the thrust of my analytic inquiry is based on the inevitable breakdowns in cognitive-affective linking, breakdowns that hamper our thoughts about what we are feeling and interfere with the feel of whatever it is we may be thinking.

I am reminded of myself as a young child, sitting by my mother enjoying a warm sense of pleasure as I watched her nursing my baby sister. It was as if her more usually opaque countenance had magically transformed and I thought of her as “coming into her face.” Then came the day that she was suddenly locked away behind her bedroom door. I remember a bustling in the hall where I hung around waiting. After awhile my stomach began to ache as I tried not to hear the strange uneven sounds of raspy breath—was she choking? Or could it be that my inexpressive mother was sobbing in there? No way for me to reach her. The doctor came and the doctor went, gently closing the door behind him. Our family doctor.
The familiar lingering scent on him, of his hands as he drummed the knuckles of two fingers against the flat of his hand on my chest, then tapped around my neck as if it were a keyboard, had always been such a comfort but now that antiseptic smell was uncontained—permeating our hallway, invading through the crack of my mother’s bedroom door like I was standing in the sickening corridor of a hospital.

I don’t remember when my mother finally came out of her room but I noticed that she never nursed again. Or talked to me about what happened. I do remember in that unspoken time I vowed to really try and hold my anger in, do a better job with my tantrums.

There are no sensible words to describe the total experience of what I am trying to convey—only a visceral memory connected to the heave and rasp of mother’s breath, the hospital-smell, and a strong sense that my interest in breakdowns may have originated here.

We realize that affective-cognitive unlinking may save us in situations of early relational trauma or any trauma for that matter. We literally incapacitate ourselves for the sake of survival. But how might “survival” evolve toward re-integration and growth?

I am particularly intrigued by the ways in which the affect of anger—so often driven by fear or terror—may serve both unlinking and relinking functions. An unexpected upsurge of anger carries the potential to move us forward in an integrative way toward personal freedom and subsequent
intimacy or may just as easily undo us, breaking off connections within ourselves as well as with others. For purposes of this exploration, let’s conceive of cognitive-affective dissociation (elsewhere I have referred to it as cognitive flummoxing)\(^3\) or repetition compulsion as a second order code signifying unlinked primary occurrences that we have been unable either to get our heads around or to feel (see also B. Pizer, 2003). Repeated over and over, this personal verbal or non-verbal code becomes a familiar second language that we speak, hear, and enact, implicitly or explicitly, until otherwise notified by some surprise or new experience.

For some reason, we tend to think of repetition as it plays out in our enactments but I believe the more subtle repetition is related to the way we hear the messages that come to us and how we formulate our reply.

We will notice later, in the unfolding of my case illustration, one example of the consequences that ensue when a patient’s or analyst’s affective intentions or wants are colored and ultimately marooned inside the procedural grammar of her second language. This second language or repetitive cognitive code is unlinked from patient’s or analyst’s primary connectedness with perception, intention, feeling, thinking, communicating, remembering, etc.

As I said, I am currently focused on the power of anger and its role in facilitating or breaking down connections between affect and cognition. At just about the time I became more actively engaged in exploring the phenomenon, I received an invitation to speak at a conference. Along with this event, I was approaching the end of my work with a woman from another country whom I greatly admired and who had entered therapy for the brief duration of her Visitor’s Permit in the U.S. It is important for an understanding of what follows to note that, although my patient was born and grew up in another country, her parents were British and she was raised with English as her primary mode of communication. I realized that she brought us a long-term project—beginning with the business of recognizing the origins of unharnessed aggression—but I could not resist the opportunity to work with her. And as the time grew closer to our arbitrary termination, I grew sadder that we could not move further with the task I thought we had so well begun.

Then, in the process of choosing a clinical vignette to illustrate the ideas I had set down, it suddenly occurred to me that maybe if I wrote about our mutual effort we could continue somehow by correspondence. I would send her drafts of what I wrote and she would send her comments back. The notion of continuing collaboration clearly pleased her, pleased us both. “Yes,” she said, she really liked the idea. Nevertheless, we thought it wise to take more time to think about it. Over a weekend before she left I sent her a
tentative trial draft that described an impasse and our brief but incomplete foray into an angry exchange.

Quite rightly, my patient complained that I had not sufficiently disguised her but as for the dialogue, her only comment was, “What happens next.”

Once I addressed those issues in an immediate email reply, I wrote, “I fear that foreshortened time has prompted in me a premature push for enactment. I would like to write about us (and yes, with you as disguised as you might want and deserve to be) as a way of preserving some aspect of an experience that I hold precious, but more than that. Something for you too. And larger than the both of us maybe. Maybe a contribution to this field of work.”

Looking at it now, I think to myself, “How grandiose!” I continue:

“BUT please know that I don’t want to ‘use you.’ Or exploit our work because our work is more important to me, and I hope to you. And if “exploitation” or “misuse” comes into your mind, please let me know.”

In our next session, still a few weeks before our final goodbye, my patient denied suspicion over being exploited. She regarded our experiment as a gift and wanted to continue.

But what could either of us have really known?

Only much later would I come to understand that my failures in this treatment—among them, denial of anger over
our separation paired with a decided inability to recognize the disconnect it prompted—buckled us both."

And so we continued our project long distance. I just cannot imagine my foolhardiness! I cannot get away from the truth of my enacted breakdown between emotional and thinking processes. I should have thought better than to engage my patient in a collaborative venture to outline unfinished business as a way of naming whatever anger we could find between us, as an example of a mutual effort to move shared anger forward. How absurd! Indeed, we kept in intermittent contact as I sent her drafts.

As I awaited response to my final draft, I finally felt the apprehension that something had gone wrong between my former patient and me. Her angry email came on the eve of my departure, and I left for the conference armed with a presentation that, in the very last minute, I could not possibly deliver.

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"Although one could say that in growing up, the parenting I received was far less toxic than my patient’s, in the transference countertransference matrix we share a particular denial of anger with its accompanying move towards compliance that Epstein (1984, 1999) names as the employment of "implosive defenses." He writes, “In most cases the patient was very early recruited by one or both parents to meet the parent’s need. The sensitivity of these patients to the needs, feelings, and desires and vulnerability of others is such that it eclipses awareness of their own needs, feelings and desires. I think of them as being imprisoned in their empathy for others. They tend to be hypocritical of themselves, self-hateful...(1999, p.311)"
Including my introduction, I have divided this paper into three parts. Part II is an excerpted version of the presentation I gave as substitute for the one I trashed on arrival in the conference city.

In Part III, I clarify my former patient’s responses to the revised presentation. I present my view of how the acknowledgment of anger between us led to an unexpected outcome. I talk about what I believe to be the meaning of moving anger forward. In so doing, I also draw inferences from that research reported in the Journal of Neuroscience (2012) suggesting the presence of a cognitive marker for screening negative affective words. As summarized in the Medical Press (2012), “This finding breaks new ground in our understanding of the interaction between emotion and thought in the brain. Previous work on emotion and cognition has already shown that emotion affects basic brain functions such as attention, memory, vision and motor control, but never at such a high processing level as language and understanding.” Finally, I leave it to you whether or not you agree with my belief that despite the limited time we had together, and even if I never see my former patient again, there is evidence that some transformation actually has taken place between us.

Part II: The Therapist’s Use of Self

I am about to give you a living example of moving anger forward. My own. On the day before I left town fully
prepared to deliver a paper, or so I thought, I received an email from another country where my former patient is a citizen. Originally she had whole-heartedly agreed to my presenting our project... But in the last minute, she changed her mind.

It has been six months now since she had to leave treatment. The treatment ended prematurely, but we both knew in advance that she would be called back home. Although in a previous email she expressed her gratitude—citing a recent achievement as example of her progress (unfortunately, taking no credit for her part,) telling me, “I always liked talking with you... I would not have lasted through [my stay in the U.S.] without that support...” receipt of my final draft completely turned the tables. What a shock.

So here I stand, still reeling and, in an effort to move my own anger forward, still wanting to explore with you the role of anger in intersubjective relating, particularly when genuine intimacy—or my illusion of that shared self-state—unfolds between analyst and patient.

Even though I am unable to flesh out the person I planned to talk about, I believe all the more that our experience together—which she in this moment repudiates—emphasizes the significance, variation, and influence of anger in human relationships, highlighted by analytic interchange.

As I become clear enough to reflect on my former patient’s change of heart around my former paper, I see that,
in a way, her withdrawal is not really a legitimate part of analytic interchange. At best, I have to take responsibility for having created the enactment without a context to contain it. Looking back I can see that my own personal grief over the arbitrary loss of our connection had a lot to do with the wish to set down something of my view of what transpired between us. A way of holding.

The central issue around which I believed our work revolved and around which this paper still revolves has to do with anger, intimacy, and the release of creative freedom as these factors apply to analytic work. I believe that genuine intimacy between patient and analyst is dependent on the ability of both partners to trust their ongoing process, with trust being contingent on the degree to which each participant can recognize, metabolize and ultimately express angry emotions directly to one another.

Much has been made of the curative power of analytic love. For me, there is too much bestowal in it, too much potency given over to the analyst. For me, the therapeutic work and play lies in finding common pathways that lead toward an acceptable degree of intimacy between participants. Analytic intimacy begins with the analyst’s ability to be herself as analyst, to discover moment-by-moment who that self is in relation to each patient and to be with what each patient brings to the interaction (See Russell, 1994, 1996). As I define it, this kind of intimacy between analyst and patient takes its own sweet time, is neither preordained nor
static but rather a genuinely felt ongoing back and forth, a moment-by-moment negotiation of closeness and distance. Intimate analytic relating in this asymmetrical context involves the gradual achievement of mutual engagement, including the ability to recognize and metabolize angry emotions. Above all else, the process takes time.

Back to analytic love: There’s that one aspect of the concept that sets my teeth on edge. Of course it’s true that analytic love happens between ourselves and our patients as intimacy along with trust is developed in the consulting room, and we talk about it in terms of defining the boundaries and the setting in which these often necessary or unavoidable or joyous affects do occur. Stephen Mitchell’s (2000) groundbreaking essay about love and hate in the clinical context is an important asset in our theoretical and technical literature. Nevertheless there’s a danger embedded in the concept also that we can’t ignore, a tinge of power there, a one-up/one down tendency that we have to be careful of.

So even though it might be true that “love makes the world go round,” there is also the reality that unconscious and untended aggression in the name of love or cure or saving

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5 Mitchell’s paper (2000) bears the title, “Intersubjectivity: Between expressiveness and restraint in the analytic relationship.” In this context, it is important not to ride over Mitchell’s dialectical truth “expressiveness” includes “hate” as well as “love.” Furthermore, in an earlier paper, (1998), Mitchell asserts that aggression arises “not as a bolster of a singular, essentially non-aggressive self, but as a central organizing component of one among multiple self-organizations” (p.28).
the world threatens to blow our world apart. Whatever political action we might take in the service of peace in the world, whatever else each of us may try to do to stop the spread of violence perpetrated by power for power’s sake, the quieter more organizing process\textsuperscript{6} of human growth and being is, I believe, indispensable; and that requires self-awareness—including an awareness of the roots of our aggression in the context of intimate relating.

My ire rises as I think now about my former patient who seems to consider the paper I wrote as an insult—the paper I thought was a document in which my warmth, my foibles, and empathic caring came through as did our mutual efforts to make sense of her dilemma. My former patient is furious, but the fury is ice cold, the kind that frightens me, the kind that leaves me feeling three years old and wanting to appease. But she views the work as a one-up/one-down expose in which I paint her as “hapless” and me as a “success!” How could she?

But then again, why is it that we analysts so often forget about transference dynamics—working both ways I hasten to add—when we feel we are being so authentic (how I hate that word)! Or maybe the way in which we think we are being real is actually thoughtless, hurtful, judgmental, bullying, inattentive.

\textsuperscript{6} See also Paul Russell (1976/2006) on owning affects and negotiating affects. These become the developmental structures inherent to the growth of human being and constitute “a quieter, more powerful” organizing process. (p.626) in “The Negotiation of Affect,” in Contemporary Psychoanalysis 2006, Vol.42: 621-636
I am finding in this anger that I’m trying to move forward confusion as to who is who and who is doing what to whom? “Did I do this or was it done to me?” (See Russell, 1975/2006a p.14, 1986/2006a; p.46)

I can remember like yesterday that freezing winter afternoon when fifth grade let out, and the class bully, Alice Belerian, suddenly grabbed hold of me from behind and pushed me down on my knees and rubbed my face in the snow. I can remember running home crying, to tell my mother, sobbing that Alice Belerian pushed me in the snow—to which my mother coolly replied, “And what did you do to her?”

For me the track of my emotional reactions usually moves from hurt and anger to shame and hurt, and then in rapid fire, to the rescue, I design an angry fantasy that gets me back up on my feet again.

Hopefully for analyst or therapist, the process of acknowledging her anger—while aware of her powerful role in the dyad—takes the form of an internal negotiation or conversation. I believe that the patient will pick up the analyst’s implicit struggles and make of them what she can bear at the time. And hopefully, in her good time, the patient will begin to feel safe enough to express what she feels directly to the analyst, including her feelings of anger. And here I risk the statement that genuine trust cannot be fully attained without identifying, engaging, working through, and surviving direct expressions fueled by anger. Simple anger, according to Guntrip’s (1971)
definition, is a defense against assault. (p.37) As first response, anger serves an adaptive function. A responsive upsurge of anger may become a clarifying signal in relationship, a statement of personal boundary that defines for the other the degree of closeness or distance permitted in this particular moment.

Somewhere inside, both parties in the analytic enterprise will know that trust between them remains incomplete and contingent until they have each expressed and received exchanges directly and consciously fueled by anger and together lived through its shared experience.

As Mitchell (1998) writes, “So we can begin with the hypothesis that each patient (and each analyst as well) is likely to experience, either consciously or unconsciously, one or more versions of themselves as quite destructive, sadistic, and vengeful” (p.28). And so, ”One important task of analysis is to create an atmosphere in which that version of self can come to life, become known, so that the patient can become better able to contain and to be reconciled with the various versions of self, including destructive versions. From this perspective, therefore, one cannot simply work on or through aggression indirectly because in so doing, one bypasses a full immersion in and conscious processing of important domains of self experience” (pp.28-29) (italics added).

Is it not ironic then, that my former patient’s responses to me that came out of a draft I sent her
(purported understanding that morphed in cyberspace into misunderstanding both ways) led to expressions of anger between us that neither of us could fully feel in vivo? We missed the freedom that we both had wished for, the creative freedom between us that just might have been. If only we had had the time!

Makes me mad. “I’m rubber, you’re glue,” I am thinking to tell my former patient now, “Whatever you say, jumps off of me and sticks to you.” Okay, so I’m behaving like a baby now. “Well you can go jump in a lake!!”

Almost immediately, I turn myself around, “This is hubris. All your fault.” I am hugely ashamed. Now to the whole world at large, “You know what she said,” I parrot on, “she said, ‘you didn’t listen... you seem to have been thinking about yourself all the time.’” And I turn around again. “But I’m all I have left, dumbbell, now that you took yourself away, you can just go jump in a lake!”

I know that when my feelings move in that direction, I am sunk if I let them go down. The internal landscape is barren and familiar. At bottom I feel “caught out,” ashamed beyond belief, maybe for having set the whole thing up in the first place, so all I can do is blather diatribes inside my head to muster up the energy that anger provides. Some energy to pull myself together.

Clearly anger comes in various flavors and may help or hinder whatever it is we wish for in our lives; anger may be growth producing, creative, protective, defensive, or
destructive. Although we know that all of us are born with the capacity to feel, owning whatever the feeling is that wells up inside is something else entirely. Recognition, acceptance, and creative use of one’s anger may be one of our most difficult developmental tasks.

And now, I continue to think about my former patient, about how proud I felt when I sent her that last draft, an ongoing sense of pride until she set me straight. And I can feel in my body the way her response turned pride into an in-breath of shocked surprise, then a metabolic drop into the place of hurt with, I realize in retrospect, a brief pit-stop in the area of outrage. I’d get back to anger later on.

I want to say that by pride, I don’t mean the hubris kind that “...goeth before the fall,” but rather a very personal and private sense of empowerment, a kind of anchoring integrity that comes from behaving in concert with one’s felt beliefs, a pride that actually may manifest itself as a rising warmth inside. Feeling proud can be an emotion like anger, too often bred out of us “lest it go to our heads” or give reason to lose one’s temper, heaven forbid. And again I am reminded of my mother’s comment when Alice Belerian took me down. Perhaps the consequence of receiving automatic and unjust blame is that it feeds the idea that anger must be “justified” before one has “a right” to feel it. And then what follows may be the insidious merger of anger with judgment that sends a person so far away from spontaneity and trust that should you happen to ask her what
she’s feeling, she will shrug and tell you, “nothing.” And soon she will believe it, experiencing nothing at all or something else. It could well be that some degree of trust must be established before patient (or therapist) dares to test her anger in an analytic setting. Most likely it works both ways. Just as the affects of love and hate bear a close relationship with one another, so too may anger and trust.

You know, just as I am beginning to think you must be getting bored with all this exploration, this focus on inner process that right now relates only to me but I hope has relevance to you as well, I see that even though I hold myself responsible for having caused my former patient anguish, I am separating, slowly, from her global assessment.

I do remember sitting with her on a winter day, and we were talking deeply about a history of growing up that left her with the kind of scars that maybe one could overcome to some degree, make some creative use of their enduring ache (and isn’t that what we as therapist’s routinely do, what makes us therapists in the first place?), but scars that just won’t ever go away. I can feel the way it was as we sat together enveloped in a long silence. I was filled with a mixture of experience for which I had no words, perhaps because my own reveries had fallen away. The way I felt with her was a way I had not felt before—a depth of pain that could just as easily have flopped over into joy, a very quiet and connected place where—as in dreams—opposite feelings
intertwine, a timeless place. Outside my window it had just begun to snow—thick random flakes.

Even if today she will deny it ever happened, even if the thing is only a figment of my imagination, even if I need it as a source of solace, I can feel it inside, and it belongs to me—next to my anger and my sadness and whatever else there is.'s

And now I have arrived at yet a new place. I recognize that anger is more than just a feeling. Anger may also be a mode of transportation that carries with it a richness of unexpected feelings as it travels along, feelings and combinations of feelings never felt in quite this way before or again. And stepping back, I also realize that anger, like laughter, moves us out of dissociation and into the present moment.

My former patient puts me in a line up with the other figures who betrayed her, and that makes me feel shut out. According to Guntrip (1971), “aggression can be a meaningful reaction to bad object relations,” and if the paper triggered

Although delivered too late (and not in person), my efforts to understand and own my contribution to our transference/countertransference impasse, inadvertently opened a space that had an impact that I would not realize until sometime later. Epstein tells us, “Whether the analyst’s emotional vulnerability turns out to be a contribution or a detriment to the therapeutic process will depend on two factors. One is the analyst’s willingness and capacity to bear the bad feelings that inevitably arise in the treatment interaction and to process them in the patient’s best interest. The other is the extent to which the analyst is able to contact and put into words, with a decreasing sense of accompanying risk, everything he or she might think and feel that might be likely to give rise to such bad feelings” (p.324).
my patient into a state that Guntrip talks about when he speaks of “aggression that changes into frustrated rage, hate, fear, and flight” (p. 37), then maybe I need to take it personally in the sense that I may not be its object, but I do, in a way, need to stand alongside of her line up of perpetrators. I feel sad and responsible for that.

I think of Liotti’s (2004) summary of Blizard’s (2001) research that highlights the paradoxical relational dilemma following attachment disorganization. “In order to maintain attachment, traumatic memories of abuses suffered at the hands of family members must be dissociated, but to protect the self from abuse, the need for attachment must be disavowed” (p. 483). How then could my former patient ever really feel the fullness of her anger with me directly? How could she ever trust relationship? Yes, we needed more time.

Before I close, I want to quote from Guntrip (1971) as a way of emphasizing the importance of working analytically with anger for the sake of greater creative freedom and the development of intimacy.

*In summary, Guntrip (1971) argues against Freud’s notion that aggression and destructiveness constitutes a primary instinctive drive. He points out that “The more primitive the society, the more aggression becomes simply self-defense” (p. 120).*

And yet even today we hang on to the idea of training our children to disown anger and natural aggression. Many of us grow up with the idea that anger directly expressed is
primitive. We need to relearn anger as integral to being real, a necessary ingredient of intimate relating.

Guntrip (1971) writes:

The more complex societies become, the more fears and insecurities create vicious circles of suspicion, defensiveness, defenses by attack and counterattack. An aggressive society becomes self-perpetuating, a nearly insoluble problem. But we must not blindly ascribe this to nature and instinct”

“...It is a sign of the bankruptcy of the creative capacities to live and love. Being, the sense of assured stable selfhood, is the basis of healthy doing, of spontaneous creative activity. Without it, doing can only be forced self-driving to keep oneself going, a state of mind that breeds aggression, in the first place against oneself, and then to gain some relief from self-persecution, it is turned outward against other people, situations, or causes, creating the social neuroses of fanaticism, political, religious, or idiosyncratic (p. 120).

As I go over my notes about the work with my former patient, I still believe that we touched her anger and her pain together, or at least I did. I know I did. But we didn’t have the time to hold it long enough in the room between us for her to metabolize it in the present. Whether my former patient will ever forgive me or ever completely “get” what I’m trying to articulate is an open question. I have no idea
what or how much she will ultimately hang on to from the time we spent. As for my experience, I can say without a doubt that a dimension of feeling has opened in me that had not been there before, a feeling as real and as evanescent as the first fall of snow outside my office window.

Part III: Time to Hold it Long Enough?

As for other, more familiar dimensions of feeling, Mitchell (1998) unreservedly declares, “All of us experienced enough danger and threat in childhood, regardless of the balance of health or pathology in our caretakers, to have experienced at least a fair amount of destructive aggression. It is universal to hate,” he insists, to “contemplate revenge against, and want to destroy those very caretakers we also love.” Accordingly, in Mitchell’s view, “One would start with the hypothesis that each patient (and each analyst as well) is likely to experience (either consciously or unconsciously) one or more versions of themselves as quite destructive, sadistic, and vengeful” (p.28).

Given this universal yet “out of line” self-organization that wants to hide, without a passport and no place to go, Mitchell prescribes an analytic antidote. He writes,

One important task of analysis is to create an atmosphere in which that version of self can come to life, become known, so that the patient can become better able to contain and to be reconciled with the
various versions of self, including destructive versions. From this perspective, therefore, one cannot simply work on or through aggression indirectly because, in so doing, one bypasses a full immersion in and conscious processing of important domains of self experience” (pp.28-29) (italics added).

I knew I would show my former patient how her anger with me worked for me. Our angry exchange did not destroy either of us, but her anger carried enough potency to influence and bring about change. The new version of my paper honored her objections, and I sent it off to her right away.

In contrast to the preceding fiasco, my former patient replied almost immediately. The powerful directness she now invested in her email arguments struck me as a familiar part of who she is and was, but when she sat with me in person, I felt it only as a shadow. All I had to go on was a procedural sense of empathy and strength of purpose that crossed her face, so quickly followed by despair. I mean I felt her integrity even though the conflicts she now expressed in writing led to certain conclusions I could not endorse. It was the integrity of my former patient’s character that I believed in, that drew me to engage with her in the first place, that didn’t want to let her go before we could glue that portion of her being onto the wobbly places of self-doubt.
But that last-minute wish of mine (yes, my repetition) is just where I went wrong. Bromberg (2012) talks about “conditions for healing” (p. 274) in order for growth to occur, and those conditions have to do with “the ability to flexibly tolerate the presence of separate self-states simultaneously” (p. 274). It’s a process that takes time and trust, and I had wishfully hoped we could defy our arbitrary termination by continuing in cyberspace.

As it happens, sending my former patient this new version of my paper surprisingly released the emergence of separate self-states all together. In reading my former patient’s email, I get a glimpse of gratitude, disdain, appreciation, reproach, global self-criticism, discrete awareness of self and other, and awareness of progress from then to now. But there is no one “standing in the spaces” (Bromberg, 1998) with her when she relays to me these separate self-states making simultaneous appearances in the same three email pages like orphans taking issue in a play of words.

My former patient writes directly about her anger with me. “This time,” she writes, “I thought about it hard and tried to say clearly what I was angry about.” And, “I thought this change in my behavior was a sign of progress.”

Then another self talks back, unlinking from the first. My former patient tells me how closely what happened with us mirrors those ruptured relationships with important people in her past who judged her every time she opened up, whose
scathing diatribes and righteously demolishing “verdicts” denied all ownership of their negativity. As I read the gathering in of this self’s condensed version of formative figures, their mystifying denials of anger while skewering her with “constructive criticism,” I become aware of the key to the breakdown point in my former patient’s development of cognitive-affective links.

I believe that my former patient’s silenced self, which I have come to regard as closest to her core self, absorbed the aggregate of all demolishing “verdicts,” holding them in procedural knowledge. And because of their deniability, she could never address them; never learn to address them directly. Now, in the transference, I wear the mantel of “assassinator.” Here is the precise point of disconnection, or relational trauma, which Russell (1991/2006) defined “in terms of the interruption of a containing relationship in the service of the capacity to feel” (p. 614). So my former patient can apprehend but she cannot yet link, because she dreads reprisals if she finds the language to speak what she feels.

But like any person hostage to the repetition compulsion, she knows what she “wants”: to smoke out the disowned, demolishing intention in the response of the other. She must sustain such vigilance to survive in life, and in the transference. And yet, my former patient also has moved beyond the point from which she also continues to react. Her email message speaks from multiple self-states that are
unlinked, partially or tenuously linked, at the threshold of linkage. She writes, “This is clearly an old repetition, there’s no getting around it.” She writes, “I have learned not to express anger because the results are like this: not give and take but total repudiation.” Here the silenced self gives me clues to her defensive retreat.

My former patient communicates with me from within our transference-countertransference repetitions and also from a perch of reflectiveness beyond it. She is capable of important, yet still intermittent, translation. But the lingering repetition continues to speak—unlinked, linked, unlinked.

In the throes of the repetition compulsion, a person knows what she wants but cannot see its disconnection from what she needs. My former patient knew she entered therapy wanting my “verdict.” In her email, she writes, “I wanted to know what was wrong with me... You tried, I think, to do what I wanted. But you never gave me the verdict, or even any friendly advice. The problem I came in with, I took away.” I agree that, concretely, this is the case. But would my “verdict” move her anger forward? I believe that what she “wanted” was for me to collude with her so that she could remain safely silent in my compliance with her repetition. But I was guided by my belief that she needed a potential space for her own voice—to address directly her own anger in a recognizing relationship. Before receiving my revised paper, and in it my open anger, she struggled to regulate
safety and change by expressing her need to stop my work on
the paper. And, in the last minute, she found the courage to
do it! Our separate enactments—my wish to continue our work
by writing about it through exchanges with her and her silent
tactic of delaying to stop me—surfaced our impasse. And by
this courageously direct aggressive action, she broke through
her silence and approached the realization that she could
word, voice, and deliver unmitigated anger toward me.
Although my explicit anger, as she found it in my paper,
furthers the integrative process, this is essentially in the
service of solidifying the important and freeing step that
she herself had to take: to find and state her own anger
directly in her first language.

Seeing this in writing underlines a felt sense of my own
blind transference urgency to speed the process, the clumsy
reach of my repetition through the door of her repetition
that she could not yet open in order to link up to her own
capacity for “self-other wholeness” (Bromberg, 2012, p. 276).
As Bromberg writes, “self-other wholeness will be compromised
early in life by developmental trauma that has no cognitive
representation because developmental trauma is attachment-
related and organized procedurally rather than symbolically”
(p. 276, italics in original). Here I want to describe how
cognitive researchers Wu and Thierry (2012) define a
perspective on this procedural organization in terms of the
brain’s capacity to inhibit language access.
In their (2012) study of bilinguals, they have investigated the effect of affective valence on language access rather than the effect of affective processing per se. They presented Chinese bilinguals with a series of positive- and negative-affective English words that registered no difference of arousal in their subjects. However, subjects did not spontaneously translate the negatively valenced words, suggesting “emotional processing interacts in a preventive manner, automatically repressing full realization of semantic integration when the targeted meaning is potentially distressing” (p.6489). Wu and Thierry thus conclude that their present findings “break new ground as regards emotion-cognition interactions” (p.6489).

If we can agree to the metaphor of the repetition compulsion as a secondary code, can we infer that my patient’s contradictory understandings around anger are also related to her difficulty in actually accessing love and hate in her primary or procedural connections to a language of love?

Researcher Wu and Thierry (2012) contend, “So far, insights into the spontaneous role of emotion on human cognition have been limited to basic cognitive processes such as attention, memory, vision, and motor control. Here we establish that emotional processing unconsciously interacts with cognitive mechanisms underlying language comprehension” (p.6489, my emphasis added).
In writing, a part of my former patient is able to link up with what she perceived in my new version of the paper I presented. This part of her offers that she was impressed by my forthright approach to my colleagues, claiming that she wouldn’t have had the courage. She says that she gained a greater understanding of how I saw the work with her in a way that she never did by reading our session notes (given to her on departure) or by reading the various versions of the paper I trashed.

She says she still doesn’t know what I mean by “moving anger forward,” even though it seems to be the central concept that I’m trying to get across.

The main lesson for her in our work, asserts that part of her that must keep safe from change, is a lesson she learned from long ago, which is, not to express her anger in the presence of another person, particularly a woman. My angry revelations in the paper testify to what happens when you do.

I pause in this narrative to remind us of my brief introductory thoughts about the repetition compulsion—a cognitive-affective unlinking, a resistance to remembering with feeling (Russell, 1988). More specifically, I elaborated a conception of the repetition compulsion as an enacted code for unlinked indigestible occurrences. I stated my belief that this personal code becomes a metaphor, a second language that gains increasing familiarity.
For Russell (1996), the repetition compulsion is “a psychological black hole from which the subject can see or feel no way out” (p.212). "The patient was unable to experience then, and is unable to remember now, the traumatic event in the way that he needs to in order to be able to locate the event in the past, and be able to feel enough differently that the present and past can be distinguished” (p.212).

My erstwhile patient oscillates between safety and risk. She tells me in her email that she came to see me because she was tired of having to do everything herself, without support. So she was happy to come and talk to me. She acknowledges my efforts to do what she wanted. "You certainly tried... you did the work of two... took it off my shoulders...." But still, she wanted to know what was wrong with her, and I “never gave [her] a verdict....”

This self must insist that there is “something wrong” with her; she believes I have whole-heartedly expressed agreement with her detractors. When I speak of my fear of her cold fury, she hears me labeling her as a cold person altogether and thus incapable of expressing any other kind of anger; and when I spit back—in a hot, regressed, tantrumous, three-year-old rage—that she should “go jump in a lake,” she feeds back to me that I wish her to drown; and when I quote Guntrip proposing the generalization that unprocessed anger handicaps human freedoms, she actually hears me to be
proclaiming along with Guntrip that she is “incapable of life and love.”

Holding Russell, Bromberg, Wu and Thierry in mind, I read in my former patient’s email the degree of risk she actually took in presenting her anger to me. I experience in her concrete presentation of self-states how much therapeutic work she has actually done in the short time we had together as well as how much there is yet left to do. Our repetitions have been rendered in the cyberspace between us and, as life would have it, we are unable to see them through in the same space together. For the person I grew with for a short while, I believe that arrival at a reliable linking of past and present, memory and experience, want and need, affect and cognition remains an emergent potential. For now, she does know quite a lot about her relational and affective realities, but this knowledge remains primarily procedural, kept mostly private and safe behind closed doors—so far, untranslated. Moving anger forward takes continuing risk, disappointment and surprise.

Moving anger forward, paradoxically, means also moving it back past coded repetitions where one may find in memory enough to go on to risk again communication of whatever has been already apprehended, and to speak up—in anger if needed—for oneself and one’s boundaries with a trusted other.

Via email, my former patient conveys in her anger with me that protective mechanisms of unlinking are still needed while at the same time she lets me in on her simultaneous
linking. Her email gives indication that some transformations, if ever so inchoate, have occurred between us.

Although she explicitly attributes inspiration to sources other than myself, she does let me know that she has allowed herself an inkling of surprise:

“I came to you in the first place because I could not work.... And you kept telling me I’d start soon as a result of our work. That didn’t happen. But after I expressed my anger about your paper, something changed. I just realized I was on my own, as always, and I better get on with it.” And then, she lets me know that even before receiving my revision, “I intended to email and tell you that I started working again.”

REFERENCES


