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Hannah Schriber

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An Intersubjective Approach to the Role of Anger in Differentiation and the Development of a
Cohesive Self: A Case Study

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HANNAH SCHRIBER
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APPROVED: _____
Peter Buirski, PhD, Chair

Hale Martin, PhD

Christine DeVore, PsyD

Introduction

The repression of anger has been studied in the presentation of depression throughout the history of psychotherapy. It has been theorized that patients experiencing depression and other internalizing clinical presentations unconsciously adopt repressive psychological defenses that ward off threatening emotional experiences. Introjection is one such defense, in which a patient conceptualizes their sense of self through identification with early essential figures. Suppose the attachment to these crucial figures is threatened by misattunements and a sense of rejection. In that case, a patient may become highly self critical to ward off the grief and conscious acknowledgment that early caregivers were not emotionally present during development. Anger on one's behalf is thus transformed into self-loathing and a subjective sense of emptiness (McWilliams, 2020).

Early psychoanalytic literature conceptualized anger through Freud's drive theory. Freud postulated that patients who experience depression redirect negative affective states towards the self. It was theorized that turning against the self served a protective function. It decreased abandonment anxiety while maintaining a sense of control, for if the problem was within oneself, one could change the situation and maintain relational safety with others. 'Sadism against the self' or 'anger turned inward' provided direction for early clinicians working with depression. It was thought that if the source of anger could be identified, brought into consciousness, and explored, the pathological introjective process could be reversed in treatment (Freud, 2005). Anger was conceptualized within a one-sided psychoanalytic framework in which events and defenses within the isolated mind of the patient were uncovered in the therapeutic process (McWilliams, 2020). Later relational psychodynamic theories addressed the fundamental conflict

central to this aggression turned inward approach. Specifically, these theories sought to understand the defensive and relational function of maintaining a painful existence in which the self is degraded and attacked at the expense of the patient's wellbeing. This case study will attempt to illuminate the role of anger in facilitating differentiation utilizing an intersubjective approach to therapy with a patient who presented with an anxious depressive profile.

Anger is a universal human experience. Developmental research posits that anger arises through co-created relationships in early life. Observed expressions of anger do not typically appear until the end of the first year of life (Williams, 2017). During this time, infants begin to form the basis for attachment and internalize the expressions of emotion in response to early caregivers. Working through the psychosocial stage of trust vs. mistrust, as Erik Erikson theorized, the infant is crafting a worldview that is either safe and dependable or dangerous and unpredictable. Healthy expressions of anger are the building blocks of autonomy, creating a mastery of the environment, goal-directed behavior, and differentiation between the internal motives of the self and caregivers. "Anger and rage are thus considered as necessary instruments to re-establish a feeling of personal consistency and autonomy or to endure in a goal pursuit when a failure is experienced" (Williams, 2017, p.6). Throughout development, normal expressions of anger that co-exist with empathy for others signal "an evolving sense of autonomy and narcissistic integrity" (Williams, 2017, p. 6).

Introducing self psychology and two-sided therapeutic approaches furthered an understanding that defenses and intrapsychic conflicts around disavowed affective states can be understood as strivings towards health, given developmental narratives and early relational patterns in the patient's life. Interpretations in self psychology illustrate the adaptive nature of

defensive structures, capturing the leading-edge, or the strivings and maintenance of self-experience underlying the patient's understanding of themselves and the world, and the trailing-edge, or the historical dynamics and experiences that crafted current organizations of experience (Lachmann, 2001). Kohut understood strivings towards self-integration as a fundamental human task.

A common thread throughout these theories is that experiences of anger are understood to be adaptive within the developmental narrative of the patient. Unlike narcissistic rage, which lacks empathy and is fueled by vengeful motives (Geist, 2021), healthy aggression captures the “ambitions and assertiveness as expressions of a cohesive sense of self” (Lachmann, 2001, p. 17). Healthy aggression, labeled anger in this paper, can be conceptualized as a reaction to empathetic failures and a fundamental step in the move towards self-cohesion after narcissistic injury.

Exploring the ruptures created by empathetic failures inside and outside the therapy room through a two-person relational approach rests on the therapist maintaining an “empathetic listening perspective” (Lachmann 2001, p.11). Self psychology and, to a further extent, Intersubjective System's Theory are strength-based conceptualizations of the patient. Contemporary intersubjective theory moves away from focusing on inadequate selfobject experiences and instead emphasizes the painfully present patterns of misattunement that can contribute to self-pathologizing organizing principles.

This paper tracks treatment through an intersubjective lens and conceptualizes that organizations of self and experience are crafted by affect and can be interpreted developmentally within the therapeutic relationship. The co-created dynamics within the therapeutic relationship

serve as a supportive, attuned realm in which the patient can gain curiosity about their organizations of the world, repair re-traumatization in the therapeutic space, and further a cohesive sense of self with new understandings of self (Buirski et al., 2020). Unlike the neutrality central to analytic approaches, comments and interpretations in intersubjective therapy are “not neutral, but tilts in the direction of normalizing what a patient has presented to us” (Lachmann, 2001, p. 49).

This study will attempt to illuminate the short-lived clinical presentations of anger that manifest in the patient during moments in which the patient subjectively re-experiences early patterns of painful emotional experience. I posit that anger can be understood, defused, and reintegrated in moving towards healthy self-cohesion through empathetic awareness, interpretations born out of a co-constructed developmental narrative, and an exploration of the differentiation need underlying the anger (Giest, 2021). Exploring the developmental formation and the adaptive function of the patient’s organizing principles, I will examine how anger assists in crafting new ways of being. These clinical examples will explore the role of the intersubjective method and the meaningful relationship between myself and the patient. I will analyze the co-created dynamics that allow the patient to identify and explore her anger, an affective state previously disavowed throughout development.

In the first clinical section, I will explore how anger expressed in session reveals the self-pathologizing unmet relational needs the patient adopted during experiences of misattunement. This process served to aid the patient in moving through grief at what was lost in childhood and towards a healthy differentiated sense of adult self-efficacy. In the second clinical section, the patient processes a conflict between old organizing principles of accommodation and low self-

worth manifesting in her anxious attachment patterns. Consequently, we identify a newfound sense of healthy anger that signals a desire for a different dynamic in her relationships.

Examining the differentiation process as facilitated by expressions of externalized anger, I will then track the patient's movement towards healthy self-other boundaries with her primary caregivers and current manifestations of a cohesive self in her professional life. Finally, I will explore how anger manifests within the therapeutic relationship and note the next treatment steps.

Overview and Development

For the purposes of this paper, a pseudonym will be used to protect the patient's identity. Martha initially presented for treatment with debilitating social anxiety and depression. Throughout previous experiences in therapy during high school and early college, she identified that her psychological distress stemmed partly from family of origin issues around the relationship with her father and her experience of her parent's divorce in early adolescence. She was enrolled in a graduate program and employed when she first came to see me. She was living with a male partner she reported dating since college. However, she was conflicted about the health and longevity of this relationship.

As with an introjective depressive profile (McWilliams, 2020), Martha presented as a conscientious, thoughtful patient from the beginning of treatment. She showed up on time, respected my boundaries around scheduling, and quickly joined me in fostering a curiosity about her own internal experiences and development. Conceptualizing Martha through an intersubjective lens, I found affect attunement was an effective way to identify the subconscious subjectivity that she used to organize experiences. The affect that presented in the room in the

first year of treatment was primarily around internalized emotions of sadness, hopelessness, and fear of her own emotional and relational needs. Anger masked itself as frustration with the self. Her social anxiety and depression made her smaller in the world, and she frequently spoke of her severe anxiety that emotionality itself would push people away.

Martha held a core organizing principle of pathological accommodation, a theoretical concept introduced by Brandchaft encompassing experiences of relational trauma. An adaptive accommodation pattern may result when a child's primary caregivers cannot attune and respond to the child's emotional experiences. Consequently, the child privileges the caretaker's emotions and needs as more important than their own (Brandchaft et al., 2010). Martha had organized her experiences around being other-oriented, holding the belief that responding to the needs of others was the only way to receive warmth and affection and prevent abandonment.

Intersubjectivity's strength-based approach assists in depathologizing psychological stress through genetic interpretations and co-creating an understanding that the patient's distress arose out of adaptations early in life that were once integral to maintaining relational bonds and eliciting emotional responsiveness from caregivers. Martha's development narrative captured the explicit and implicit messages around emotionality that contributed to a pattern of disavowing anger. Early in our therapy, Martha stated that as a child, she was well adjusted, had many friends down the street, and took great pleasure in creative pursuits. She shared that her parents appeared distant at times. Her father prioritized work, success, and maintaining the image of a happy family. The demands of caretaking for herself and her younger brother seemed to elicit conflict between her parents. In a model scene of her parent's dynamic, Martha shared that when she was six years old and hospitalized with an illness, she remembered her parents fighting over

who missed the signs of her disease. This tension elicited feelings of loneliness and fear instead of support and care. In her early adolescence, her family moved to a new state, and Martha reported that she began to see the cracks in her parents' marriage widen. Martha shared a model scene of secrecy and unspoken anger, in which her mother took her and her younger brother to get ice cream one night. Martha recalled a large pile of clothing in the backseat and her mother silently crying as she drove back home to Martha's father after the outing. Before the divorce, Martha's mother would enter Martha's bedroom, and Martha would rub her mother's back as her mother cried. This dynamic gave little space for Martha to process her reactions to her parents' relational distance, as "sometimes children feel intense, unspoken pressure from an emotionally overburdened parent to protect the adult from further grief, as if acknowledging sorrow were equivalent to falling apart" (McWilliams, 2020, p. 243). As an adult, Martha has expressed sadness and anger at the unspoken disintegration of her parent's marriage.

When Martha was in her early teens, her parents divorced. Martha experienced herself as a parentified child in the family during the chaos of the divorce. Martha felt like a pawn, shuffling back and forth between her parents without the space to process the family rupture. Her father promptly remarried a woman who stepped into a controlling mother role. Martha shared that she called a friend to complain about this new woman in her life and that her father overheard the conversation. She recalls the fear of being yelled at for "disrespecting" her stepmother. In a striking illustration of the associated dangers of emotionality, Martha recalled a memory in which her father expressed horrible judgment about her mother after the divorce hearings. Martha stated that when she began to cry, her father pushed back, saying, "why can't you let me be happy." Martha was overtaken with a panic attack and ran into the bathroom, where she recalls feeling fear and shame as her father banged at the door, telling her to calm

down. Her middle and late adolescent years were filled with academic and extracurricular pursuits to garner her father's praise and attention. Her younger brother, whom Martha labeled "the golden child," exhibited an ease Martha attributed to her martyrdom in protecting and shielding her brother from her parent's conflict. During treatment, we co-created an understanding that her desire to protect her brother resulted from Martha's own disavowed dependency needs during the divorce. McWilliams (2020) wrote of this dynamic, stating, "if one feels that yearning to be cared for by someone else is shameful or dangerous, one can vicariously satisfy one's own dependency needs by taking care of another person and unconsciously identifying with that person's gratification in being nurtured" (142).

Fears of being "annoying" when Martha expressed a need in relationships and the subsequent patterns of accommodation reflected an early organizing principle that she was unlovable when she showed up as her authentic self. We explored how Martha's mother's comments that her marriage was a failure led Martha to hold the subconscious belief that her parents did not want her. Despite a close relationship with her mother growing up, Martha has shared feeling like a burden given her mother's frequent complaints about scheduling childcare when attempting to set up dates after the divorce. Her father more explicitly articulated that Martha's needs were burdensome, as he would react with alcohol-fueled volatility when Martha became emotional. This fostered the impression that Martha's feelings around the divorce were an inconvenience to him. When Martha anxiously processed relational fears out loud with friend groups throughout middle and high school, her friends began to label any behavior they deemed annoying as "being a Martha." As a child dependent on caregivers for safety and nurturance, it became adaptive to turn her anger at the mistreatment inwards to maintain stability at the expense of emotional expression.

Anger as a Defense Against Grieving Misattuned Early Caregivers

Understanding anger's role in differentiation requires contextualizing anger within the developmental process. Interpersonal effectiveness is an essential developmental process. Wachtel (2013) writes that "learning to give expression to one's feelings in an age-appropriate and context-appropriate way is a lifelong process in which trial and error, feedback, and gradually increasing standards ordinarily play a role" (p. 17). Throughout therapy, I experienced Martha's self-concept as underdeveloped for her age. I believe this reflected an intrapsychic conflict between independence and dependence. She desperately sought to be seen as financially and emotionally independent but continued to long for unmet attunement and parental guidance. Early in treatment, Martha blamed herself for the agony of wishing her father could provide the warmth and love she desired. She wondered if she was asking for too much or if she was not a daughter of whom he could be proud. Throughout treatment, we have conceptualized her relationship with her father as an ambiguous loss, moving through the grief of accepting that there are specific needs he cannot provide regardless of her accommodating relational style.

In this clinical example, developmentally young expressions of anger manifested when disavowed parts of the self were re-experienced during the holiday season. Through interpretation and processing within the secure therapeutic relationship, we noticed a shift from Martha devaluing herself when experiencing negative feelings for her father to anger and ultimately healthy differentiation within the relationship. During previous moments throughout treatment, my countertransference was one of frustration and impatience. Despite an understanding that manifestations of anger by the patient arose from a healthy sense of self-advocacy and worth, I experienced specific patterns and behaviors as spiteful without a relational

function. In this session, we began co-creating a shared understanding and language for what I previously conceptualized as regressive behaviors. Martha had discussed hurt feelings during the holiday season as she prioritized purchasing thoughtful gifts. She felt her “black sheep” status in the family was reinforced when her family did not reciprocate her efforts. I struggled to conceptualize her anger at the obligatory nature of thanking relatives for gifts. This is a practice common to many families; the brief phone calls to relatives are typically inconvenient or, at best, a way of maintaining connections and expressing gratitude. Thus, as Martha discussed her anger at the niceties and formalities of thank-you calls, I began to understand that underlying the anger were feelings of a misattuned rupture and inauthentic connection in the relationship with her father.

Early in treatment, Martha’s organizing principle that her authentic self was inherently unlovable was triggered when her father did not meet her relational needs. Martha often spoke about conflicting values around success and independence in her family. She blamed her mental health struggles and self-deficits as the reasons her father was not there for her emotionally. Anger during these conversations manifested towards herself and her disavowed dependency needs. In defending against the anger Martha experienced towards her father, Martha was exhibiting what Martha Starke n.d. calls relentless hope: “The hope is a defense to which the patient clings in order not to have to feel the pain of disappointment in the object, the hope a defense against grieving” (para. 1). Stark postulates that the antidote to relentless hope is the “transformation into the healthy, adult capacity to accept the sobering reality that one cannot make one’s object change” (para. 1).

The following example illustrates the shift from anger directed towards the self to anger directed at her father. This shift ultimately allows room for the grief of an ambiguous loss in the relationship. In session, we conceptualized her anger as a reaction to the distance created when her father would ask her to put on a grateful smile for relatives. Underlying this interaction were feelings of emptiness and loneliness because appearances were prioritized over genuine love. When Martha's father spoke about niceties, I interpreted that she experienced distance and resentment in their relationship. Anger arose from feeling that inauthenticity was rewarded and that she must craft a facade of gratitude regardless of her internal experiences. Martha agreed with the notion that these phone calls to relatives were so painful because they enact the inauthentic niceties her father defensively uses with her in interactions. Martha went on to share that throughout her childhood, she experienced conditional love based on her father's judgments of whether she was acting as a "good daughter" and showing proper levels of appreciation.

Now, Martha felt pulled to push back and express resentment by withholding these thank-you calls. Connecting all this to her developmental narrative and feeling of invisibility, I wondered aloud: "This anger goes way further back than gifts. This anger goes to feeling like you weren't noticed in just being yourself, that you weren't validated. People didn't spontaneously offer you compliments, come to your games, or show up for your hobbies. You had to pull for that support at times, pull to be noticed. So now it would make sense that there are some negative feelings when you are expected to reciprocate while playing out some of this historic anger." Martha laughed as she agreed: "Wow. That is true! Yeah, I guess that I really do; I have a hard time around those obligation-type things because they don't seem sincere to me. Because I never had an instance, well not never, but like they were really few and far between where I had those genuine compliments or recognition of something. Wow. That explains a lot."

Throughout her childhood, Martha learned that it was not safe to trust her father's brief moments of warmth, for his volatile frustration with her emotionality could appear at any moment. As we sat and processed this understanding, I deepened the conversation by noticing that she hadn't been taught or modeled the signs of a healthy reciprocal relationship. Without an ability to identify if someone genuinely cared about her needs, she adopted the role of a caretaker to elicit support and closeness. Martha now had insight into her accommodating relational style. She associated to the familiarity of this dynamic in her current relationships, where she often acted overly accommodating in the hopes that her actions would be reciprocated. She shared the belief that she feels more worthy of being taken care of if she is focused on the needs of the other.

This moment in treatment speaks to the expression of anger during moments of differentiation, as she re-conceptualized her independence in her family system and the expressions of anger through passive resistance.

Anger as an Antidote to Anxious Attachment Injuries

Months later, we revisited the conversation of anger but now integrated an understanding of her relational style, conceptualizing resisting behavior and anger at unmet needs as an illustration of the patterns of painfully present misattunement throughout Martha's life. In session, Martha discussed feelings of anger towards an ex-romantic partner with whom she had a secret turbulent sexual and romantic connection without the security of commitment. In a previous session, we identified Martha's disavowed grief manifesting in depressive symptoms when her ex-partner declared that he wanted to remain friends without romantic ties.

Anger within this session can be conceptualized as the externalized emotional response to relational distance. To understand the function of Martha's anger at her ex-partner's distance during a recent social encounter in which he did not attend to her needs, Martha shared that she felt overwhelming outrage at him for exhibiting warmth and affection towards another woman at the gathering. I interpreted, "I see the fantasy of [ex-partner] versus the actual person in front of you. This idea that he cares and would remember [salient personal stories], that despite a conversation about being friends, there would still be some fundamental level of empathy, connection, and straightforwardness." Martha quickly focused on self-pathology and shame, lamenting that despite ten examples of his distant behavior, she focused on the one memory of closeness. She shared that to manage this shame-fueled anger, she acted from a place of manipulation, withdrawing to test his desire for her and then sending texts accusing him of not caring, hoping it would pull him closer. We conceptualized this as a protest behavior, an attachment concept that refers to behaviors that function to re-establish connection when anxious feelings of distance arise within the relationship. Often protest behaviors harm the attachment, as they come from a place of insecurity and exacerbate feelings of resentment without addressing the unmet relational security triggers and attachment injuries (Levine & Heller, 2011). Of note, when I attempted to shift the focus to self-compassion, exploring with curiosity that her anger signals a desire to be valued and prioritized by her ex-partner Martha regressed into self-blame. Martha stated, "I feel dumb for opening up to him" and "I am worried that I am getting to an annoying level like he doesn't want me to be around." The pattern of moving towards self-devaluation at the slightest hint of relational distance is grounded in Martha's developmental narrative, in which moments of appropriate outrage and hurt were treated as being "too emotional" or "selfish."

Establishing a romantic connection with a partner that was inconsistent with affection and unable to meet her needs not only echoed a familiar attachment pattern with male figures throughout Martha's life, but it also reenacted the notion that her emotions "scare people away" as there is a subconscious pull towards people who do not attune to her emotionality. Focusing on the adaptive nature of her anger towards her ex-partner, I interpreted the desire for closeness with another as the motivator for behaviors Martha labeled herself as "crabby bitchy Martha being petty." I interpreted: "Even if an interaction is a little hostile over text with these protest behaviors, it still feels emotionally invested with the other person. It is still a connection. So, I could see how there is a desire to hope; maybe it will transition as it has in the past. Maybe there is still an opportunity here. It makes much sense based on your history with him."

Martha's organizing principles around accommodation as a form of intimacy stemmed from low self-worth and a subconscious belief that she was unlovable and not valuable as herself, that she could only find relationship security through prioritizing the needs of others. As our therapy has progressed, I have conceptualized Martha's anger as a healthy protest against feelings of present misattunement, in which Martha expressed emotional needs and experienced invalidation and shaming, as well as an adaptive protective response to the grief and hurt of relational distance.

Martha's Journey Towards Differentiation

Martha's movement towards a cohesive differentiated self during treatment fluctuated as she oscillated between her old organizing principles of accommodating and low self-worth and new patterns of externalizing feelings of anger when she experienced misattunement and invalidation of her own internal experiences. The formation of self-other differentiation begins

early in life and is crafted through fundamental caregiver attachments. Atwood and Stolorow (2014) explain:

“A requirement for the child’s achievement and consolidation of self-other differentiation and of stable self-other boundaries is the presence of a caregiver who, by virtue of a demarcated and firmly structured sense of self and others, is able to recognize, affirm, appreciate, and pridefully enjoy the unique qualities and independent strivings of the child” (p. 56).

This process can be interrupted when a parent perceives the child’s independent strivings as conflictual with their own self-cohesion needs. To maintain relational safety and closeness, the child may begin to disavow internal experience in “becoming” what the parent desires, and the child loses touch with their developing self (Atwood & Stolorow, 2014).

Martha’s evolution from accommodation to anger towards grief and acceptance in the relationship unfolded as we identified her father’s pattern of conditional support. Moments in which Martha asserted her independence were met with hostility by her father. Thus, she quickly learned that the best way to maintain emotional safety was to accommodate his moods and strive to become the daughter he wanted her to be. Martha described how she used to love the label “daddy’s little girl” when she was a child because it represented being close to her father and feeling safe and nurtured. She willingly dressed and acted in the manner her father required for “daddy-daughter dates” and was able to receive approval from him as a result. Due to this accommodation, Martha strived to be her father's idealized version of herself, repressing and pathologizing her own conflictual internal experiences. Anger has assisted in the movement away from an undifferentiated self-crafted in her parents’ image. In therapy, we noticed the

dialectics of her childhood family dynamic. While her father's desire for her to be a good girl in his eyes did not arise from a place of cruel intention, the impact was one of harmful repression of Martha's subjective self. Martha concluded from a young age that any emotions that differed from what was expected of her were dangerous to the cohesion of her family system. As we held space for the anger towards her father's volatility that Martha was able to explore in adulthood consciously, Martha has stated that she now resented the label of "daddy's little girl," for it did not just encompass warmth; it also implied control and her resulting subservience. Capturing the internal experience of her childhood relationship with her father, Martha stated that she often felt required to dim her light so her father's light could shine brighter. It was utilizing compassion towards moments of anger that arose in therapy when Martha identified the painfully present misattunement during childhood that allowed Martha to begin to articulate her independent subjective experience and act in ways that align with her goals to be a separate person.

Martha's tremendous growth in developing her demarcated personhood is evident in her professional life. Martha graduated from her master's program during treatment and began working in a management capacity. Martha's social anxiety previously manifested primarily in work settings, in which she used to describe that her fear of being ridiculed or misunderstood in meetings kept her silent. She interpreted pushback from upper management towards her ideas as a signal of her flaws and not a reflection of more considerable systemic failings. Through the lens of differentiation, Martha's early responses to work conflict reflect a porous delineation between self and others. Martha was quick to over-personalize her role in systemic work concerns, responding with internalized anxiety and shame. In later sessions, Martha's relationship with work stagnation was markedly different. We have had sessions filled with her frustrated rants at the administration and her lack of professional support. We have noticed

moments of regression in which she moves towards self-blame and criticizes her capabilities when the catalyst for her struggles is outside of herself. Despite fluctuations in identifying with the assertive self she has cultivated throughout therapy, behavioral changes speak to the motivating role of healthy anger in her professional life. Not only has she moved to advocate for her own training needs, but she is now nominated for a leadership role in her local union, using her now self-assured opinions about change to advocate for herself and her co-workers.

In a striking example of the move from “anger turned inwards” toward self-compassion and self-advocacy, Martha shared that recently while at work, she witnessed a child engaging in self-harm. Stressed and powerless to stop the child, the mother was called and kindly but firmly took her child to the hospital to receive stabilization treatment. When asked about the thoughts and associations triggered by witnessing this child harming themselves, Martha shared, “it flashes back to my thoughts being that dark that I would turn inward on myself. [The child’s] mother was really triggering for me because I was so touched and was like damn, I would have loved to... my mom was great, she got me into therapy, she did all the good things, right? But the way [the child’s mom] handled it, she was very calm and collected, saying it will be fine, we will go together. That is not how my dad would have handled it; he would deny that I did anything harming to myself at all ever. Just being sad in general. I am sad for myself.” Elaborating on how self-harm showed up for her in development, she stated that while she cut herself a couple of times, the primary forms of self-harm were negative self-talk, withholding food, and self-discipline. Capturing historical patterns of working to become the ‘perfect lovable child,’ Martha stated: “I did a lot of self-discipline. Look, you made your dad upset. Now you're not going to do this thing. My parents loved it because I was the most well-behaved kid ever. I’d throw a party for myself and then reprimand myself for it.” We reflected and identified that her sadness arose

from what was missing in her childhood and the mentally taxing parentified role she took on for herself while striving to receive the soothing safe parent interaction she witnessed with the child at work.

To break the patterns of relentless hope that kept Martha enmeshed in a cycle of attempting to create an idealized persona in conflict with her independent strivings, Martha has continued to acknowledge her growth areas in differentiation. We have co-created an understanding throughout treatment that the negative self-organizing principles arose partly from unhealthy self-other delineation between herself and her parents in development. In a session during the termination period, I introduced the notion that feelings of shame may result when one breaks from the idea that to be valued, one must be perfect in the eyes of their primary caregiver. Martha can now acknowledge, “I persevere on those flaws, consciously or unconsciously. Right now, in my mind, I could just list them. All the different flaws that I feel my dad, in particular, sees in me. But it is a hard dichotomy in there because I don’t see those as flaws necessarily. I have worked really hard to find my empathy as a strength. Find my emotions as neutral or just a response to what is going on around me.” I reflected, “They became flaws because they got in the way of feeling safe in your family. Of being responded to in the way every person wants to be responded to.” Though anger was not explicitly present in these therapeutic moments as Martha articulated the loss that came from a lack of differentiation in development, I understand Martha’s ability to integrate these new subjective experiences of self as an outcome of allowing in her anger towards unmet needs throughout treatment and a move away from using introjection as a defense.

The Intersubjective Realm and Anger

Intersubjectivity theory disavows the exploration of ontological truth, favoring instead a curiosity about the unique co-created interactions formed from the therapist's and patient's subjectivities. Through an empathetic stance, the therapist explores the patient's internal experiences and how the patient's subjectivity will manifest in interactions with the therapist. The introspective stance allows the therapist to utilize their subjectivity to attune to the patient (Buirski et al., 2020). Theorizing that anger is an adaptive externalized response to narcissistic injury, it is valuable to notice when moments of anger appear in the intersubjective realm between myself and Martha in session.

Though anger directed at me has not shown up in session, I have experienced moments of distance in our work as subtle, accommodating ways of Martha asserting frustration towards me. Despite years of consistent attendance, Martha has oscillated in her comfort, acknowledging feelings of dependency towards me and our relationship. During periods of depression, Martha experienced hopelessness when we explored deeper affective states in session. Martha has described her internal experience of depression as a mist that makes it impossible to see the trees ahead. In those moments, my countertransference was one of frustration at the pace of our progress. I feared that I had let her down despite her assessment that our years of treatment had been healing. In the forest metaphor, I heard undertones of disavowed anger at me for not being of more significant help. This pattern of internalizing the perceived failures of others to care for her enacts these regressive tendencies towards self-pathology.

I understand the lack of anger-fueled ruptures in our relationship as a reflection of the secure attachment we have co-created in the therapeutic space. Unlike early relational experiences, we have fostered curiosity towards moments of mistaken misattunement in therapy.

We have also created a freedom to explore a range of affective states that previously elicited dismissive reactions from people in Martha's life. Healthy signs of differentiation are evident throughout treatment, such as when Martha could notify me when an interpretation or attuned statement did not reflect her internal experience. In a session reflecting on the therapeutic process, Martha commented that when she started therapy, she often felt as though she were floating through life which was a lonely sensation. Now she observed that she felt like she was floating less and is beginning to crave attachments on the ground.

The termination process elicited differentiation fears and new behavior patterns within the therapeutic relationship. A week after I notified Martha that we would be terminating treatment in a few months, Martha requested an emergency second session during the week because she had experienced a debilitating panic attack at her place of employment. This was the first time in years that she requested a second session in the same week. Initially, I interpreted this behavior as regressive, indicating fears that she would be unable to self-soothe and regulate following our termination. I now understand that such behaviors reflected Martha's conscious awareness of her dependency needs. McWilliams (2020) writes, "despite the regressive dimension of the client's struggles, the overall direction of change is forward. Strictly speaking, it is not regression when a person is aware of needing some extra comfort and asks to be held or reassured" (p.130). I now see that Martha's comfort utilizing therapy as extra support during times of separation anxiety represented a healthy manifestation of her asserting her dependency needs which she previously pathologized.

Considerations for Treatment

Intersubjectively recognizes that narratives about one's self and the world arise within one's unique life context. Thus, diversity and equity concepts are present in every therapeutic interaction and are an integral dynamic to welcome and explore in the intersubjective realm. I conceptualized Martha's repressed anger in treatment as interplaying with her identity as a white cisgender woman. Martha experienced an increased sense of autonomy throughout treatment in part because others did not experience her anger as threatening due to her white identity. Within Martha's family system, patterns of invalidation markedly differed between Martha and her brother. Martha has stated that she experienced her femininity as a part of herself that was pathologized and shamed. Her father and stepmother made her a witness to their sexual relations with loud sounds that Martha overheard from her bedroom below. However, they ingrained moralistic messaging around Martha's sexuality when she expressed herself through developmentally appropriate revealing clothing and romantic relationships. We discussed how she historically conceptualized anger as a more masculine expression of needs. She believed that expressions of anger were tolerated when expressed by her brother but not herself. I understand her ability to express anger in the session content and integrate her assertiveness as arising from the transference she had towards my identity. I believe that my identity as a cis woman enabled her to express internal emotional experiences without fearing shame and minimization.

Conclusion

Compelling therapeutic insights and new subjective ways of experiencing self do not arise from simply articulating unconscious truths in the therapy room. The attachment security to explore new ways of being, as well as the integration of interpretations and the manifestations of behavioral change, happens over time. These processes occur as attuned comments and relational

safety are modeled, and the patient experiences reparative dynamics in the therapeutic space. Martha began therapy with a pattern of pathological accommodation in relationships and a belief that her authentic self was unlovable. During treatment, Martha and I co-created an understanding that her internalized depressive states reflected repressed anger at painfully present misattunement throughout development. In addition, porous self-other boundaries within her family system prevented her from identifying her internal subjectivity. We worked to identify, express, and interpret anger as a disavowed affective state. We interpreted that her defensive structure protected her from ruptures and grief within attachments. Through treatment, Martha began to embody a new self-assured posture in her life.

Further treatment can aid in facilitating here-and-now expressions of anger at misattunement within the therapeutic space. Experiencing anger within session while maintaining the therapeutic bond can continue to help Martha integrate an understanding that healthy expressions of externalized emotionality signal an unmet need and do not threaten secure attachments. Continued treatment can allow Martha to experientially learn that identifying and expressing relational needs can be central to deepening and fostering closeness.

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