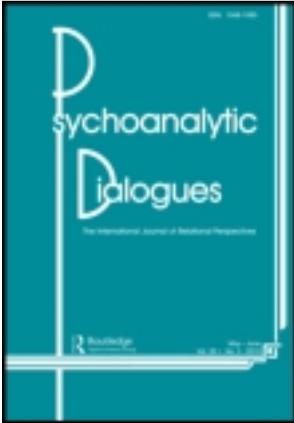


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Backing Into the Fray: Commentary on Paper by Katherine Oram

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The following is a discussion of a case presentation by Katherine (Kate) Oram in celebration of the 50th anniversary of the New York University Postdoctoral Program in Psychotherapy and Psychoanalysis. The discussion focuses on the issue of aggression expressed by the patient and the analyst from the perspective of interpersonal theory. How aspects of unspoken anger and resentment are woven through an abiding connection and development of trust is addressed. The relevance of aggression to the particular features of this case's termination and posttermination phase are explored as well.

I think that "Poison Cookies" is an exemplary case illustration. The clinical data have a vibrancy and immediacy, and we are carried along on a narrative journey that seems both unique and yet recognizable. I particularly valued the experience of reading case material that didn't appear tucked and stretched to fit a theoretical mannequin but rather seemed fleshed and bloodied, as we know treatment to be.

Rosalie benefitted tremendously from her work with Kate Oram. She entered treatment as an isolated, highly anxious, frequently suicidal woman and exited with an expanded ability to give and take affection, a good relationship, and a much sturdier sense of what her experiences were and what they meant to her. I think that Oram's work with Rosalie was impressively honest, imaginative, and astute.

What then is the role of a discussant in the face of such a commendable psychoanalytic report? In truth, discussions capture the joy of psychoanalytic practice and thinking, that is, the inevitable alternative patterning of interactions, the playful substitution in interpretation of clinical moments. After all, the strength of psychoanalytic praxis doesn't spring from empirical certainty, but rather from turning our notions about the psyche over and over, with a different rub and a new glint on each rotation.

So working in this exegetic tradition, I will try to provide an alternative reading of the case material, one that draws from the well of interpersonal theory. I'll refer to this phenomenon shortly. We are all rather intimate psychoanalytic bedfellows today. My psychoanalytic thinking is somewhat inclusive of what is institutionally categorized as other orientations, whether relational or Freudian (Gerson, 2007), but the structure of this panel was, in the best sense of the

word “institutional,” celebratory of the 50th year milestone of the N.Y.U. Postdoctoral Program, where the paradox of identity politics and communal connection is successfully and pleurably negotiated. Thus I began my process of responding to Oram’s paper with a sense of representing the Interpersonal Orientation, and I’ll briefly identify what I personally think are its foundational principles. Bedrock for an interpersonalist is a view of each psychoanalytic engagement as a unique dyadic experience, constructed by two specific people (Wilner, 2006; Wolstein, 1987). I think that Fiscalini’s (2004) umbrella concept, cooparticipant psychoanalysis, captures a second fundamental interpersonal focus on raw, palpable intense experience, powerful in its own right, beyond interpretative yield. Third, interpersonal analysts work with clearly acknowledged blemishes. As Levenson stated in an interview in 2005 (Levenson, Hirsch, & Iannuzzi, 2005),

It seems to me that what the interpersonalists hold in common is something about a belief in the process: that it depends in some way on analysts bringing themselves to the engagement with the patient, in some relatively authentic way. In other words, you aren’t working toward some kind of idealized performance such as neutrality or maybe empathy or mothering. Instead, you’re going to bring yourself into the room in some very imperfect human way, and the work requires a lot of monitoring of your own imperfect flawed participation. (p. 594)

Last, and related to Levenson’s “flawed participation” is a recognition of what Ehrenberg (2006) identified as “collusive enactment,” or as she said,

Because so much goes on unconsciously between patient and analyst we must also recognize that a so-called negative (therapeutic) reaction may not be a function of the patient’s negative dynamic, as has often been assumed. Rather it may be an iatrogenic reaction to an aspect of the analyst’s participation of which the analyst may not be aware. (p. 545)

My own belief in the uniqueness of psychoanalytic dyadic matching, and the importance of working ground-up from experience to theory leads me to an odd place in reflecting on Oram’s case. This is my somewhat uncanny conclusion, as an interpersonalist. I think that Oram provided the space for Rosalie to gradually work through her anxieties, and provided a kind of gentle and abiding patience that I probably would not have been capable of offering. However, there were times in reading this case that I wondered if I wouldn’t have experienced and possibly addressed Rosalie’s (and my own) aggression more directly, and I’ll point to some of these junctures. I’m going to rather singularly focus on the theme of aggression because it captures my most intense reaction to the material, and I think that a coherent gloss on this incredibly rich material would be most useful.

What is slightly uncanny is my focus on aggression, because it is central to the Freudian canon and is relatively absent, as a category of discourse, within the interpersonal literature. Of course much of psychoanalytic theoretical development is sparked by rebellion against reigning models of mind, and when Sullivan (1953) launched the interpersonal movement he was determined to develop not only his own concepts but a new psychoanalytic language as well. Today, I think we are in an era of pleasurable pluralism. Differences do remain between Freudians, interpersonalists, and relationalists, though there is considerable overlap between the latter two orientations (Hirsch, 2006). We mix and match in ways that would have seemed transgressive to our forbears. Although my emphasis on aggression felt initially like a platform borrowed from another campaign, it also seemed fundamentally authentic to my clinical response.

With regard to aggression, Mitchell (1998) quipped that there are as many forms of aggression as there are snow, referring to the quintessential Eskimo exemplar. This is not the context for a full discussion of the controversy swirling around the concept of aggression in the psychoanalytic canon, but Mitchell (1993) captured it succinctly:

And when it comes to issues related to aggression, explanations tend to drift to the two clear polarized positions: We are driven by our instincts toward hatred and cruelty, and life is a struggle to master and renounce those passions, or we are born innocent and some of us are made hateful through deprivation and cruelty perpetrated upon us. Perhaps it is precisely because the theoretical issues have such profound personal dynamic implications and resonances that we tend to move generally with great conviction toward one or the other solution. (p. 352)

I am going to step over this bifurcated controversy and, in interpersonal fashion, talk about the two-person, experiential dimensions of human aggression: anger, hate, and hostility, veiled or not so veiled attack. Beyond doubt, Oram was thinking about aggression over the long haul of this intense treatment, but my take on the case material will hopefully illustrate and suggest how I as an interpersonal analyst might have experienced, thought of, and possibly addressed this darker side of the therapeutic relationship.

A word about Rosalie's history which is a mosaic of attachment ruptures. Her parents divorced before she was 2 and she had somewhat erratic contact with a father she was close to. She then went to live with an aunt and uncle, and the uncle died suddenly of a heart attack when she was 8. I, like many other contemporary psychoanalysts, am very interested in attachment theory, which I think is extremely compatible with an interpersonal perspective (Cortina, 2001). Rosalie seems disorganized in her attachment (Lyons-Ruth, 2006). She feels responsible for her neglect. She is bad and disgusting. Worst of all, she fears the refuge she becomes dependent upon, and she feels trapped with Kate Oram.

How is Rosalie's aggression expressed in the vise of her entrapment? Here is a striking moment for me in the first phase of treatment. Oram describes Rosalie's relentless self-disgust, coupled with a conviction that Oram is equally disgusted by her. Oram states, "She would look into my eyes, with a hard, hate-filled stare, telling me in a tormented, humiliated way how I experienced her as repulsive" (p. 592). During these episodes, Oram observes herself thusly: "I would often feel as if I were sitting and looking at someone who was physically deformed" (pp. 592). From an interpersonal perspective, deformed Rosalie isn't all Rosalie's construction. Isn't Oram looking at hatred, and facing the aggression of Rosalie's boundary invasion, Rosalie's insistence that she actually knows what's in Oram's mind? In this clinical engagement I would feel somewhat riled up. And I would consider my reaction parallel and somewhat independent of Rosalie's self-attack, not necessarily an identification with it.

I think that Rosalie's hatred and my internal counterreaction, if kept somewhat off center of awareness and out of the field of exploration, might feel dangerous and poisonous. I wondered if that's why those cookies looked less than delectable. I'm sure we are all persuaded that Rosalie has conflated pain and caring attachment. In her internal life, suffering brings redemption. However, I would like to note that as an interpersonalist, I'd likely have explored throughout treatment her developmental immersion in Catholic religiosity, because I think it has permeated her psyche and her world view. A major contribution of interpersonal theory has been its focus on how cultural influences shape psychic life (Fromm, 1941).

Similarly in the middle phase of the work, which Oram designates as a period of “intense sado-masochistic transference/countertransference” infused by Rosalie’s “tormented hopeless mode,” Oram notes, “I would flail around trying to say things that would help ‘fix’ her. My not being able to fix her made me feel as if I were causing the pain; that I was the sadist in the relationship, not, I might say, one of my favorite roles” (p. 593). When I read this, I asked myself: What better way to attack a therapist than to make her feel incompetent, and I thought that perhaps Oram couldn’t stand Rosalie when she did so. I probably would have shared my sense of being under siege, of relentlessly being accused of my haplessness, and how hard it was for me to stay the course. Because of the relentlessness of her assault, I might excessively release some of my own aggression, whether flippantly, dismissively, or accusingly, but I’d likely admit it. And I would be aware of ultimately needing Rosalie’s assistance in delineating my participation, because I after all have my own blind spots. Could and would Rosalie talk about my aggression toward her?

Of course this is always a matter of judging how much exploratory trust there is in the relationship and whether increased anxiety can be tolerated. But like most interpersonalists, I think that Levenson’s paradigmatic quest to examine “What’s going on here?” emboldens patients to trust intuition, and begin to privilege honesty over protection.

TERMINATION

Salberg (2009) wrote eloquently about the phenomenon of analytic termination. She stated,

There are always limits to what any analysis can accomplish. On the other hand, a great deal can be done, and we all know the deep benefits an analysis can provide. This side-by-side combination of disappointment and gratitude seems to be in the mix when terminating, but how do we decide when it is “good enough? And can we suspend our analytic ambition and begin to formulate what good enough looks like? (p. 721)

Each approach to psychoanalytic termination is reflected in its termination process. I think that interpersonalists vary widely, and this variegation is recognized as inevitable in psychoanalytic work, because the analyst brings a particular character, personality, and distillation of the literature to every juncture in treatment. Most of all I think that interpersonalists largely infer from the nature of each specific analytic relationship how much time and how much specific focus on ending is required. This said, I found Oram’s approach to termination in this case very similar to mine. It seems clear that she views termination as an ending, a loss, but absent of finality. We know that we don’t vanish, and so does the patient. And it is clear that Oram is negotiating termination with Rosalie very much in terms of who Rosalie has become in the treatment and what Oram believes Rosalie, specifically, needs from her. Her approach is delicately attentive to Rosalie’s current life context and her need to experience Oram’s presence in her life, beyond memory or representation.

There is a deeply moving tenderness in the reciprocal gift giving in the termination phase, which beyond any symbolic meaning emerges from a rich reservoir of emotion, including gratitude, affection, and respect. But with my hermeneutic commitment, I’d like to zoom in on the giving and receiving of the gifts and suggest additional interpersonal aspects to these moments, following my particular emphasis on aggression. First, Oram decides to give Rosalie a gift. She

says, “As we neared our ending date I found myself wanting to give her a gift. I think this speaks to both how attached I felt to her and also how worried I was that in some way she had not fully internalized me and our work” (p. 594). Oram agonized about the decision and the choice of a gift, and I have no doubt that the photo was beautiful. I see the image she describes, “looking out from a porch of a house that I often have gone to on an island off the coast of Maine” (p. 594) as representing the psychic calming that occurred in this treatment, and the special place they had inhabited together. But I think the photo does also capture Oram’s fuller life that Rosalie is envious of and angry about. Rosalie gets that part of it. Oram asks, “It must have felt that I was being very cruel, shoving it in your face” (p. 595). Rosalie says yes, but she had “to get a hold on that” (p. 595). Rosalie actually accepts and integrates her experience that Oram is doing something “hurtful.” In fact I think that Rosalie’s ability to tolerate the duality of what she experiences as Oram’s both loving and hurting her offers formidable testimony to the success of this treatment.

I do note that Oram doesn’t personally acknowledge this possible hurtfulness in her clinical account, and certainly talking directly to Rosalie about this aspect of the gift might have been particularly painful at the end of treatment. The art of psychoanalytic treatment, I think, is balancing the need to push beyond the rigidities of the self-system, of characterological reenactment, while recognizing the anxiety that this kind of expansion entails. But with regard to addressing the moments in which we do find our slips showing, I generally believe that when analysts admit bad feelings and even better bad actions, patients often are relieved from emotional guilt and wariness.

With symmetry in this termination process, Rosalie gives Oram a gift. She gives her an ebony elephant “to go with the three monkeys [Oram] had—the hear no evil, see no evil, speak no evil monkeys. . . . This elephant she said was to be the ‘elephant in the room’: the thing that is there but not mentioned” (p. 594). In the aggressive vein I’ve been tracing, I wonder whether Rosalie’s elephant in the room, the dynamic she can’t quite figure out between them, might be a somewhat more articulated acknowledgment of her own aggressiveness, beyond self-attack. Does she, additionally, have an inkling of the inevitable way her aggressiveness challenged Oram’s well-being and occasionally put Oram’s psyche on a simmering boil? We do see off-the-cuff demonstrations of this inkling. In response to Oram’s request to use their work for an N.Y.U. presentation, Rosalie writes back, “. . . one of us has to keep up some semblance of a normal doctor-patient relationship.” Oram notes, “She puts a smiley face at this point” (p. 596). Following my particular narrative thread, I first unequivocally note that Rosalie’s returning to see Oram is multiply determined. But it does seem possible that her scheduling these sessions is fueled, at least in part, by the wish for the mutual acknowledgement of their negative or aggressive feelings toward each other. I think that when Oram says about the posttermination sessions, “She began to use the word ‘stuck’ to describe how she felt about what was going on between the two of us” (p. 597), it is likely she is referring to these darker sentiments.

Of course, even if my alternative narrative has merit, if the treatment would have been enhanced by more attention to aggression, who among us covers all bases? I think that imagining so complete and perfect an analytic treatment is enough reason to scurry back for more personal analysis. I want to reiterate that I see a remarkably different woman sitting with Oram in these last visits. The fascinating question for me is this: Would a somewhat or slightly different Rosalie be facing me after thirteen years of psychoanalytic treatment? I think that whatever the answer, if Rosalie felt freer and more alive in the world as she does after seeing Oram, it doesn’t really matter.

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