# THE ANALYSIS OF OUTRAGE

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This case is presented to explore possible connections between the patient's birth defect and her psychodynamics. Her sense of outrage at not having been born perfect became an important personality feature inasmuch as outrageous behavior was used as a defense against sadness, loss, anxiety and frustration.

In our first meeting, the patient spoke in superlatives, was engaging and charming with an utterly cheerful disposition. Bright, breathless, talented and attractive, she sought therapy because of extreme distress over the break-up of her affair of two years duration. Therapy on previous occasions was abandoned whenever the crisis was over. The idea of analysis entered her mind because of her boyfriend's involvement in this process and his offer to pay for treatment. Perhaps the most striking request in our initial encounter was her demand for two-hour sessions.

Growing up on a farm, she had been an only child until the age of six when a brother was born. At that time, the patient's close relationship with her father was suddenly destroyed by what she considered to be an unbelievable act. His first deed as the father of a boy was to add to the lettering on his truck, "and Son." Despite her pleading, he would not alter it to,

"Son and Daughter," or any variant which would imply that his daughter was as important to him. She was so hurt and wounded that she never forgave him and from that moment on, she tested her parents with her own impossible actions. She recalled a big fight about getting a permanent. She fought it tooth and nail, followed by remorse over making her mother so miserable. Many times she got into serious trouble and the ramifications of this behavior took on greater significance as the analysis progressed.

Born with a double thumb, she was shocked at the other children's questions when she entered school. This caused her to become extremely self-conscious and ashamed of her deformity. She underwent a ~~number of~~ operations~~: the first was an amputation of the second thumb~~ in infancy, ~~the second~~ when she was fourteen. The final operation, when she was in her twenties, was a particular disappointment as the surgeon had an excellent reputation and he promised dramatic results. In her opinion her hand is still gross and ugly and she ~~continues~~ to hide it, ~~whenever possible.~~

Though a good student, the patient was rebellious and entertained the thought of leaving home by the time she was twelve. In high school she became secretly sexually involved with a young man whom she later married at the insistence of her horrified parents, only to be divorced one year later.

Her relationship with the opposite sex followed a pattern which was not immediately discernible, but emerged during the course of treatment. She was attracted to men who presented a challenge, a difficult to overcome roadblock. For example, Eric, with whom she was breaking up at the onset of therapy, was rich, powerful and able to provide the luxuries of life but emotionally difficult to reach. He had not initially been interested in her and she had gone to extreme lengths to involve him. As soon as she felt secure of his love, she began to make unreasonable demands, become petulant, critical of his weaknesses and created scenes where he had to reject her. When that point was reached and he turned away, the patient would become remorseful, as she had in childhood, and engage in seductive practices to win him back. It was for this reason that, at the advice of his analyst, he broke off the relationship with her. She was on trial until a certain date, three months hence, when the final decision concerning the breakup would be made.

Her interest in analysis stemmed from the outside chance of winning him back, a motivation which colored the first period of treatment. In addition to her inability to finance analysis from her own funds and the unspoken wish to remain connected and dependent on Eric through his financing of the analysis, she put other obstacles in the way, such as (the possibility of) travel and moving to another city. Frightened that I would not accept her, she agreed

to the conditions I set with relief, but not without teasingly attempting once more to have me agree to two-hour sessions, ostensibly because of her busy work schedule and the distances in Los Angeles.

The initial months were spent talking about the ending of the affair, her desperation, and the intensity of her longings. During this period, she always came on time since she needed me to help her, yet she set up competitive situations disruptive of our schedule as a way to relieve anxiety and avoid her growing dependency on me.

In the patient's first reported dream, she was driving in the country with her boyfriend and instead of parking, drove over a golf course, destroyed it and then became afraid of punishment and jail. The golf course was a disguised reference to the rustic setting of my office and lawn. The overstepping of limits became a central theme of the analysis. On the one hand, she wanted to be my favorite patient and have me cater to her; on the other, she kept me at a safe distance, making analysis difficult with absences, car problems, etc.

At times, she bombarded me with questions, chided me for not answering them and when I insisted on further exploration, they turned out to be connected with a maneuver she had employed earlier to irritate her mother! She had a habit of asking questions until her mother became exasperated and would angrily turn away from her.

These outbursts generally occurred at the beginning of the hour when she was uncomfortable or at the end in anticipation of separation.

Even though she was preoccupied with being reunited with Eric, the patient went on a brief trip with another man, a childhood friend. Shortly upon her return, the reunion with Eric took place. They enjoyed being together but, nevertheless, he still insisted that they should not continue together. As the time for finalizing the break-up neared, the patient became totally preoccupied with this event. The chances of getting Eric back were exceedingly slim and she felt remorseful over having spoiled the relationship.

Though she longed for marriage and a family, she again became involved with someone who was utterly unable to fulfill these needs. She met Bob in a bar, significantly when her parents were in town, and he was in many ways Eric's opposite. Bob was a drifter, ten years her junior, poor, but warm and charming. She adored his company and had great fun though increasingly she became ashamed of him in front of friends. She saw much of herself in Bob and criticized him for his shortcomings. Her dominant status with him allowed her derogatory attitude toward the male sex to surface as she told several flippant jokes about a man's penis. It became evident that penis envy was at the root of her behavior

originating in jealousy of her brother and concern over her imperfect thumb.

Associations about amputation of the clitoris followed, and wanting an undamaged body. Her wish for a more permanent attractive place to live turned into a grandiose scheme to buy a house which she could not afford. She was pleased and surprised when her father and Eric responded favorably to her request for a loan to buy the house, at her insistence that it was a good price.

As it had been difficult to turn to her father for support, it was difficult to turn to analysis and expose her need for help unless there was a major crisis in her life. She began to realize that her behavior served to keep her hurts hidden like her thumb. Her cheerful, overly carefree attitude, so characteristic of the initial period of analysis, was gradually replaced by greater seriousness, purposefulness and the ability to express sad feelings.

It became increasingly clear that the disappointment at not having been born perfect, (a manifestation of) castration anxiety and penis envy, constituted a difficult-to-tolerate narcissistic wound that she could only counteract and control by her own extreme behavior. In this manner she constantly provoked rejection actively and then forced her love objects to prove that they cared.

Her deep need to be loved and cherished, her feelings of emptiness and unworthiness were hidden under a cloak of enterprise,

adventurousness and provocation. Though no one ever discussed it, she unconsciously attributed her not being loved to her birth defect, and her father's pride in her brother confirmed this in her mind.

A sense of being unworthy appeared in associations and dreams as a feeling of blackness, nothingness which was particularly strong when she experienced a sense of loss (boyfriend, rejection of her work, etc.). She feared this emptiness in herself more than anything else. It was associated with a deep need for shelter and warmth which she constantly denied but it would come out in her use of a blanket on the analytic couch even when it was warm, in going to the toilet before and after the analytic hour leaving the door ajar like a child, and memories of bedwetting until the age of twelve, and mother's never making fun of it or being critical. It was as if there was a silent bond with her busy mother and the only signs of closeness she recalled.

Her tenderness and identification with the needy part of herself was shown, too, in overconcern with her younger siblings, two brothers and a sister, treating them better than did her parents. She was always doing things to help them. Competitive feelings with her brothers and sister were denied and difficult to get in touch with.

When she began to understand the masochistic nature of her relationship to Bob and that she was acting out her conflict over defiance in this particular manner, she was able to give up

the relationship. Soon after, she became involved with another man who appeared very intriguing and exciting but whom she soon was able to renounce as ill-suited, ~~again to fulfill her needs~~. She continued to be attracted to situations which had a built-in anticipated problem. The man she is presently involved with rejected her initially as well as having many conflicts related to women.

After the first year of analysis the patient began to pay for treatment herself. She negated the painfulness of payment by denying the limits of her sporadic income. This was true not only of analysis but also her other living expenses. There was no effort to make a budget or plan for the future. She always had to rely on a fluke of fate that somehow someone or something would come to her rescue. Only when she almost came to the end of her funds could she face the fact that there were limits to what she could do and expect, that there was no one to rescue her. It came as a tremendous shock to her that there was a limit to my willingness to let her run up a bill. Subsequently the analysis was temporarily interrupted and this forced her to bring finances in order and line up more lucrative work.

Unfortunately and perhaps not entirely accidentally she became pregnant around the time that she felt things were coming together. Being pregnant was a crisis for which she felt justified to consult me frequently and thus a series of sessions were arranged to examine her feelings. Her plans were to have

the baby alone, not to burden her boyfriend or her parents. She knew it was going to be difficult but she saw it as a challenge for which she could muster her bravado. Perhaps this was her only chance to ever have a child. She always suspected that something like this was going to happen to her. Having an abortion was inconceivable; it was like being cut. She no longer felt empty. Thus she succeeded in presenting to me a painful dilemma, that of taking in a penniless waif or advocating murder of her child. The idea of being rescused was strong. She cried a lot at home but not with me. She could not see herself getting what she wanted in a legitimate way. Though she had gained some insight into her problems, she had a long way to go and continuation was difficult with considerable sacrifice.

Discussion. The dynamics of this patient certainly fit in with Tedesco's (1978, 1981) and Niederland's (1965) observations on patients with congenital defects. This patient too had exotic rescue fantasies, fear of blurring of self boundaries, and fear of engulfment. Though her defect was minor, she experienced intense shame, sorrow and envy over being different as well as pride, a sense of uniqueness and special power. Her defect had nodal significance for the process of ego and superego development

and the special efforts to hide her defect became a focus for the patient's castration anxiety giving rise to a variety of psychic inhibitions. Her fantasy life was extensive and served her neurotic aims. Defenses used included turning passive into active and identification with the aggressor. Her sense of omnipotence and the extent of her narcissism and vulnerability were important factors.

The patient came to analysis not because of the supernumerary digit but because of the loss of a boyfriend and rejection -- he had to be perfect just like her hand, a repetition of the narcissistic injury sustained. Her wish to hide the finger and the tender feelings was in complete contrast to her extraordinary gaity and exhibitionistic exploits. Her acting out was counter-phobic in the service of denial. Her fantasy and fear were that I would not (like the surgeon) make her perfect, with a penis; that I was responsible (like the surgeon), not she; and she had to prove that I did not really love her by presenting me with obstacles that I, too, was imperfect (not she).

In the transference she was cheerful, had to keep me in a good mood and see if she could defy me. She only could reveal her feelings while in distress, otherwise she would not feel justified in enrolling my help.

In order to analyze her feelings I had to be alert to her many ways of defying me, to her putting me on the spot by asking questions which on the surface were perfectly innocuous, yet were experienced by me as intrusive. My main response to her transference was of wanting to help her and being frustrated by obstacles. There was something appealing about her which served to overcome the built-in roadblocks such as planning to be in Los Angeles for a short time only, not paying for analysis herself, later not paying at all, and confronting me with the decision about her pregnancy -- when either decision could be damaging.