Six Steps in the Treatment of Borderline Personality Organization

The Establishment of a Reality Base

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Table of Contents

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ON THE COUCH

A month after the diagnostic interviews, we commenced our work. Pattie took an apartment near my office but continued going to the farm on weekends, and occasionally during the week, to see the animals.

She tried at first to tell me more of her history, but I saw that her mind focused on the couch. She was anxious that as a Freudian I might reinforce her perception that Freud was against women. She tried to set conditions for her agreeing to use the couch; I must, for example, refrain from speaking of issues such as penis envy. My response was designed to develop a working alliance without my abandoning my therapeutic neutrality. I asked her to grant me freedom to tell her whatever I might consider useful, stating that she need not agree with anything I said that made no sense to her. We had already, at the end of her diagnostic interviews, discussed her use of the couch, but when she began to bargain I did not remind her of our original agreement.

I heard no protest when I asked her to start lying on the couch during the second week of the four-times-a-week schedule we established. She did complain, however, that the design of the fabric on my couch reminded her of open mouths, and I sensed that she was thinking of the possibility of my biting or eating her (to have her self-representation merge with me, to be symbiotic with me) and her dread of this. I surmised that this was a clue to one of her basic dilemmas that would take much time to work through in treatment. I did not interpret her comment but had her realize that I recognized her anxiety over a new way of working in treatment and her hesitation to embark on a close working relationship.

On her first day on the couch she brought a soft drink, taking a deep swallow from it before lying down and leaving the bottle half empty on the floor by the couch. I said nothing, knowing that the bottle was a safety valve, something that she could reach for instead of bravely submitting herself to the opening of a possibly devouring mouth. I refrained from expressing my admiration for her courage, and there was no bottle on the following day.

During her first hours on the couch, Pattie complained about her parents, explained how she could not deny her impulse to have sex with strangers, and gave some details of the abortion she had had under trying conditions and that she had kept secret from her parents.

The First Dream

The first dream Pattie reported was about being in a kitchen with a gray-haired man who it appeared represented myself. She was cooking a meal with him that looked like spaghetti cooked in blood, with meatballs like lumps of uncooked meat. When the food was spooned onto plates, Pattie began carrying the plates to the table but dropped them on the floor, making what looked like a bloody mess. The man insisted that it was her mess, one she was responsible for cleaning up. She felt angry and frustrated and awakened with anxiety.

She began to associate spontaneously to this dream like a veteran of therapeutic inquiry. Among other things, she spoke of the fetus she had aborted, which she thought was represented by the blood and raw meat in her dream, and of having as a child seen her mother's menstruation. Although her associations seemed valid, I felt that a display of interest would take us on a wild goose chase. When she spoke of the man with gray hair as my representative, I said I could understand her frustration and anger if she thought I would require her to do difficult chores without an understanding of her ability to do them and offering no help. My aim during the opening hours of treatment is to set the stage for the formation of a core of therapeutic alliance.

She was grossly untidy and had a bad smell when she came to her sessions, and her dress fitted her description of herself as "a big bad blob": her slacks were bloody because, she claimed, she was without money for tampax, she spoke of having a girlfriend she saw from time to time who had fleas and lice and claimed she had become infested with them herself. She spoke of her skin being greasy but showed no concern about soiling my couch or walking on my carpet with muddy shoes.

I thought that her physical nastiness was related to the mess on the floor in her dream, and that she was responding to my offer to help her clean it up, having a desire to cleanse herself inwardly. I said nothing about this but made remarks that I felt would promote the building of a working relationship.

She came in one day with a deep gash on her arm that she had suffered while working on her car. It was surrounded with both fresh and dried blood, and when she flourished it at me defiantly I told her that I saw her as a girl wounded in more than one way, and that she could in her own good time disclose her psychological wounds verbally rather than bodily. I knew as a physician that a wound badly cared for could very well become infected and asked her if she would consider keeping the wound on her arm clean or get it taken care of. Wouldn't it be better for us to continue our psychotherapeutic work without such an obstacle as an infected arm?

Conflicting Inner Voices

She responded with a lovely, friendly smile I had not supposed her capable of. Then she laughed nervously and said that she was a veteran of many wars. It was after this exchange that she told me of her two conflicting "inner voices" in her head. One voice, which she referred to as "the pain in the ass," harshly gave her orders about almost anything. It might tell her, "You are late waking up! Get up now!" The other voice would object, saying, "Don't listen to that creep!" The first voice would advise perfection, the second was rebellious. I noted unintegrated and unassimilated self- and object representations and a struggle between the superego forerunners and her impulses.

Conflicting Self-Images

In spite of her physically appearing in my office as the "big bad blob," I learned very early in her treatment that she often had fantasies about being a movie star when she was behind the wheel of her car. However, she could not tolerate maintaining an idealized image of herself; after having such fantasies she often put herself in a position to be hurt, as when she allowed herself to be stung by a bee. It occurred to me that she hoped that by my seeing her as glamorous, I would like her, as a father would like a daughter. But since she expected to be rejected by me as she had been rejected by her father, she would quickly assume a masochistic identity. I thought that in exposing herself to the sting of a bee there was a sexual reference. She desired her father but punished herself with pain!

I think it is a technical mistake with a patient like Pattie to plunge into investigation, clarification, or interpretation of psychosexual issues; an analyst lets his mind wander while listening to a patient, and I

report here what kinds of thoughts came to me that I refrained from commenting on as I listened to Pattie. It seemed better to help her develop a therapeutic alliance and start establishing a work ego.

She often dreamed of ruined houses and of a child she referred to as "a Biafran kid," having heard of starvation in Biafra. This child was trying to escape danger with the only means available to him—a small child's scooter. I thought this child, with his inadequate means of escape, represented Pattie herself.

She spoke of my being "awesome," and after telling about going to her school prom inappropriately dressed and suffering ridicule for it, she came to her session in an absurd outfit about which I refrained from comment; she wanted to see if I would ridicule her and any explanation would acknowledge her dress as being ridiculous, and this would hurt her. I am rather chary of this type of explanation in this phase of treatment, trying to develop overall treatment plans rather than stopping to particularize.

Externalization as a Transference Manifestation

As time went on, it became clear that a transference configuration was evolving; she was trying to use me as a reservoir of her bad aspects and feelings. This was the first clear indication that my representation was becoming involved in her expected introjective-projective relatedness. In fact, she verbalized this when she recalled her first dream a month and a half after first reporting it. "The blood in the dream has something to do with my fantasies," she said, noting to the effect that if she bled copiously, evil within her would magically spill out with her blood. "Now," she added, "I really want to give you all this shit and make you clean it up. I want to be free of it!" She said in a harsh masculine voice, "Don't hang out your dirty laundry!" When I asked what she meant, she said that what I had heard was her first inner voice giving an order to her. She knew that the voice came from an assimilated inner father image.

I said that if there were any way for me to take what troubled her away and to clean up her mess, we might consider it, but since opposing suggestions in her mind were expressed by her inner voices, it was clear that we would have to work together to bring about any improvement. I again spoke in a way that suggested the necessity of a working alliance.

INITIAL REACTIONS OF THE ANALYST

Once when Pattie fell asleep on the couch, snoring for at least half an hour, I relaxed in my chair and made no effort to rouse her before the end of the session. I told her that while I listened to the sounds she made I had been trying to account for her falling asleep and what I felt about this. I told her I did not really know why she had fallen asleep, but I felt comfortable knowing that she trusted me enough to sleep on my couch. On the following day she once more fell asleep briefly on the couch, awakening spontaneously after ten minutes. (She did not fall asleep again until she was in the third step and later in the termination phase when she was reviewing her initial symptoms.) However, she often overslept at home so as to miss her hour with me or be late for it. She seemed to use sleep for different purposes. Her sleep on the couch was, I felt, the sleep of a child after a hard day, defensive but at the same time evidence of trust in me. I enjoyed in a motherly way watching her sleep; a deep psychological relationship was growing between us.

The Analyst's Temporary Identification with the Patient

Three months after our work began I noticed my bodily reaction to her pent-up anger when I temporarily identified with her, discovering how it was to have such feelings within oneself. This came about in connection with her relationship with a young man working on the farm who had been the target of her aggression since the start of treatment. Apparently she was pleasant enough to him when they were face to face, but she would tell me on the couch how bad he was, how he was a lazy, obnoxious freeloader. Sometimes the harsh inner voice that strove to make her perfect would address him in a peculiar, masculine way from the couch. I came to believe that he and his wife represented to Pattie her unloved siblings. I kept this observation to myself. At times her anger was vicious, and I know she would not "hear" any interpretation about how the pair represented her siblings. Moreover, any interference of mine with the "transference" outside our relationship would be seen by her as my taking sides.

One day she was greatly frustrated because she could not speak out in anger toward the couple who she said had done something wrong on the farm. As she spoke about her pent-up anger I suddenly felt nauseated. I realized I was identifying with her when she pointed to her stomach and said that this was where she usually felt her emotions. I think, however, that I was also identifying with Pattie's

"victims," the targets of her anger. She told me that she had uncontrollably attacked her siblings and their mother. "Once I hit them," she said, "I would have no mercy!" I said nothing to her about my nausea and remained silent. As if sensing my "fear," she added, "I never beat up anybody except members of my family, some classmates, and my lover [the staff member of the hospital where she had been confined who made her pregnant]." She was telling me not to be afraid of her anger. My feeling of nausea disappeared at once, but through my temporary identification with her and her victims I experienced the effects of her aggression. Although she finally caused the discharge of the farm couple who so angered her, their successors met a similar fate.

The Patient's Perception of the Analyst as a Collaborator

On the day after I had felt nauseated I felt that she perceived me as her collaborator in being aggressive toward a dangerous world; both of us would be "big bad blobs" in order to keep others at a distance and, if need be, to victimize them. She was now able to speak openly of her murderous fantasies. She announced that my accent indicated that I was a German. Since I had never mentioned my ethnic origin, I could not regard this as a misperception and did not correct her. She went on to describe how she identified with Hitler, "a twisted genius." A child of Christian parents, at no time did she report anti-Semitism on their part; in her remarks about Hitler, she was externalizing her own images on Hitler. She let me know that she still could control her aggression, saying that although she would beat up her enemies, but, unlike the Nazis, she would not kill them. I recalled, however, her story of attacking her mother with a knife, and I was not so confident in her ability to control her anger sufficiently to avoid doing harm to others.

I was involved in her introjective-projective cycle, reacting to it and, in the long run, tolerating it. I experienced temporary identification with her and with the representations of her introjects (her victims). It seemed that our psychological work together had begun, and that we were set to travel in an intrapsychic world. With this understanding, I felt that the first step of her treatment had concluded.