

The First Split Transference

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Six Steps in the Treatment of Borderline Personality Organization

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Step Two: The First Split Transference

NOT MANAGE THE PATIENT'S LIFE

It is hard to summarize the second step in Pattie's treatment. It was chaotic and lasted for two years. Even during those hours when she was organized, and our treatment seemed routine, she externalized on me various fragments of her unmended self-representations and unmended object representations. She had many perceptions of me: as Hitler, as a money-grabber, as the woman-hating Freud, as someone "awesome," or as the only person she could talk to. She held onto the idea of herself as "a big bad blob" by continuing to wear clothing stained with barnyard dirt, although on occasion she came in as a femme fatale, wearing a red blouse and red shoes, with dark red lipstick on her lips. Then she looked pathetic, and like a streetwalker. Sometimes she tried bolder seduction, wearing a low-cut blouse and exposing her legs.

I saw these occasions as a replay of her having alienated her father by growing into obvious sexuality. Her attempts to display herself, which were not unconscious, were short-lived. I saw that on many occasions her playing the role of a femme fatale was in the service of the "upward resistance" I have described. I could see many transference manifestations, but they could not be worked through systematically since they were not sustained long enough.

She responded to any physical separation between us by more frantically searching for strangers with whom to have sexual intercourse. I tried to show her how she was reacting to my occasional cancellation of an hour with her, but although she could understand the mechanics of the matter, she could not assimilate what she took in. The next time I cancelled an hour she found another truck driver. When at last she gave up her one-night stands, she started spending time with emotionally disturbed young men. She had an occasional relationship with the man who had made her pregnant, and they would be lovers for a week or so, after which he would disappear. He took her to a beach near his home in the North, where, accustomed to icy water, he expected her to swim as he did. This precipitated a quarrel, with acrimonious reference to the Civil War. He held her head under water until she almost

drowned, and this led her to refuse him when he asked to see her again. He promptly married someone else.

Seeing a patient leading such a chaotic life, an analyst may think it necessary to manage the patient. I knew, however, that if I did this with Pattie, there would be no end to it. I would become a parent and thus lose the opportunity for intrapsychic work with her. Accordingly, I did nothing to alter her lifestyle except when her activities seemed to interfere with her session, in which case I would voice my concern. For example, when she spoke of wanting to take an impulsive trip with a boyfriend that would necessitate cancelling a session with me, I would say, very directly, that I felt nothing was more important than her keeping her appointment with me.

LINKING INTERPRETATIONS

During hours with Pattie when everything seemed calm I made linking interpretations (Giovacchini 1969). Without using technical terms, I tried to verbalize with her the way she was using splitting and introjective-projective relatedness and other primitive defense mechanisms, and how evidence of their use appeared in her everyday life. For example, when Pattie said that the dead leaves on a plant in my office indicated that I was a poor caretaker, willing to withhold water and nourishment, I sensed that she identified with the plant and feared my rejection. On the day after this exchange she reported stealing food from her roommate, whom she had found by advertising and to whom she related as though she were a dangerous sibling. I *linked* her theft of food with her remarks about my failing to feed the plant in my office. I told her that the plant was a symbol of her needy aspect, that since she felt I was not taking care of it she was entitled to her roommate's food. I was careful in explaining her action but mentioned no prohibition or anything that could induce guilt in her. I tried to approach her from the side of the ego (explaining reasons, linking two events, etc.) rather than from the side of the superego (with prohibitions, fault-finding, etc.). I did not tell her that in taking food from her roommate she was relieving her mother's having Mary and making Pattie feel rejected, although she herself rather pointed to a connection. Connections with genetic issues were not emotionally hot; knowing about them did not in any case keep Pattie from repeating them in the here-and-now. Her problem was not a lack of knowledge about her childhood but a difficulty in integrating the past with the present. When psychogenetic aspects were hot—as, for example, when she recalled a childhood memory with overwhelming affect—my trying

to connect this memory with some current activity would be seen by her as evidence that I lacked empathy. In such circumstances I felt it best to absorb her emotions by making empathic sounds or by remaining silent.

She reported chaotic dreams, most indicating paranoid fears of entrapment and depicting ruins that represented her low self-esteem, her body image, and her identification with the sister who was crippled. I was most interested in finding connections between her dreams and their day residue since they can provide another illustration of the linking interpretations made, and prepare the patient to be curious but not fearful about psychological processes and connections to be found at deeper levels. For example, at the beginning of one month Pattie “forgot” to bring her check and dreamt that night that she was babysitting for her cousin’s children. When the cousin and his wife came home, they were intoxicated and the children were still running around. When her cousin told Pattie to stay longer and continue caring for the children, she retorted, “But you haven’t paid me yet!”

I stressed the link between her forgetfulness about paying me and her cousin’s about paying her. The notion of such links usually delighted Pattie and she soon tried to discover some herself, thus becoming better able to free-associate in an effective way instead of coming up with a caricature of free association. For example, when I returned from a meeting after an absence of three days, she reported a dream in which she was trying to escape from an institution. In it she met a man who offered to help her and carry her on his shoulders. She rubbed her legs as though massaging his back, and he enjoyed this. Since there were killings in the institution from which she sought to escape, she needed his help desperately, but suddenly realized that he was an impostor. At this point she awakened with anxiety. In telling me this dream she spontaneously said that I was the man in the dream and that she had thought of my being an impostor because I had left her and canceled two sessions. She said that she was disappointed in me. She made no attempt to understand the dream’s latent content, and I did not push her. I was delighted, however, when she reported another linking interpretation: On the way to my office she had had a fantasy in which the couple recently discharged from the farm might return to the farm and injure her. She now connected this fantasy with her anger at me for my absence and with her expectation of punishment.

A TEMPORARY RETURN TO STEP ONE

I had agreed, the reader will recall, to work with Pattie without talking to her parents. In view of how hard it was for her to control her aggressive impulses, however, I was so alarmed to hear that her father had given her a rifle with which he had taught her to shoot groundhogs that I debated sharing my alarm with her parents. After some thought, I decided not to and to follow the flow of her treatment without interference.

Three months after being given the gun, she tried to help a horse on the farm free a leg that had become wedged in the cattle guard. She thought that the horse would inevitably be lame but made no conscious connection between a horse with an injured leg and her sister Mary. When her efforts to free the horse proved unsuccessful, she rationalized that it must be shot, and killed it, after which she became disorganized to the point of picking up two strangers that night to have sex with. (I recalled that she had sought treatment with me after killing a kitten that, according to my formulation, represented her sister.)

At her session the following day I asked her to sit up, and we returned temporarily to Step One to help stop her disorganization by infusing just enough reality testing. Acknowledging that it might have been necessary to shoot the horse, I told her that the prospectively lame horse might have reminded her of the lame sister whose birth had robbed her of their mother's attention. If we slowed down we might seize the symbolic meaning of her shooting the horse. Again, I knew that it was not interpretation of the psychogenesis of the shooting that would be important, although it might be of some help, but my attitude opposing her disorganization. It was possible that I was demonstrating my professionalism in seeking the reason for her inner commotion and offering myself as "a mattress for her to fall on." I then made a new arrangement for our work, a kind of limit-setting, telling her to put the rifle away until we could work out the meaning of this incident.

This face-to-face session lasted about half an hour. She seemed to appreciate what I was saying about being better organized, and she lay on the couch once again. That night one of her casual sex partners gave her a puppy that I thought of as a substitute for the horse, and it helped relieve her feelings of unconscious guilt. Mary had returned to life! Although I expressed an interest in the puppy she described, I offered no interpretation of its meaning since doing so at this time would be like stripping the bandage off her wound, providing nothing to take its place. (A year later she shot another

horse that had been in an accident that would have left it crippled. This time she was not disorganized, nor did she recall the first shooting and my comments about it, but she tried to prove that the shooting had been justified by real circumstances.)

THE INABILITY TO INTEGRATE THE PAST WITH THE PRESENT

Pattie's feeling of being rejected because of Mary's presence and her murderous feelings toward this sibling were a routine feature in her sessions. For example, when I left for a few days she fantasized that I was going to a convention where the correction of pigeon-toes would be discussed. Mary was pigeon-toed. I was the mother rejecting her to take care of Mary. She said she was very angry about my leaving her, but that she could not express her anger because if she did I or a pigeon-toed patient at the convention would die. Since none of this transference configuration persisted from session to session, she could not experience it in a therapeutically effective way. Even when I made interpretations, they were hit-and-run. Moreover, when she made an intellectual connection between a present and a past behavior pattern, she could not assimilate or make use of this intellectual understanding since her observing, integrating, and assimilating ego functions were not yet adequate. Nevertheless, the most important part of the treatment during Step Two was my providing her with a holding environment (Winnicott 1960, Modell 1976).

LIMIT SETTING

Besides telling her to put the rifle away for a while, I set other limits in this phase of the treatment as she brought certain issues to her sessions. For example, she showed the effects of the splitting of her self-representations, being "all bad" one day and seductive the next. Without telling me, she made an appointment with a counselor for help with her heavy drinking. I thought that not only was she actively splitting herself, but she was splitting me, too, by having two therapists at the same time. I then set limits, telling her that one unintegrated person in the room was enough, and that her seeing a counselor while she was my patient was absolutely unacceptable. She then cancelled her appointment with the counselor, seemed more solemn than before, and made observations about how she went from one of her selves to the other. She would get very anxious while changing from having a good self to a bad self. Her anxiety vanished once she became the "big bad blob" (her bad self). I noted that her anxiety arose from

the contest between her libidinally loaded self-representation and her aggressively loaded one. I explained her object relations conflict—her fear of losing her loved self if it were united with her hated self. It was easier for her to be all bad (black) than something in between (grey). Another example of limit-setting arose from her coming twice to my office while under the influence of drugs and alcohol; I told her I could not work with her under such circumstances and asked that she leave and come back when she was sober.

TAMING AGGRESSION

Pattie's attempt to tame her aggression by identifying with her analyst's protective functions appeared for the first time in a dream she reported during her first hour after a holiday separation. She had tolerated the separation rather well, and observed that she had tried to create me in others, only to realize that no one represented me, and that I, who took her seriously, was unique in her experience. She had dreamt of a harbor. She was in the water with some horses, which probably represented aspects of herself and her siblings. They were surrounded by a fence-like coral reef, which protected them from sharks. There was a break in the reef like a gate, and a man was in charge of it, letting boats in and out, but always shutting the gate against the sharks. I thought Pattie was describing the holding environment (a womb symbol) that her treatment was providing for her.

In her dream, the man disappeared (reflecting my absence because of the holidays). She continued swimming but suddenly realized that without the man at the gate, the enclosure was now open and sharks (probably representing siblings contaminated with her oral aggression) could enter and devour her and the horses. She tried to close the gate the way the man had done; it had seemed easy for him, but it was too heavy for her. When at length she succeeded in closing the gate she felt happy.

When we resumed after the holidays Pattie was 20 pounds thinner and looked more feminine. She continued to dress sloppily, however, and to have one-night stands. (She would lose and gain weight throughout her treatment until the termination phase, during which she kept a good figure.) Her behavior no longer seemed so frantic, but she had had to have treatment for a venereal disease. She felt as though I offered no protection, and as though she were being attacked. She dreamt of being infested with lice and developed an intense negative transference. I made the interpretation that her having a

venereal disease made her perceive me as uncaring. Soon, however, she went back to work with me instead of simply feeling paranoid in session after session. Sometimes she seemed close to me, but at other times she felt afraid of me. She would dream of herself, represented by an animal, being starved or devoured by rats. Sometimes she was afraid that the children she assumed I had would die. She thought of me as ill and asked, "Is there something the matter with you?"

I helped her to see the flow of her aggressive drive. She relived her childhood in primitive fantasies, but I provided limits to her drive expression, limits that she had not had in her childhood environment; I explained how her mind worked and facilitated her reality testing, becoming a catalyst for her development of new functions. I was not simply a caretaker.

A CRUCIAL JUNCTURE

Pattie had a memorable dream two years and two months after starting treatment. In it she was held captive in a house. A woman wearing what Pattie called an "S.M. uniform" (sadosomachism), meaning the Nazi S.S., had tied her to a table. While Pattie lay on her back the woman tore her body into two sections, which probably represented her split self-representation. A man entered, handcuffed the woman, and took her away. Before she left, the woman turned to Pattie and seemed to have had no idea that she had been hurting her. She said, "You know, I only wanted to love you and give you pleasure."

This dream disturbed Pattie. She told me with certainty that the woman in the dream was her mother. Since she was lying on a table in the dream as she lay on my couch, I also was the sadistic mother in the transference. But I was also the man who handcuffed the mother. What really surprised Pattie was her sudden insight that her mother's behavior toward her had never been part of a malign design, but an indication that her mother had not known how to love and mother her in proper fashion.

I noticed at our next session that Pattie had had her hair cut. She said that after the previous session she had remembered how her mother had tried to help her by attempting to cut her hair, but had only succeeded in pulling it and making her scalp hurt. This recollection led to her cutting her own hair, symbolically developing a function in which her mother was deficient. After succeeding in cutting her hair without hurting herself, Pattie decided to buy a feminine kind of hat, indicating a desire for a new

type of identity organization.

A few days later she confided that she now understood that having sex was for her like taking a drug—it was an addiction. Her one-night stands continued, but they were less frequent since she had found some boyfriends. From this time to the end of her treatment, she picked up only two strangers, one in the third step and another in the termination phase when she was “revisiting” her old symptoms.

New Psychic Structure

Two years and four months into her treatment, with Christmas approaching, she talked about wanting to give me a white narcissus bulb for a Christmas gift. I was to pot it for my office, water it, and see it flower. I understood that, with her association to the S.S. woman of her dream, she was putting the aggressive mother and the loving mother image together, having arrived at the “crucial juncture” (Kernberg 1975) where integration of split object representations becomes possible. Accordingly, I thought that she would give birth to a new, integrated self-representation represented by the narcissus bulb, and that she wanted me to nurture it.

When at the crucial juncture where opposite self- and object units meet, with their corresponding affective states, a patient usually feels sad, experiencing a sense of loss, especially of all good representations. Pattie said, “I am feeling sad now, but now sadness does not lead to nothingness.” She was comparing this new feeling with her childhood hopelessness and depression; sadness had been intolerable then.

I did not commit myself to accept her gift of the white narcissus, but encouraged her to talk about it inasmuch as its meaning seemed important. She gave up the idea of giving it to me, and, about this time she related a dream about a building. The walls of the ruined building still stood despite the gaps like the holes in Swiss cheese. Inside, the building was full of growing plants. After her dream, she reported experiencing a sense of calm and normalcy.

In reference to the start of new structures within herself, she declared, “Now everything is your responsibility!” I responded by saying that we still needed to work together, since she would be the one to choose the sort of “building” to construct. I knew that her second step was now completed.

