

Transference/Countertransference with a Borderline Patient

Odila Weigand

T. was referred to me by her previous therapist, a man who had been able to help her to a certain extent with relaxation and desensitization techniques which did not, however, reach the "red thread" of her neurosis. She was 29 years old when I first saw her. My first impression of T. was of a pleasant woman struck dead by fear. To relieve this deadness she behaved with agitation and anxiety; I felt contagiously drawn into a similar anxious agitation in her presence.

Presenting Complaints

She had a phobic personality, the phobia being organized around not being alone. She would not stay alone or go out alone. She required a reliable adult; a maid or her children did not appease her anxiety. She complained of sudden crises of uncontrollable anxiety, which arose for no apparent reason followed by black depression. Anxiety manifested as accelerated heart beat, dryness of the skin, suffocation, nausea; her reaction was panic and flight. Panic was relieved when she ran to someone who meant protection to her, her husband or her therapist.

History

Attachment to her mother was evident, with conflicting feelings of need, hate and fear. She had had fantasies of attacking

her mother with scissors, which threw her into deep terror. On those occasions she took bigger doses of tranquilizers to make sure she would not act out her fantasies.

T. was the youngest of six; the age difference between her and the next sister was ten years. She was raised as "the family baby" with many double-bind messages regarding her right to exist and her sexual role. When T. was born her mother was deeply depressed and preoccupied with her failing marriage and her own dependency conflicts. It seems the baby was often left to the care of the older sisters. A few years later the mother seems to have lost her illusions of permanent dependency on her husband and transferred these feelings of dependency onto her youngest daughter. She babied her, making her take afternoon naps and feeding her bottles up to the age of ten. The mother also used to take the small girl for long walks in lonely places during which T. felt terribly anxious but could not escape.

T.'s father traveled a lot. He was severe with the girls' "morals" when he was home. He himself had other women, the reason for many fights between husband and wife. But T. never allowed this reality to enter her mind until she was 18. She preserved an ideal image of her father. In addition the father was a mystic: he was a medium. The children were raised with the ever-present idea of spirits of the dead roaming about the house. T. said he was a very sensual man: she remembers feelings of great sensuality when she observed her father eating mangoes or other juicy fruits.

When she was 11 or 12 the family traveled to attend a grandmother's funeral in another town. She was made to sleep in the same room with her father's brother. He made sexual advances during the night, ejaculating in her hands. No penetration was attempted. She told her parents. From then on her father realized she was a woman and cut her off from his tender contact, saying her kisses were false. Unable to take the pain of her father's rejection, she began to feel desperate. She sat for hours on the porch steps staring into space. She felt herself dying. At this time her symptoms started: anxiety, a general weakness, sometimes she felt collapsed, sometimes agitated. She reports feeling

almost dead, absent from this world for long periods. She was taken to a psychiatrist who saw her for some years, but she felt he was of no help. He gave her pills which she took during her adolescent years; the pills made her sleep a lot. Her general feeling about herself and her condition was despair; she felt cornered.

T. is intelligent; she never had problems with academic life. She took a degree in biology but went to work in a bank because her father thought this was the best choice, a safe job. He had worked for a bank himself. Her job was frustrating but the pay was good; and she had the guaranty of not being fired, as well as free, unlimited right to all kinds of medical specialists, examinations, hospital, etc. She receives full pay, although she has been on leave for about five years.

When she married at the age of 22, the couple moved to another city. She could not stand being away from her family. Her symptoms worsened until finally they moved back to São Paulo. By then her disease had already taken the organized form presented at the beginning of therapy with me. T. gave birth to two children. The first pregnancy and delivery went relatively well. When the second pregnancy occurred, she was either in the middle of a crisis or the pregnancy itself triggered it. There was a threat of losing the baby; she was kept in bed and her mother came to live with her.

T.'s father left the mother soon after T. married. From the time of separation, the mother's personality was more organized. T.'s first child is now eight, quite an independent and apparently normal girl. The second is four. Although this girl is well developed, with clear eyes, a good contact, and a happy look, she easily merges with the mother. She shares her mother's anxieties, expressing them through her symptoms—fevers, nightmares, even at times verbalizing fears the mother has felt.

The husband seems absolutely dedicated to his wife. Their sex life according to the patient is extremely pleasurable, even though T. reports feeling exhausted and drained after lovemaking.

Diagnosis and Treatment

I see T. as a borderline personality with hysterical and schizoid features and strong oral traits who organized her disease around a phobia at the time of her engagement. She expected her father to oppose her marriage and was deeply disappointed and confused when he did not. At the time she refused to admit he did not love her as much as she believed; even more, she retreated into denial. She experienced fears of disintegration, only subdued when she was near someone with solid boundaries, close to whom she could reorganize herself by acting in a role in an "as if" way.

As the main complaint was depression, I began working with her body, increasing her breathing. It was very easy for her to get into intense emotions with powerful discharges of fear, rage, sexual excitement, and oral needs. Every feeling corresponded to her history, which came out during this period of treatment. However, she did not improve: quite the contrary, her symptoms became more accentuated, oscillating from painful tooth nerve infections to calcifications in the uterus (for which she had an operation). This went on for months. Bringing out her rage threw her into deep, black depression for days. She abhorred grounding. She felt drained afterwards, not charged.

T. is an intelligent and pleasant woman who is consciously and sincerely involved with getting better. The more we increased her energy movement through body work, though, the more it seemed as if her brain became paralysed. If I worked with her eye segment, she developed severe physical symptoms. I understood that her extremely acute symptoms spoke of an inability to hold her energy. Our efforts were resulting only in despair and impotence for both of us.

I began to review all my previous approaches, trying to understand her energy disturbance. Her armour *did not contain* anything, just as she did not contain her psychic material, emotions, thoughts, desires. She required a lot of feeding, but it all leaked out. By this time I had re-read Stanley Keleman's (1978) article on leaking structures, "Unboundedness and Under-

charge." I began to see some light. (Figure 1 shows a drawing she made of herself at this point in therapy; the leak downwards through the genital area is clearly portrayed.)

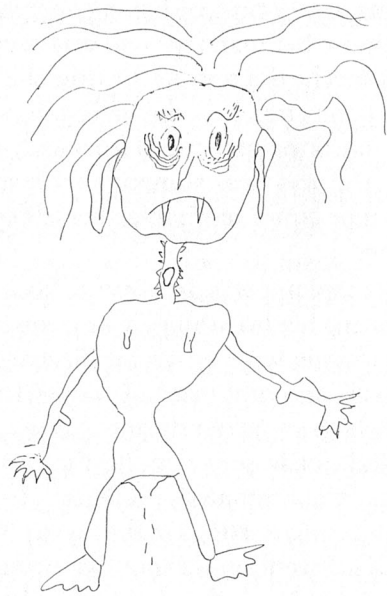


Fig. 1

I did not try to increase her energy level anymore, as she had plenty of energy which she did not seem to be able to handle except through unconsciously leaking it out. We agreed to have more frequent sessions (twice a week). I concentrated on her schizoid mechanisms, which I began to uncover as mostly a split between thought, emotions and sensations. Work progressed, during which time a lot of changes took place in myself. Instead of *wanting to do things to help her*, I stopped all my internal and external movements in this direction. I became aware that she felt a strong energy investment from the therapist was an attack. I believe my energy movement interfered with her own energy level. Unable to tolerate it, she had to get rid of it either by leaking out or absorbing it into some physical symptom.

During this period of her treatment, I felt my own boundaries loosening, my own defenses being deeply affected. For long periods, symbiosis was there to be felt and dealt with, within myself and within the relationship. I felt my anxiety about my vanishing boundaries, and still bigger anxiety when I had to face my daily life without them. I was used to counting on my boundaries. I did not even know what boundaries meant, exactly (the corresponding body sensations), until I began to lose mine. I would feel myself drained out at any moment, with clear signs of undercharge. This process of dissolution made me more sensitive to other people's feelings in an intuitive way. I learned to do what I needed to do to function, while at the same time fighting my own battle to keep myself centered. I managed, using on myself all the body work I could think of to help me keep my integrity. In this armour-dissolving and armour-rebuilding process I learned with my own body about muscular tones, muscular flaccidity and muscular rigidity. Some ever-present spasticities, like the one in the back of my neck, went; some narcissistic traits went too. Eating habits changed; I began to avoid sugar, to prefer sour flavors. My energy field became a reality to me, a useful instrument to be improved and to use in my work. Advised by my supervisor, I started my own therapy with a woman psychoanalyst.

I think I acquired a bodily knowledge of what voracity means. When I came near T., I felt as if something were eating my energy. My skin became dry and hot; there was a general feeling of over-excitement, accompanied by diffuse anxiety. I found that my being conscious of it helped me to protect myself by actively centering, breathing, and grounding. I imagine that helps the client gradually become grounded. Typically, T. refused to learn or to use grounding techniques by herself.

As a result of this learning, I began to talk with T. about some of her feelings and sensations that usually drove her into panic and were derived from her own very sensitive field perceptions, but not integrated into her conceptual or perceptual apparatus. This helped in gaining the patient's trust. Her perception of other peoples' emotions and motives was usually correct. The

analytical work consisted in understanding and integrating it into her cognitive framework. Then emotional reactions could be integrated with perception: she could be angry at her father for his abandonment, cry over her pain; she could feel anger against her sister who manipulated her by inducing fearful thoughts.

Further progress was made along the lines of analysing her sexuality. Her family's craziness in these matters was exposed. Her religious beliefs in a punishing God and an idealized Virgin Mary were seen in relation to her guilt over her sexual impulses for her father, which had also caused the split between love and sex. We explored her sexual connection with her father and her inability to integrate and suffer the pain of his betrayal. We saw how this denial was based on blocking movement and feeling through the contractions in chest and neck, and by the blocking of the oral and ocular segments, which also had to affect the base of her brain. She saw how she responded to the frustrations of daily life by becoming paralyzed.

In the beginning of the therapy, T. had a revealing dream in which she was lying in a block of ice, like a coffin, in a basement. Devils came down the stairs and she felt great fear. The devils attacked the ice block with picks and hammers. This illustrates her fear of movement, lest her impulses might become conscious. She was sure she would have to act them out; so she froze her aliveness.

Slowly her life-negativeness began to change into more positive life-seeking behavior. She began to allow herself to breathe, timidly at first, more trusting after a few positive experiences. When panic threatened to take over her self-control, she remembered me, tried to breathe, and learned she could overcome panic. Her strong energy flow, together with favorable environmental conditions, have been important factors towards her improvement.

Present State of Therapy

During her first year of therapy, T. began to study at univer-

sity. She is now in the third year. Studying brought many insights into her problems. It also produced movements in her brain which she used to fear. She learned to tolerate and even to enjoy the feeling of thinking emotionally. The energy flow in her head has been enhanced. She is moving toward building a professional, adult identity. She has a more positive approach than her initial "nobody can help me, I cannot help myself" attitude. She wants to know about my training, whether someone will teach her, and how one learns to work with people. I feel that through this identification with me, she is building some trust in the outside world, some faith in life.

We are able to discuss her sexual feelings in the present, tackling the roots of her phobia: her desire to be admired, seduced, and to seduce. Dreams of rape are frequent. She allows herself to have exciting fantasies over sensual and sexual feelings.

Recently she has been coming to therapy driving her own car. At first her husband drove her; then she came by taxi. She still needs to bring her eldest daughter who acts as her guardian against the fear of her own impulses. She is beginning to own her feelings, to be assertive in college and in family relationships.

Over the last few weeks, while I have been writing this, she has brought some dreams showing symbols of integration and containment. She dreamt of a seven-year-old boy who has to fight against big, terrible animals. He must stand on his two feet to fight; he is afraid. In another dream, she is with her uncle, about to have an orgasm while he penetrates her anally. She feels sadness, a sense of loss, and expresses the fear of changing. She is losing her fantasies of eternal infancy.

Bathrooms also appear often in her dreams now. In the first stages of therapy bathrooms were terrifying places flooded with feces; now she sees herself cleaning a shiny bathroom which she feels as her own private space, and she resents any intrusion in this space. She used to dream of floods, enormous waves which drowned her. In a recent dream there was a lake of calm, peaceful water. In another there was a dike with valves which she could open or close at will, indicating the tendency to gain con-

trol of the overwhelming currents of excitation and energy which used to threaten her physical and mental balance at unexpected movements, stimulated either by inner impulses or external events.

(After my vacation of one month, I asked her to draw her self-image [Fig. 2]. It shows integration and containment.)

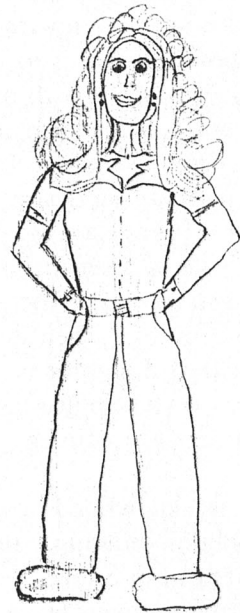


Fig. 2

She has not had any episodes of severe depression for months now. As she became aware of how energy escaped her body, she was able to search for the causes of her anxiety and deal with them in a way other than leaking. Her body is changing from the typical oral stance to a more upright one, which facilitates energy flow. This is happening at the same time as her body acquires boundary and definition. She can tolerate more flow of energy in her system without splitting. The character analytical work combined with an understanding of her energy functioning has been decisive in attaining this development.

On the other hand, on a medical follow-up, her doctor prescribed an anti-depressive. This medication, which at first she resisted taking, proved helpful by relieving her symptoms. In terms of energy function, I noticed a change in the oral segment when the medication started to work; oral physical symptoms (like tooth abscesses) decreased; the oral segment took a steadier appearance. At the same time we could progress with the character analytical work of her oral and schizoid traits. T. still takes this medication but she anticipates stopping it soon.

I believed, in view of these improvements, that the next step in therapy would be some work on the oral and cervical segments. She resisted moving into this. I was waiting for her own timing—as I had learned to do with her—when she came up with her own solution: she went to an orthodontist to have some dental correction. The brace maintains her jaw and tongue in a position that keeps the throat open so her breathing is deeper. Emotional contents are flowing up into consciousness, related to the fear of heartbreak. She is reliving the demands of love she displaced from her father (when he cut her off) to her boyfriend during adolescence. She feels the impulse to reenact her adolescent fantasy of being loved by a man, without sexual involvement, and to live happily ever after. She is learning to handle these overwhelming feelings, allowing the frustration and the anxiety to surface.

In my work with T. I was forced to grow as a therapist and as a person. I changed my narcissistic and omnipotent expectations in several ways. For instance, it became clear that she will not take any advice from me. If I insist that she does exercises, she won't. I suggest that she take a course on massage; she tries and stops. She makes it clear that she will grow at her own pace as long as I don't try to interfere or press her in this direction. Any sign of my wanting her to improve is taken as rejection, that I want to get rid of her. She, herself, often considers stopping therapy when she feels disappointed or mad at me. From her own movements of separation from me, her growth is stimulated. She tests me constantly as to whether she can return after a separation or whether I am going to retaliate by rejecting

her. I learned to sit, wait, understand, tell her how I see and feel the situation, move back and forth from her life outside the office to our relationship in as well as out of sessions—how she feels and thinks about me between sessions. Gradually I have become a person in her eyes; she can tolerate my faults and mistakes, without so much anguish, and still remain with me.

In her unconscious mind the mother image becomes less threatening. She does not fear so acutely the mother's destructiveness on account of her incestuous feelings for her father. She reports dreams of seducing my son. And she is better able to let her development follow its course as she accepts the image of herself as a separate human being with less fear and rage. Her breathing is deeper and she can contain her own energy without her previous desperate efforts to attach herself symbiotically to someone else.

Lately I feel light and refreshed after sessions with her, quite different from the way I felt in the first periods of her treatment. T. has had 160 sessions in a period of 32 months.

Observations Concerning Boundaries

1) I already mentioned the question of the therapist's energy investment. A large amount of interest, activated by her enormous display of anxiety made me *want* very much to help. Being a rigid character myself, this *will to help* affects my energy field, through which she makes contact with me. Feeling my field as threatening, she would withdraw into her symptom language to express her despair, fear and abandonment. This understanding helped me to keep my center, to stop myself from wanting to be helpful.

2) She had had many therapists, doctors and dentists, all of whom seemed somehow to have "caused (her) some harm," she being the helpless victim. She often expressed to me how "nobody would ever be able to help (her)." I detected a triumphant note in these observations, but pointing this out to her did not produce any result. One day she was sitting while I was working on her neck and shoulders to release tensions. Suddenly I was

assaulted by a clear thought: "Why do I take the trouble of treating her? It is of no use anyway." It struck me at once that this is not my way of thinking as I am stubborn, persistent, and I had never felt like giving up on her treatment. I told her she was passing this thought to me, so that I received it as my own thought process. This was effective. She got the idea of how she did it. We could then discuss how she was able to interfere with the work of other less advised professionals like her dentist, for instance, who had "forgotten" a needle inside a tooth root canal. The needle stayed there for months, causing an abscess, for which she had a quite extensive surgery some months later. The dentist was a competent professional who never understood how that could have happened.

The next week after this session she had an interview with a psychiatrist at the bank for an examination to renew her certificate for prorogation of her return to work. She was afraid it would not be renewed as she was better now. As the doctor began to ask questions she built up her excitement to a crisis in front of him, so he ran to get her some water, excused himself for questioning her, and of course renewed her certificate. When we examined how she had handled her energy during this scene, she became aware of her mechanism of agitation to build up a crisis, when she could not face the situation in some other way.

This opened up discussion of her manipulation for total power, her absolute belief in omnipotent wishful thinking. This understanding brought some improvements. Afterwards when she sought medical or dental help, the results were better. She felt less panic during treatments, less pain, less post-treatment complications (like infections). Also she stopped going to the cardiologist, submitting to all kinds of exams, even to the point of staying overnight in the hospital, as she had done before when she felt chest constriction. She began to deal with her symptoms from an emotional viewpoint, bringing useful material to therapy.

3) The relationship with her two daughters is brought up occasionally. The eldest eight-year-old girl has an armor more

similar to the father's; she maintains her boundaries. At some point in the boundary structuring period, T. began to feel enormous rage towards this girl. She said she felt like strangling her for no apparent reason except that the girl would not "give in" to her. Her experience was that when she kissed or embraced her daughter (I suppose when she, herself, was seeking to relieve her anxiety), the girl would tighten up. She understood this hate as we dealt with it in her transference: how she mobilized a tremendous amount of energy, trying to merge with the other in order to feel secure and loved. With the youngest daughter, though, she succeeds in establishing the merging contact. She still seeks that, but she is able to talk about it in therapy. T. recently questioned me directly if the girl could suffer some consequence from this kind of extremely pleasurable and total loving contact they share. She added that at kindergarten the girl does well in all activities except those involving "initiative." I told her that initiative is connected with autonomy. This understanding raises some guilt in a positive sense.

With her husband, T. admits to me now, she does not need to dismantle his boundaries as she used to, making him anxious by building a turmoil, having a "heart attack," or putting him down as a man and as a professional. She feels able to be in touch with him quite satisfactorily as he is. Curiously his professional life has improved considerably.

References

- Keleman, Stanley. 1985. *Emotional Anatomy*. Berkeley: Center Press.
- _____. 1978. "Unboundedness and Undercharge." *Energy and Character*, Vol. 9, No. 2.
- Lowen, Alexander. 1977. *O Corpo em Terapia (Language of the Body)*. São Paulo: Summus.
- _____. 1976. *Depression and the Body*. New York: Pelican Books.
- _____. 1985. *Narcisismo*. São Paulo: Cultrix.
- Reich, Wilhelm. 1979. *Análise do Caráter*. Lisboa: Publicações D. Quixote.