

A PSYCHOANALYTIC PROCESS

from Beginning to
its Termination



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**A PSYCHOANALYTIC PROCESS FROM ITS
BEGINNING TO ITS TERMINATION**

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About the Author

Vamık D. Volkan, M.D., DLFAPA, FAcOPsa was born to Turkish parents in Cyprus. Before coming to the United States in 1957, he received his medical education at the School of Medicine, University of Ankara, Turkey. He is an emeritus professor of psychiatry at the University of Virginia School of Medicine, an emeritus training and supervising analyst at the Washington Psychoanalytic Institute and the Senior Erik Erikson Scholar at the Austen Riggs Center in Stockbridge, Massachusetts. He was the Medical Director of the University of Virginia's Blue Ridge Hospital and director of the University of Virginia's Center for the Study of Mind and Human Interaction. He was a past president of the International Society of Political Psychology, the Virginia Psychoanalytic Society, the Turkish-American Neuropsychiatric Association, and the American College of Psychoanalysts. He holds Honorary Doctorate degrees from Kuopio University, Finland and from Ankara University, Turkey.

Dr. Volkan was an Inaugural Yitzak Rabin Fellow, Rabin Center for Israeli Studies, Tel Aviv, Israel; a Visiting Professor of Law, Harvard University, Boston, Massachusetts; a Visiting Professor of Political Science, the

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Dr. Volkan served as a member of the Carter Center's International Negotiation Network, headed by former president Jimmy Carter. He chaired the Select Advisory Commission to the Federal Bureau of Investigation's Critical Incident Response Group and was a Temporary Consultant to the World Health Organization (WHO) in Albania and Macedonia.

He is the author or co-author of 40 books and the editor or co-editor of 10 more. He has served on the editorial boards of 16 professional journals including the Journal of the American Psychoanalytic Association. He has published more than 400 psychiatric, psychoanalytic or psychopolitical papers or book chapters. His work has been translated into many languages.

Dr. Volkan received the Nevitt Sanford Award from the International Society of Political Psychology, the Max Hayman Award from the American Orthopsychiatric Association, the L. Bryce Boyer Award from the Society for Psychological Anthropology, the Margaret Mahler Literature Prize from the Margaret Mahler Foundation, Best Teaching Award from the American College of Psychoanalysts, and the Sigmund Freud Award given by the city of

Vienna in collaboration with the World Council of Psychotherapy. Dr. Volkan was nominated for the Nobel Peace Prize in 2005, 2006, 2007, and 2008 for examining conflicts between opposing large groups, carrying out projects in various troubled spots in the world for 30 years, and developing psychopolitical theories.

THE ANALYSIS OF A SOUTHERN BELLE

One summer many years ago, a beautiful woman and her husband, both in their mid-twenties, were vacationing at a beach resort. From a distance, they looked like a happy couple, but he was fuming with jealousy whenever he thought that other men were looking at his wife, especially when she walked up and down the beach wearing her bikini. Then, as they swam together near a lonely area of the beach, he held her head underwater long enough to terrify her. At the last minute, he stopped trying to kill her.

He was known to have a paranoid condition and had been in psychoanalytic therapy for years with one of my esteemed former teachers, an older, senior psychoanalyst. Even though I never met this young man, Glover, I knew something about him, since my colleague referred to his case during professional gatherings in order to illustrate certain psychodynamic processes. I was surprised when my colleague wanted to consult with me about Glover. I sensed that he was anxious. He informed me that Glover had just received his pilot's license and had begun flying a small plane low over Charlottesville, Virginia, where the senior analyst and I lived. During our conversation, I recalled on many occasions seeing an airplane circling above

the university hospital where we had our offices. Now I realized that Glover was piloting this plane.

My colleague told me of Glover's intention to crash his plane into my colleague's office—it was not too far away from my office—and kill him. He knew that Glover really wanted to kill his childhood father who had been sadistic toward his son, but because of Glover's paranoid condition, my colleague thought that Glover might indeed carry out his threat. If my former teacher were to call the police or aviation authorities, this act would intrude into his therapeutic relationship with his patient. This dialogue between us took place decades before September 11, 2001, and the idea of someone deliberately crashing a plane into a building to kill others, as well as himself, appeared far-fetched at the time. On the other hand, the danger seemed real. I am afraid I was not much help to my senior colleague.

Ultimately, my colleague decided not to call the police or aviation authorities, stay in a therapeutic position, be curious with his patient about the latter's verbalized intention, and help the patient work through his symptom: circling over the analyst's office in a plane while threatening to kill him. I know that my colleague was successful in dealing with this crisis. After some weeks, I noticed that no airplane was circling over the university hospital and my own anxiety disappeared as well.

Then, more than two years later, my senior colleague—still treating Glover—told me how his patient had tried to kill his wife Jennifer at the beach. He asked me if I would take Jennifer into treatment. Apparently, even before their wedding Jennifer was aware that her husband-to-be was seeing an analyst and she knew about his paranoid condition. Accordingly, she had come to see Glover’s analyst for a consultation. When he met Jennifer, my senior colleague, as I understood it, implied that marriage to Glover would not be easy. However, Jennifer apparently acted as though the warning had gone in one ear and out the other. I also learned that Glover married Jennifer soon after he gave up circling the airplane over the university hospital. At this time, both the bride and the groom were still in their mid-twenties.

Jennifer called me and I gave her an appointment. She arrived at my office four days after her husband’s attempted murder dressed like a model ready to have her picture taken for a fashion magazine. I was surprised, as I was expecting to meet a woman in acute distress. Without exhibiting any emotion, Jennifer recalled that the incident at the beach had aroused her terror, but it had been very short-lived. She had no intention of leaving her husband or calling the police. It was as if she were above the threat of what had happened and what might happen in the future. She reported that her husband’s analyst had called her and suggested that she should see me and explore the incident and her reactions to it.

During my first hour with her, instead of focusing on the murder attempt, she wanted to know why she had no desire to have children. On occasion, she would notice other young married women talking about having children or actually having children and enjoying them. Jennifer would search her mind to learn why she did not have a similar desire and why she did not get excited when she saw her friends' kids. She wondered if something was wrong with her. It was really because of this, she said, that she sought analysis.

Nostalgia for Pre-Civil War Southern Culture

I had three initial face-to-face diagnostic sessions with Jennifer and developed an impression that the household in which Jennifer grew up reflected rich white family traditions of the Old South. Jennifer was the elder daughter of a wealthy gynecologist who practiced in South Carolina. Her mother, according to Jennifer, was a very beautiful woman. After finishing his work at his clinic, her father liked to drink his bourbon while sitting on the large porch of their big house with its huge garden, waited upon by the family's black servants. Occasionally, he drank to excess and displayed a hot temper and frustration about one thing or another. Then he would take out his gun and shoot it in the air aimlessly, causing a big commotion and frightening everyone, especially the black servants.

Jennifer's parents' lives seemed centered around a constant competitive struggle for social recognition. When Jennifer was growing up, they belonged to a country club where there were no Jewish or African-American members. Neither the gynecologist nor his wife were close to or warmly interested in their children in the usual parental manner. Jennifer and her sister, Melissa, three-and-a-half years her junior, were treated by their mother as though they were special dolls. The girls were unusually pretty and their mother openly competed with them from their childhood on. The usual mothering functions with babies, such as hugging, feeding, changing diapers, or playing, according to Jennifer, had never been included in her mother's self-perception. Her tolerance of her daughters was limited to those occasions when they did her credit by being beautifully dressed and groomed without, however, eclipsing the effect she herself was making on others. The mother and her daughters talked of little else than the superiority of one over the other in dress and appearance, and their relationship held so much envy and malice that the slightest favor given to one was deeply resented as an injury by the others.

After Jennifer was born, Sarah, a black housemaid who was the same age as Jennifer's mother, was assigned to look after the baby. Sarah lived in the basement. She was allowed to go to floors above to look after little Jennifer, while referring to her white employers as "Master" and "Ms." Adult

Jennifer had images of Sarah singing for her, rocking her on her lap and playing hide-and-seek with her. Jennifer told me that sometimes she could still taste the food Sarah used to prepare for her. Her closeness to Sarah dramatically changed after Melissa's birth when Sarah primarily began looking after Jennifer's sibling.

What Jennifer described about her childhood home was familiar to me. At this time, I had been practicing psychoanalysis in Charlottesville, Virginia for some years and was no longer surprised to find out that many of the rich, white children in the South were raised by two mothers: the biological one and a black nanny. I was also familiar with how children with two mothers might need to hide affectionate feelings for the black mother, especially when around the biological white mother and her extensions such as other white relatives or friends. Later in life such children might have a difficult time integrating two mother images and their own split self-images influenced by identifications with "opposing" mothers. Listening to Jennifer, I had the impression that almost all of Jennifer's memories of warmth involved moments of closeness between her and the black maid Sarah. At the same time, however, she tried to deny her emotional attachment to Sarah because of the maid's lowly status in Jennifer's house and because Sarah "rejected" Jennifer in order to take care of Melissa.

Jennifer's situation was similar to that of others who had multiple

mothering in the Old South (Cambor 1969; Smith 1949; Volkan and Fowler 2009). A few years before I completed this book, I met Beverly McIver, a recognized contemporary black artist and the recipient of many awards. She helped me see another side to Jennifer's story: the story of black children in America raised by mothers who were constant caretakers of white children. These black and white children with the same "mother" never interacted socially. McIver is the daughter of a black maid who spent many years looking after the children of white parents, while her own children were taken care of by their grandmother (McIver 2005).

Jennifer also told me that when she and her sister Melissa were around their parents they were not provided with any toys, not even dolls. I had the impression that, for her mother, the two girls themselves were dolls/toys and therefore they did not need to have their own dolls. It appeared that Jennifer's white mother interfered with her daughter's interactions with transitional objects (Winnicott, 1953). I wondered if intrusion in their play activity is what led to Jennifer's impoverished capacity to experience things in the cultural field. Jennifer recalled how Sarah disappeared from her life when she became a teenager. I sensed that by that time Jennifer had assumed the role her mother had assigned to her, to be a doll, and had denied her childhood investment in Sarah. As an adult, she had no idea about Sarah's life away from her parent's mansion.

The above description of her childhood, I thought, without telling Jennifer, cast a light on her willingness to marry a man with a paranoid condition like Glover. He was also from South Carolina, the son of a business tycoon. Glover, managing his affairs from an office in his home, had never worked in his life, but had increased his inheritance through investments in the stock market. Suspicious of others and sometimes delusional, I thought that he amassed money defensively in order to feel secure. Although Jennifer's parents were extremely well-to-do, the man she married was vastly richer. She had dated other young men without ever falling in love or becoming sexually involved. Since she felt that her role was to be adored by them, I suspected that in spite of her considerable beauty, in the long run they found her rather boring. She was aware that she had chosen her husband largely because he could provide her with luxuries of all kinds, as well as access to the society of wealthy and important people. Her dreams of luxury had mostly come true, but during her diagnostic sessions with me, she complained that he was not altogether generous; rather, he was somewhat stingy. I noticed that Jennifer believed that she would still have a chance to crystallize an identity as the most beautiful and richest doll on earth if she stayed with Glover. As a result, she adamantly denied Glover's rage and his attempt to kill her.

She told me something peculiar: As her marriage ceremony was

drawing near, Jennifer became alarmed that during their wedding night Glover might notice that she was a virgin. A few days before the wedding, she went to see a gynecologist and had a hymenectomy. She said that she did not want her husband to think that before her marriage she was not wanted and loved by other men. It would be a blow to her self-esteem if someone thought of her as an unwanted or unloved woman. I did not inquire about other meanings of this peculiar behavior during the diagnostic sessions. It occurred to me that her having her hymen perforated by a gynecologist had something to do with her fantasies concerning her gynecologist father. However, I was willing to wait and see what we would discover about this during her analysis. She also reported that sexually she was a frigid woman.

Jennifer and I arranged to work together four times a week. I told her that she would lie on my couch and tell me whatever came to her mind and describe whatever bodily sensations she experienced. I added that we would be curious about what she would tell me and, when I thought I had something to say that would be useful for our work, I would speak and we would explore things together. Jennifer began lying on my couch. In the context of this analysis, I learned a great deal about the phenomenology and metapsychology of low-level narcissistic personality organization.

A “Ceramic Doll” on My Couch

As her analysis opened, Jennifer dressed elaborately for her sessions with me. The humble environment of my typical university hospital office where I saw her, I noticed, was in striking contrast to her appearance that was more suitable for opening night at the opera. As I indicated earlier, she was very beautiful. However, I could not sense my responding to her femininity. Rather, I felt I was looking at a beautiful, life-sized, ceramic doll on my couch. During our diagnostic sessions, Jennifer had told me how she and Melissa were their mother's "child dolls," and now on my couch she was a "doll." Jennifer had little to say except to express jealousy over the successes of other women, often over her married sister or her mother who still lived in South Carolina. Her mother or sister would call and tell Jennifer about their latest purchases, a "fantastic" gown or "fantastic" antique table. Their successes centered on collecting beautiful things.

I learned that she had a daily ritual. In the mid-afternoons, she would start dressing elaborately. Around 5:00 p.m., Glover would drive her to a country club in Charlottesville. In those days, like her parents' club in South Carolina, this club would not allow Jews or African-Americans as members. I thought that they would also not have a Turkish-American like me as a member, but I was familiar with the inside of this club since some of the Virginia Psychiatric Society's meetings I attended took place there. Glover would drop Jennifer off at the circular driveway at the front entrance of this

country club, but since he had a paranoid condition and felt uncomfortable being with other people, he would then drive away. Jennifer would enter the huge building and go into halls where afternoon cocktails were served. She would stand near a fireplace in her striking clothes, with one hand on the mantel, attracting men as a flower attracts bees. She would collect adoration and compliments. After one hour, she would walk to the circular driveway where Glover would be waiting for her. They would drive back to their home, not talking much. Once at home, as she would undress, often Glover would spank her bottom, and sometimes this spanking would arouse him sexually and they would “make love.” She would not reach orgasm.

I developed the following formulation in my mind: Jennifer and Glover’s daily ritual responds to both individuals’ internal needs. First, by becoming a ceramic doll at the club in front of a fireplace, Jennifer collects adoration for her grandiose self. I think that Glover has homosexual tendencies and his “sharing” his wife—at least symbolically—every day with other men and then having sex with her refers to his sexual confusion. He is angry with both men and women for his psychological problems. His wife’s ritual gives him an opportunity to spank his wife’s bottom and express his anger towards her (I also thought towards women in general) ritualistically and under control. When they were at the beach, this ritual was broken. When, at the beach, Glover “shared” her with other men he almost killed her. Glover was not my

patient and I did not know his internal world, but I was letting my mind wonder.

Thinking about Glover's envy of other men who paid attention to Jennifer and his murderous rage, I tried to induce in Jennifer curiosity about Glover's thoughts when he brought her to the country club each afternoon where she collected adoration. When I wondered if Glover spanking her bottom after her daily routine had something to do with his envy and anger, Jennifer smilingly reported that the spanking did not hurt much and it was harmless. At no time did she exhibit any emotions pertaining to her terror when he had recently forced her head under water. There seemed to be no signs of curiosity on her part about her internal world.

I realized that Jennifer's sessions with me were in a sense identical with her afternoon cocktail hours at the country club. I learned that when she was a child her mother and other rich ladies in their South Carolina town often would gather at a country club for afternoon cocktails before their working husbands joined them for dinner. Sometimes Jennifer and Melissa would attend these gatherings where her mother exhibited her girls as her two beautiful dolls. My linking her childhood memory with her activities at the Charlottesville country club and with her appearance in my office made no impression on Jennifer. At this phase of her analysis, a linking interpretation did not make her curious.

She seemed to have no interest in or information about life in Charlottesville in general—not in the arts, in politics, or even in people. She and Glover seldom left their home, which I assumed was a fine home with fine furniture, even if it was not a mansion like their parents' houses. I learned that he spent most of his time in his home office amassing more and more money while she stayed in the living room thinking about how she was more beautiful than other women and what she should buy and wear to maintain her superiority.

I asked myself a question: “Why did you agree to analyze Jennifer?” I thought that I put myself into this position to please my senior colleague, Glover’s analyst. Two years earlier he had asked me, a much younger analyst, what to do about Glover; obviously he had been having technical difficulties in treating his patient. I wondered, “Did I agree to take Jennifer into analysis in order to show him that I had better psychoanalytic technique than he did? Was I getting into a symbolic oedipal competition with my senior colleague?” So, sitting behind my ceramic “doll analysand” with a beautiful smile on her face, waiting for me to adore her, I began to do a great deal of self-analysis! I concluded that Jennifer’s treatment would be challenging and that I would learn something about atypical cases with narcissistic personality organization. I also decided right then that Jennifer’s analysis was going to be between her and me and that I would not consult with my former teacher. I

did not wish to turn her treatment into a kind of family treatment with two therapists seeing each patient separately, or into a treatment that would be an extension of Glover's treatment. My decision helped me to remain curious about Jennifer alone and not to focus unnecessarily on her relationship with Glover. By then, back in my analytic position, I was noticing something fascinating.

What fascinated me were Jennifer's requests that I repeat what I had just said to her. During the initial sessions, I thought that lying on the couch and not seeing my lips, Jennifer might be having difficulty understanding my English spoken with a Turkish accent. Therefore, I repeated my sentences whenever she asked me to do so. She had not asked me about my accent or my ethnic background.

A month or so after we began working, I realized that she had no difficulty in understanding my English. For example, when I repeated my words for a second time with my same accent, she had no trouble understanding my words even though she still did not respond to them in any meaningful way, such as joining my curiosity about this or that. I developed a fantasy that Jennifer on the couch was under a glass dome. I felt as if my words would hit the glass dome and then deflect back, not entering this glass bubble. Only when I spoke a second time, would Jennifer lower her barrier to receive my words, but then, once more, she would make my words "nothing."

After thinking about this whenever Jennifer said that she did not hear me or had forgotten my remarks, I did not repeat myself, but stayed silent behind the couch. Jennifer did not complain. Within a few months, she spontaneously spoke of being under a glass dome. She spoke of her feeling that my voice simply glanced off the surface of her glass enclosure without reaching her at all. I was fascinated that I had sensed this before she described it so clearly. I knew then that I was able to regress therapeutically in the service of Jennifer (Olinick 1980) and meet her at her own regressed state. She told me that her fantasy of being beneath a glass dome existed prior to her analytic experience. She was aware of having the same fantasy in other life situations; for example, when she exposed herself to the adoration of others at the country club, she felt separated from her admirers by a sheet of glass. The permeability of her glass enclosure was entirely under her control. I told Jennifer that I had a sense of her living under a glass dome. This exchange between us, in the third month of her analysis, was the first clear indication of our developing a working relationship, even if it was peculiar. Both of us had observed her unusual sensation of being under a glass enclosure and shared this information with each other.

A Daisy in a Glass Bubble: A Recurring Dream

Soon she brought her first dream to one of her sessions. She said that it

was a recurring dream: “In my dream,” Jennifer said, “I saw a daisy lying at the bottom of a glass vase as if it were hiding.” She gave perhaps her first free associations: “I realize that I am the flower, the beautiful daisy.” In turn, I recalled my vision of her as a flower attracting bees when she stood next to a fireplace at the country club. I imagined her as a little girl pulling the petals of a daisy while saying, “She loves me; she loves me not!” I wondered if her hiding the daisy in her dream had something to do with her not tolerating knowing whether she was loved or not by her mother or by Sarah after the nanny left her for Melissa. I wanted to go easy with the many possible meanings of her dream. Thus, I only wondered aloud about the possible protective aspect of the fantasized glass shield—her feeling that it protected her. Referring to the daisy, I suggested that she had allowed me to see something gentle and promising. I said that perhaps by bringing this recurring dream to her session she might be telling us what she wished to gain from her analytic work: after learning of dangers outside her glass shield and rendering them harmless, she might see the daisy (herself) open in full bloom.

During the next session, she began to report dangers from the outside world beyond the protective shield of the glass dome. She told me about her husband’s temper tantrums. Instead of staying with the dangers, however, she would quickly change the subject and report on those aspects of her

relationship with Glover that had given her some kind of glory. She knew Glover from her high school days and later each went to a different college. Both of them left college before graduation. One day they met at a party and Jennifer knew right away that Glover was the man with whom she would spend the rest of her life. She realized that he was “different” from other young men and “troubled.” However, in her mind, Glover was also a carefree rich person. She felt that she was entitled to the riches he could provide. She also knew that she was not in love with Glover. I thought that her fantasy was to live the life of a princess by marrying him, but I did not tell her this. If I had, I would have been belittling her narcissistic defenses that I knew she still needed to protect herself from her childhood rejections and humiliations.

She said that she had asked Glover to marry her. He said “yes” and they had a “fabulous” engagement party. She wore a “fantastic” dress and everyone “adored” it. They had the “best” wine. A former governor and his wife attended the ceremony and they told Jennifer that they had never seen a more “beautiful” young woman in their “entire” lives. During the year they were engaged, Glover was not interested in sex, but he gave her the “most beautiful” jewelry. The session ended. Meanwhile while she was on my couch I tried not to get involved with her actual day-to-day relationship with Glover. I intended to listen to the themes of her stories that would inform me more about her internal world.

The next day, as soon as Jennifer took her place on the couch, she told me she noticed that I had rearranged certain books on my bookshelf, which she could see while lying there. This was true. The day before, a resident psychiatrist had come to my office, we looked up some references and he replaced the books on the shelf, apparently in different order. As a psychoanalyst I know that changes in an analyst's office—his or her physical environment—often induce reactions in the analysand since such changes are symbolically included in the analysand's transference wishes or fears. The change in my bookshelf was truly minor. I was impressed that Jennifer had noticed it. At this point, I was not interested in examining what the rearrangement of my books meant to Jennifer and, most likely, she would not have helped me with my curiosity anyway. I wanted to focus on our developing relationship. I said to her that her glass enclosure was Janus-like inasmuch as—although it excluded my words, and by extension me—it was sufficiently transparent for her to “see” me by noticing small changes in my office. I said that it was a good omen that she let me know of her noticing me in this manner. “If and when you feel more comfortable with my presence,” I added, “you can tell me more about the outside dangers that make you hide in a glass enclosure.” As a response to my words, Jennifer recalled how her father would get drunk and begin shooting in the air. She then became silent. I sensed that once more she had become a smiling doll under a glass bubble. So, both of us waited for some time in silence. I was careful at this time not to

disturb her main defensive adaptation by forcefully pushing on her protective barrier. After awhile I said, “Whenever you are ready, try to continue with whatever comes to your mind.” Jennifer started to give me more data about her childhood environment. It took many sessions until I collected the following information.

By the time her father and mother were grown adults, the small South Carolina town where they grew up had changed drastically. Ugly factories stood on what was once their ancestral farmland. Newcomers had arrived in this, now-industrial town—white people who had no experience with the culture of the Old South and its traditions and black people who were “disrespectful.” When Jennifer’s father was growing up, segregation was an accepted cultural norm. Once Jennifer’s father told her how he used to play with black servants’ children when he was a youngster, but as he grew older he never socialized with them. Youngsters from two different worlds would come together to kick a ball on the white master’s farm—the black children only when given permission to do so. When the game was over, the black youngsters would leave and go back to their separate homes. Forced desegregation came to this part of the world in the 1960s. Thus, even Jennifer as a child attended a segregated school.

I sensed that societal changes in their environment had frustrated Jennifer’s grandparents and parents. They joined other rich white people who

pretended that the Old South was still around, but reality constantly frustrated them. I suspected that societal changes might play a role in Jennifer's mother's attempt to raise her daughters as Southern Belles to counteract their white ancestors' "loss of glory." Much has been written on this rather mythologized Southern Belle character (Seidel 1985; Farnham 1994; Perry and Weaks 2002). It refers to a young, rich, white Protestant woman who strives to make a place for herself in social circles where important persons gather, and she wears glorious garments, speaks with a Southern accent and uses words such as "darling" when referring to friends. Such a mythologized character only dates men from the South, calls them "Gentlemen," and always smiles.

Slowly, I learned a great deal about Sarah, the black nanny. Jennifer reported how sometimes she would go to the basement of their big house where Sarah lived. She was not sure if she was forbidden to go there, but she felt she had to keep her real emotional attachment to Sarah a "secret" from her parents, whose bedroom was closed to Jennifer. Sarah was a very "affectionate, warm person" who would rock her, sing songs for her and play with her. She recalled the day when she discovered that Sarah's skin color was different from her own. She recalled, "I was sitting on Sarah's lap and she had her arms around me. I suddenly noticed that her hands were black. I said to her with excitement, 'Sarah! Sarah! Your hands are black!' I think she

started laughing. She was not angry with me.” As Jennifer spoke of Sarah, I sensed for a short while that her glass dome lifted and I could see a child experiencing pleasure. While talking about Sarah, Jennifer regressed and began smelling and tasting the food Sarah had cooked. Her mouth watered. Soon, however, she was back to being a Southern Belle under a glass dome. In her family, Sarah clearly was perceived as a slave and thus devalued in spite of the affection she provided little Jennifer.

Loved and Abandoned

We were coming to the end of the first year of Jennifer’s analysis when I realized that my on-and-off sense of boredom, which I experienced when she endlessly talked about her beauty and her specialness, was gone. My boredom had a lot to do with her leaving me out and with my feeling lonely. In a peculiar way, she was making me understand how her childhood had been full of loneliness when Sarah was not around. I was very aware that she had not yet developed a workable transference story with me. She retreated under her dome now and then, talking about her envy of other women and the competition between her and her mother and sister. She lived with Glover, but very seldom spoke about him. He seemed to have tamed his temper tantrums.

Slowly I learned that Melissa was born when Jennifer was three years

old. Jennifer did not know if her gynecologist father assisted her own or her sister's deliveries. She began to describe to me how her life changed after her sister's birth. For many days on the couch she experienced a profound loneliness. I helped her to tolerate and remain curious about it. She was able to recall how her parents had "forced" Sarah to look after little Melissa. I verbalized aloud that Melissa's birth traumatized her. I told her that in her mind Sarah loved her and then abandoned her when she was given the task of looking after the new baby. Jennifer realized that after she was "abandoned" by Sarah she had no choice but to stay only as a doll so that her mother would notice her. Realizing this made her momentarily angry. However, expression of such an affect in my room was still impossible for her. I sensed how humiliated Jennifer might be when her secret link to an affectionate "black mother" was broken.

Soon she remembered in action Melissa's birth and the rage and envy she felt in relation to her sister. This "remembering," however, did not take place in my office, but in the country club. The day after this occurred she told me about it without being aware that its meaning was connected with Melissa's birth. I interpreted the event as her way of remembering Melissa's birth.

As usual, Glover had taken her to the country club at 5:00 p.m. She took her place by the fireplace to collect adoration. She was wearing a pink

“fantastic” dress she had just purchased. Suddenly, she realized that another beautiful young woman had entered the room from an entrance across from the fireplace. What shocked Jennifer was that the newcomer was wearing an outfit identical to hers. It was obvious that both of them had just bought identical dresses from the same shop (same parents). She became overwhelmed with envy and rage and began trembling. She thought, “How dare this newcomer enter my space?” (I interpreted that the newcomer was her sister’s substitute.) “Can she be more beautiful than I? Are they going to adore her more than they adore me?” She felt nauseated and wanted to burst like a “volcano” (“Volkan”: she was projecting her rage into me). Then, quickly, she found a solution. She noticed the newcomer’s legs and especially her ankles. She was sure that this woman’s legs and ankles were thicker than hers. Jennifer realized that she was still “number one”! Her envy and rage spontaneously disappeared.

I directed Jennifer to stay with this incident. After I interpreted that she had allowed herself to notice her feelings about her sibling rivalry, losing Sarah and being abandoned and humiliated, I told her that I, as a “volcano” (indeed, my name Volkan means “volcano”), would burst out with anger for her. Could she take this task back and allow herself to own her feelings? I also told her that the main danger for her was not her father shooting a gun in the air or Glover trying to kill her. These were concrete outside dangers from

which one can think of ways to protect oneself. The internal danger for her was to realize that she had been abandoned and humiliated after Melissa was born and forced to become her mother's doll in order to have any hope for motherly love. This is why she stayed with Glover whom she thought would provide unending "goodies" for her, and why she tolerated possible concrete outside danger that might come from him in order to cover up the devastating feeling of being abandoned and feeling lonely. She listened to me carefully. (At this point, I did not wish to intellectualize too much and overburden Jennifer by trying to explain that Glover was also the "dangerous father" whose love Jennifer also wanted.) I told her that finding herself superior to the competitor (the newcomer's legs and ankles were not as pretty as Jennifer's legs and ankles) was another way to avoid knowing her rage, envy, and the possibility that she might not be loved; and, it was also a way of avoiding her feelings about being unloved and abandoned by her parents.

For a while, I sensed that Jennifer was behaving like a patient with a higher-level personality organization on the couch. She began recalling childhood memories, connecting them with events here and now, and with dreams and transference manifestations. For example, she recalled watching Melissa in her crib and looking at her fat baby legs and ankles. She connected this with her perception of the woman in the same dress and in "her space" who also had fat legs and ankles. Then she had a dream in which she, once

more, saw a daisy in a glass vase. But now there was a change. There was a crack in the glass. She said that seeing this crack scared her: she might not control her angry feelings connected with her childhood rejections and they might come out.

Soon she “experimented,” I thought, with being angry and envious while relating directly with me. When she started doing so, I did not interfere—I let it develop. It began one day as Jennifer was coming to see me and she saw a woman coming out of my office. She developed fantasies about my other female patients (her sibling). She wanted to know if I liked them more than I liked her. I did not answer. Her rage and envy about fantasized other women patients and about me as someone who might prefer others slowly peaked. One day she said to me, “I will kill you if you love them more than you love me!” Then she began nervously laughing, as she understood what she was saying in front of me. If I thought that she was now ready to develop a more workable transference neurosis, I was wrong. Intellectually I knew that without integrating her self-concept (bringing together her grandiose and humiliated selves) she would not be able to behave truly as a person with a neurotic personality organization. When things got hot, she would quickly return to her own “method,” pumping up her grandiosity in order to avoid experiencing her rejection, shame, anger, envy, and other unpleasant feelings and thoughts.

Screams of Women Delivering Babies

For months she would travel between her solitary place under her glass bubble and outside her bubble where she would explore the connections between her childhood, her adulthood, and her relationship with me. If recalling childhood feelings made her uncomfortable, she would make me a witness to her exhibitionistic behavior by coming into my office as the Southern Belle, exaggerating her Southern accent, wearing one splendid dress after another, and making me feel that week after week I was attending a fashion show. When her sister sent her aggrandizing photos of herself, Jennifer's narcissistic investment in her grandiose self skyrocketed. If I cancelled a session she perceived it as my rejection of her so that I could rendezvous with a woman. Following such a cancellation she would then begin name-dropping during her sessions or asking Glover to buy her new jewelry. I stubbornly and calmly tried to connect each escape to the "number one doll" position to an event in her daily life, or an instance in her sessions that she perceived as humiliating. What I was doing was similar to finding the "day residue" of a dream in order to understand the meaning of the dream better. I also thought that my doing this during that time in Jennifer's analysis would help her become more psychologically minded.

Slowly she accepted that she had two sides. She liked one side, her being "number one" and wanted to keep it all the time. "But being number one is

tiresome,” at last she told me. “I have to be very careful that no one will steal this from me. I almost become paranoid.” She added that she now knew that she had a rejected, lonely, humiliated side as well. “To have this second side is also tiresome. It has to be hidden all the time. Do you know how difficult it is for me to show this second side to you?” I said, “Yes.” However, I also said that I could not imagine a safer place than my office for both of us, together, to explore her two sides. Remembering my boredom during her sessions in the past, I told her that I felt for her, since I knew that her inner life was an unending battle between both her sides. I asked her if she ever thought that one day she would get bored with this internal battle and make peace between her two sides.

As a response to this exchange—now at the beginning of the second year of her analysis—Jennifer revealed another reason why she had to remain as a beautiful doll out in the open, hide her humiliated and rejected lonely little girl in the shadows, and why she could not move up on the developmental ladder and develop as a “total” woman with sexual desires. She told me the details about her father’s gynecological clinic. The clinic, I learned, was on the huge property her parents owned, separated from the main house by a garden. As a little girl, Jennifer was interested in what was going on in the clinic building. She would walk through the garden and try to look through the windows into the rooms where women delivered babies.

She was not tall enough to see inside, but what stayed in her mind were the “screams” of women in labor. She fantasized that her father was doing something bad to these women; he was hurting them, going into their bodies and taking something out of them. In her mind, to be a woman became a dangerous idea. Her father would hurt her. I thought that Jennifer could not “reach up” (Boyer 1983, 1999) to an oedipal father to save herself from a sticky relationship with her mother. Since in her sessions she did not yet bring any oedipal material, I kept my thoughts to myself about her fully exploring the possible complications of her Oedipus conflict. I decided to wait until these issues unto themselves became “hot.”

In the past, Jennifer had connected her reluctance to become pregnant with her conscious wish not to spoil the beauty of her body. Now I could tell her, referring to her fantasies of what was happening in her father’s clinic, the deeper meaning of her fear of pregnancy and her choosing sexual inhibition and sexually frigidity. I told her that Glover’s own sexual inhibition “fit” well with her own unconscious attempt not to grow up and be a sexual woman, because if she were to become pregnant she would be hurt. I also told Jennifer that her bringing to life her glass bubble fantasy also might be connected with her childhood fantasy that without a protective barrier a man (analyst/father) would enter her and hurt her. She listened to me carefully.

I said to Jennifer, “Now, I understand why you went to a gynecologist

and had a hymenectomy before your wedding night, before a man actually entered your vagina. As a child you unconsciously connected the idea of having sexual intercourse with your imagined vision of your father forcefully going into women and taking their babies out by hurting them. In order to ‘control’ your fear of sexual intercourse you had a gynecologist enter your vagina (for a hymenectomy) under your control.”

It was soon after this, in the middle of the second year of Jennifer’s analysis, that I really became alert when she reported her “daisy in a glass vase” dream again. What excited her—and me—was that in this dream the vase fell off a table onto the floor, breaking the glass and exposing the flower. This time I was sure a workable transference neurosis would develop, including oedipal issues. I was wrong again! Soon I realized that my wish to do more routine analytic work with Jennifer was premature. In those days, the emphasis was on helping patients verbalize everything that came to their minds while on the couch and on analysts verbalizing their interpretations. While this holds true today, we are also aware that patients inform us about their internal worlds through nonverbal means and that our understanding the meaning of such communication is as important as focusing on verbal communications. We also know that not interpreting sometimes is more important than interpreting. When I refer to “routine” analytic work, I have in mind an analysand who primarily verbalizes a transference neurosis and an

analyst who interprets the transference neurosis. Then the analytic process moves along without paying much attention to nonverbal communications, including actions that take place outside of the analyst's office to which the analysand refers while on the couch.

Jennifer had more work to do with her pre-oedipal issues such as Sarah's rejection and her remaining hunger for love. She would also teach me about actualized unconscious fantasies, about which I wrote a great deal in *Psychoanalytic Technique Expanded: A Textbook of Psychoanalytic treatment* (Volkan, 2010, 2011). To repeat briefly: If a child experiences an actual trauma, his or her corresponding fantasy does not fully remain in the psychological realm, but it is experienced as real. That is, the fantasy becomes actualized. If such an individual undertakes psychoanalysis later in life, the fantasy, which was formerly unconscious, is given a storyline and interpreted. The analysand with an actualized fantasy can hear the storyline and the interpretation, but cannot utilize it for getting well. Instead, such an analysand, in a progressive therapeutic move, repeats this fantasy in action. This action reflects the storyline of the unconscious fantasy. Since such a fantasy is real for the analysand, the only way he or she modifies its influence is to have another actual experience (associated with action) in which the storyline of the unconscious fantasy ends differently. This frees the analysand from the life-long (from childhood onwards) influence of the original

pathogenic fantasy. This type of action is therapeutic. It is not “acting out.” Acting out has various meanings (Boesky 1982), but for my purpose here it is simply “remembering in action” as a resistance against routine analytic work during which mental conflicts are interpreted verbally and the working through of a transference neurosis is also put into words.

Jennifer’s hungry (for libidinal nutrition) part was actualized after Sarah loved and abandoned her. All her life Jennifer collected verification of her beauty to fill her inner void. Furthermore, she tried, at the expense of blurring her reality testing, to control her environment and make it obliged to notice her and “feed” her. However, the dangers lurking around her remained. Deep down, she knew that she had a “hungry, humiliated, and hurt” part. Now, instead of talking about this and developing a routine transference neurosis to find a better psychological solution, Jennifer launched what she called her “program”: A story in actions in the real world that would have a different outcome than the fate of the traumatized, rejected, and humiliated little girl. Her program later would also deal with her other actualized unconscious fantasy that a man (father) can painfully enter into a woman and take out something special.

Jennifer’s Program: Making a Scrawny Horse Strong

At the time Jennifer was in analysis with me, I did not have much

experience with analysts' therapeutic plays (their attempt to change the influence of their actualized unconscious fantasy by being involved in a story in real life). When she started her program, I recall thinking of it as acting out. She literally forced me to be a spectator of her program and to notice that it was something she had to go through in order to get well. During each session, she reported its progress until it progressed for about nine months and had a favorable outcome. Then Jennifer was ready to initiate a full-blown transference neurosis.

The program centered on a scrawny, and what Jennifer called an "ill-fed" (hungry), horse. Sometimes Jennifer, in reality, would join her rich friends who were actively involved with horse races and horse shows in the Virginia countryside. At this time, Jennifer herself was not a rider, but she would go to social events with the "horse people," again to collect adoration. It was during such an outing that she noticed the "ill-fed" horse at a stable. She also noticed Fanny, a black woman who was assigned to take care of this animal. Without reporting this during her sessions with me, Jennifer developed a relationship with Fanny and began visiting her almost daily, helping her look after the "hungry" horse. At first I noticed this indirectly. Jennifer's splendid dresses were gone and she was coming to her sessions wearing wrinkled jeans. One day she came in wearing riding clothes. That day she told me that she was coming from the stables where there was an "ill-fed"

skinny horse and that she had bought this horse. The animal now legally belonged to Jennifer and she could still keep it at the same stable. She told me about Fanny, who Jennifer had now hired to look after the horse, and about the intense relationship they were developing. Right away, I sensed that the animal represented Jennifer's own hungry part and Fanny stood for Sarah. I sensed that Jennifer had gone back in action, joining "good" (not rejecting) Sarah in order to have another opportunity to find love. I did not tell Jennifer what came to my mind since I wanted to wait and see how this story would develop. Soon Jennifer began to talk about nothing else but how she and Fanny looked after the horse whose physical condition began to improve.

After a month or so, I told Jennifer my idea about whom the horse the horse and Fanny represented: hungry child/Jennifer and her nurturing black nanny. She did not respond to my interpretation with any curiosity. Instead, I became a kind of spectator of her outside activities at the stables. Sometimes she came to her sessions wearing her jeans and blouse soiled with animal feces.

I thought that Jennifer was also bringing to life her dividing of her childhood black mother from her white mother (technically called splitting). She had an intense relationship with Sarah/Fanny at the stables away from me/white mother. But since she was reporting four times a week about her life with her black mother to me (the white mother), she was also trying to let

both mothers and corresponding little Jennifers (“hungry” and “doll” Jennifers) know one another. I thought this was her way of integrating her two sides, as well as important people from her childhood who had stood apart in her mind. I thought her “exercises” in integrating opposites, if I did not interfere, might provide her the necessary crucial juncture (Klein, 1946) experiences during which opposites can come together and begin to mend. I tolerated listening to her activities at the stable day after day for many months. The formerly ill-fed horse also began to appear in Jennifer’s dreams where she was also busy feeding the horse.

Meanwhile, her collection of adorations from her social circles continued. Now and then, I would hear how she would dress as a horsewoman in the morning and then dress up like a Southern Belle in the afternoon. In her daily activities she would go from raising a horse to being an object of adoration instead of trying to hold on only to her “glorified” part as she had done in the past. The rapid changes were like sewing together two pieces of cloth, one of a warm color and the other of shiny fabric. As her need to collect admirers abated, Jennifer’s mood became, as she referred to it, “solemn.”

This phase of her analysis lasted nine months. I amused myself by thinking that Jennifer had gone back (therapeutically regressed) in order to have a rebirth (nine months) as an integrated person who would have an

integrated mother. I noticed that her glass bubble was no longer functional. I also noticed that she had developed, what psychoanalyst's call, a positive transference towards me. I was someone with whom she could share with pleasure her new and more integrated identity and her actions in creating this new identity. I responded to her including me in her excitement as she achieved a cure for the horse. After the horse was cured Jennifer began behaving as if she were a tomboy. She began to dress like a man working on a farm, drinking beer with a bunch of young men, both white and African-American, listening to their jokes and spending a great deal of time showing her horse to others and entering him in horse shows.

Becoming a Woman

What was interesting was that Jennifer had learned how to ride her horse. She described having the horse between her legs as so exhilarating that I imagined she was telling me of having a penis between her legs. Her wish to be the number one doll was now centering on her wish to have a powerful horse between her legs. One day she had a dream in which her horse fell as he jumped a fence and bled from his neck. In associating to this dream she reported how the horse's bleeding enraged her. Soon she came to one of her sessions in extreme puzzlement. In spite of her conscious wish that her animal be protected from injury, she had another dream in which her horse

was once more bleeding from his neck. I said to her, “In life who does bleed regularly?” She looked dumbfounded. After remaining silent for a while she responded: “A woman!”

A week later, she reported having a peculiar dream that puzzled her. Instead of seeing her horse in this dream she carried small animals like mice, bunnies or squirrels in a sack. In the dream, she was interested in their welfare. I thought, “A sack full of little furry animals must be a womb with babies.” Instead of just interpreting the possible meaning of this dream I decided to summarize what I thought she had done during the year up to this session. I thought that at this time Jennifer could hear me clearly and that this summary might be useful for her to assimilate the structural changes occurring inside her. I told Jennifer how the ill-fed horse represented her loved and abandoned self, how she had found Sarah (Fanny) to take care of her hungry self and bring it back to health and how she integrated this part with her defensive/adaptive glorified doll self. I added that after this the function of the horse had changed and for many months she used the animal to play the role of a tomboy with a strong penis between her legs. I said that when, as a child, she heard women screaming in her father’s clinic, she began inhibiting herself from identifying with women and feeling like a woman. Did she think that her father was taking out such women’s penises? If she were a tomboy with a penis she would never face suffering by getting pregnant and

losing her penis. However, at last, she was noticing that she was a “bleeding” person, that is, a woman. I added that the small animals in her dream represented babies. Was she wondering if she could imagine having babies?

She listened to me carefully. My summary also frightened her. First, she began thinking about getting pregnant and, second, her narcissistic concern with her appearance returned. I did not interfere with her internal struggle to accept or not to accept being a woman. She also began having more dreams about a horse between her legs, but in these dreams blood would suddenly appear where the horse used to be.

Multiple Meanings of the Glass Bubble Fantasy

Jennifer’s internal struggle to move up the developmental ladder and allow herself to be a woman instead of remaining as a woman doll, permitted us to see another, more hidden, meaning of her glass bubble syndrome. It was a protective barrier under which she could replace her grandiose part and through which she could watch outside of her private and solitary kingdom to constantly observe who or what was threatening and who or what supported her being number one. Then, I learned that the symbolism of the glass shield also connected with her body image. It was like a hymen that should be under her control. Otherwise, dangerous men (the gynecological father with a gun or medical tools) could enter her body and hurt her. Now I learned that the

glass bubble also stood for her mother's womb, which also was under Jennifer's control.

It was actually Melissa who illuminated the third meaning of Jennifer's glass bubble syndrome when she called Jennifer from South Carolina and told her how much she had enjoyed a brief cruise on a wealthy couple's yacht. On the couch, Jennifer expressed her envy and had a fantasy that I too was very rich and that I would provide her with traveling opportunities to luxurious places. That night she dreamed of sitting comfortably in a pink room watching her sister outside as Melissa tried to join her. Melissa was climbing on the glass as if she were a cat, but kept sliding down with no possibility of coming in. I told Jennifer that this might be a fantasy of being in her mother's belly (pink room) and forbidding her sibling (Melissa) to come in. I told her that in her dream she owned her mother's belly and she wished no one else to occupy it. Discussing this, she realized other thoughts about being a woman versus remaining as a doll. She recalled that she used to think of her father's clinic as a torture chamber. Accordingly, she thought that if a baby (herself) remained in a mother's belly and there was no need for a delivery, the baby would never come out and face a life in a torture chamber. We were able to explore the various meanings of her glass bubble syndrome and we put them together.

Removing the Fear of Pregnancy and Erotic Transference

Soon, a new character appeared in her external world and once more Jennifer would work through getting rid of the influence of an actualized unconscious fantasy related to what we had been discussing: If a woman becomes pregnant, a man (her father) will harm her by pulling out her penis. Childbirth and castration anxiety had been mixed in little Jennifer's mind.

The new character in her life was an elderly white man who owned the stables. Jennifer said that the old man was a very kind person. She had been going to the stables for a year and asked him if she could watch the delivery of a foal. The stable owner promised to have her called at any time, day or night, when a foal was expected. True to his promise, the stable owner called her when a mare went into labor and Jennifer rushed to be on hand even though it was two o'clock in the morning. She was able to see the foal delivered and the following day during her hour with me she excitedly described what had happened. She had observed the extrusion of the birth sac and, seeing one of the long, folded legs within it, she had the thought that perhaps the mare was delivering a penis. She subsequently spent much of her time with the new mother and her baby, as if she were learning what motherhood and babyhood were. Furthermore, she experienced feelings of compassion, caring, grief, and related emotions through her work with the mare and foal. She would bring her new types of emotions and thoughts to her sessions. She was discovering

the existence of these new emotions and both of us were very pleased. I sensed that she was integrating her self-representation as a woman more and more.

One day, toward the end of her third year of analysis, she lay on my couch without speaking. I noticed that she was blushing and I sensed that she wanted to say something, but could not. I said, "Say it!" She responded, blushing even more, "I started to have my period this morning!" Although she had never had menstrual difficulties or irregularities, on that occasion in my office she was experiencing her very first menses, as it were. In the home of her youth such intimate matters were never mentioned and her confiding in me signaled the ripening of the classical—but exaggerated—transference neurosis. She described how I was like a father who was now informed about his daughter's passage from girlhood to womanhood.

Soon her interest in the activities at the stable waned and the horse, from which she could not separate herself a year earlier, was sold. She maintained a friendly relationship with Fanny and the owner of the stables, but she was no longer preoccupied with them. Instead, experiencing me as a loving and wanted oedipal father ripened for Jennifer. Her attempts to resolve her problem, mainly in an externalized fashion and through actions and stories "out there," were gone. She demanded that I love her, although since she had fantasies about my wife (I never told her if I was married or not), the

situation represented a triangle. Jennifer's feelings were now centered on competing with the woman she fantasized I had. She was no longer preoccupied with beauty and wealth, but with the joy of becoming my life partner.

She said that the thought of pregnancy did not frighten her and she demanded that I give her babies. Her erotic transference was extreme to say the least. I thought that Jennifer was teaching me something. When a person with narcissistic personality organization who is preoccupied with being number one makes therapeutic progress and becomes involved in an oedipal love, her previous investment in the collection of idealized and glorified nutriments transfers to her oedipal love object. This makes the erotic transference very intense, at least initially. Jennifer declared that she was ready to leave her husband to marry me and, in an attempt to make me jealous, she had an affair. I told her that this man, a professor like myself, at my university, represented me. I did not blame her for this affair. She said that she was able to have orgasms and enjoyed sex very much with this man. After one week, she stopped the affair herself spontaneously by saying that "this was not the way for me to get you to make love to me. I know this will not happen. But thank you for showing me that I am a sexual woman."

Jennifer knew that I am of Turkish origin. She stated that we would not be lovers, but she was free to imagine being married to me and traveling on a

magic carpet to Istanbul where we would live together happily ever after. There was an Arabian Nights quality about this phase of her analysis in which she envisioned the Prince and the Princess living in delight forever, although the oedipal theme of a girl finding a father figure/lover and taking him to a faraway place and separating him from his other women was clearly present in this interaction. The Arabian Nights quality of my patient's fantasies not only served the oedipal factor in her transference neurosis, but also awakened her interest in the world at large and its culture. She was experiencing the cultural expressions of humanity as her evolved transitional objects (Winnicott 1953, 1966). Her interest in Istanbul led her to research geography, culture and history—areas in which, considering her social and educational background, she had surprising gaps. This awakening led her to an interest in the arts and she began to visit art galleries, developing a sound appreciation for the creative products of human experience.

I recalled that during Jennifer's childhood, at the time when she was receptive to the enchantment of fairy tales and other cultural expression, her mother had intruded, deflecting her attention to a vastly more compelling object—the mother herself. This and Jennifer's role as a doll, a Southern Belle, served to support her mother's glory for having such a beautiful creature as her child. The black maid had given Jennifer songs and perhaps folklore from her tradition, but once her very early childhood was over and she moved

away from the actual care of the black woman and became her mother's doll, she had to dissociate from this kind of investment in Black-American culture. Her mother had impeded the child's cultural growth. Unlike her mother, I allowed her to play with her evolved transitional objects and enjoyed watching her do so. Creation of a fairy tale transference between us also functioned as a transitional phenomenon and through this Jennifer began to gain knowledge of the world.

With this new knowledge and understanding about life in general and the new functions learned with the help of her analysis, she also became competent in handling financial investments. The knowledge that she could take care of herself by using some of the skills her husband used made her feel secure about surviving in the event they separated. Jennifer was like a youngster who was learning new social, cultural, and professional skills. There was nothing much for me to interpret, but it was enough to stand by her as she "grew up."

Termination of Analysis

While Jennifer was busy with her project involving the horse, seeing a foal delivered, experiencing the beginnings of feeling womanly, and then going through an erotic transference, she did not speak much about Glover. Toward the end of the fourth year of her analysis I learned that for over a

year Glover had stopped spanking her before having intercourse with her. The couple bought a new but modest house. They had more friends than before and she no longer felt jealous about other women's beauty.

I perceived that Glover's paranoid condition had improved. Maintaining my decision not to consult with my senior colleague, Glover's analyst, I could only learn about Glover through Jennifer. I noted in the fifth year of her work with me that Jennifer began taking stock of her married life. She thought that in many ways she cared for her husband and that his suspiciousness (now lessened) and the limitations of his lifestyle (now more flexible) did not outweigh the physical comfort she found in living with him. Yet, Jennifer sensed that there might be a better life for her with another man. I did not give any advice and suggested to Jennifer that she continue taking stock. This went on for a month or so. When she decided to continue her marriage she talked about bearing his babies. With this decision, I sensed that we had come to the termination phase of the analysis. Apparently, she sensed this as well, and asked that we set a date for finishing our work.

I suggested that we meet for three more months and she readily agreed. Considering her previous unintegrated self, her continuing childhood trauma of being humiliated and treated as a doll, and her fear of the oedipal father, I thought that a three-month termination phase would give her a chance to review what she had gained from her analysis. Furthermore, I thought she

needed time to look at her mourning process for the upcoming separation from me. I also needed to mourn. I knew that I would miss her. However, I was feeling very motherly/fatherly towards her and had a sense of excitement seeing “my daughter” grow and get ready to leave home (my couch).

The day after we set our termination date Jennifer came to my office with fresh daisies in her hair, looking happy and womanly. It was a spring day and she looked very beautiful lying on my couch and saying nothing for a while. I said nothing, too. I noticed that I had indulged myself watching her beauty and enjoying it. I felt that she was absolutely not under a glass dome. She was not collecting adoration in order to hide her hungry self, which no longer existed. The daisy was out in the open. I noticed that she was giving me a gift by showing me her womanly beauty. She said nothing about the daisies in her hair and I decided to say nothing either. She talked about this or that. Towards the end of her hour she said, “I realize my flower-laden coiffure is a message to let you know that the flower in the glass vase is out of its enclosure and blooming.” I responded: “Yes, I know!”

During the termination phase, Jennifer spoke of buying a farm and living on it with Glover. She spoke about this to Glover and he did not object. They certainly had enough money to buy a farm. She had long ago given up wearing elaborate costumes, as well as the riding togs that followed them. Now she

felt very womanly and motherly, and dressed modestly. She had fantasies of raising many animals—horses, sheep, dogs, and cats. We recalled her dream of the sack full of animals. She no longer feared pregnancy but wanted to be a great mother—an earth-mother (idealized black maid). Such exaggeration was a remnant of her old narcissistic self-regard. She would be more realistic about herself if she could hold on to the gray area between the “earth mother” and the “cold mother.” When I brought this to her attention, she readily agreed with me.

She began looking for a suitable farm and found one that had something about it that fascinated her. She told me about this farm and began negotiations with the real estate people three weeks before the date set for the termination of her analysis. She could not, however, understand the fascination the place held for her. When she visited it again she spontaneously realized the reason for its unique appeal: unlike most Virginia farmhouses this one was surrounded by a stone wall in the New England manner. She told me that she then realized that the wall represented her old invisible glass enclosure in which she had protected her grandiose self. Now, she had an earth-mother image to protect. This insight and her understanding that she was “visiting” her glass bubble syndrome made her decide against buying the walled farm—her dependence on walls was gone.

Jennifer told me that she would miss me, but she was sure she could let

me go and continue to feel comfortable with her newly found womanly feelings. The analysis was terminated according to plan.

As Years Passed

Fourteen months later, I saw Jennifer walking in the hallway outside my office. When she saw me she smiled and I invited her to come in. She said that she wanted to stop by and see me since she was at the hospital for another reason. A week earlier she had an accident while riding a horse—not the one she owned in the past—and she was being treated in the university hospital where I worked. That day she was coming for a checkup. She said that she had no visible physical injuries, but wanted to be sure that there would be no problem that might interfere with her caring for her baby daughter, born nine months after her analysis ended. I knew right away that Jennifer’s coming to the location of my office was linked to her desire to tell me that she had a child. She spoke of not doing any more hard riding because she could not afford any injury.

I thought about her getting pregnant just before or soon after the termination of her analysis, as well as the possibility that psychological factors had led to her accident. I did not inquire about these things, however, as Jennifer had not come to see me for further analysis. But, as she talked about her infant, I felt that Jennifer wanted me to know her as a satisfactory

mother. When she described her child as beautiful I felt that her emphasis reflected only a proud mother's love for her infant.

I received Christmas cards from her for the first three years after her analysis ended. In my experience, my analysands with neurotic personality organization will not be in touch with me after their transference neuroses has been analyzed and after the termination of their analyses. I also worked with individuals with psychotic personality organization and even with schizophrenia on the couch (Volkan 1976), and these individuals would keep in touch with me for some years after the termination of their work, such as sending New Year's greetings. I believe that the treatment of such individuals is closer to an experience of the early child-parent relationship and because of this they keep in touch with their analysts for some years after they leave the "nest." Jennifer did not have a psychotic personality organization and she was certainly not a typical neurotic individual. She was somewhere in-between. I recalled my feelings, as the termination of her analysis approached, that she was now a grown-up child leaving her parents' home (the couch). I did not answer Jennifer's Christmas cards.

Charlottesville, where we both lived, is a small city. After the termination of her analysis, sometimes on the way to visit some friends, I drove by the Glovers' house. It had a lot surrounded by a little picket fence and I thought they also had a pet dog. I felt sure that the fence was nothing

more than a decoration or a barrier to keep their pet from wandering in the neighborhood. Whether or not the picket fence was tinged with Jennifer's desire to protect her self-concept for psychological reasons would only be conjecture.

My second meeting with Jennifer after the termination of her analysis took place by chance in the fifth year after termination as both of us were grocery shopping. She had one girl and one boy with her. In one of her Christmas cards she had informed me she was expecting a second child. She introduced me to her daughter and son with evident pleasure. She was much involved in looking after them and she was now motherly in appearance, a little stouter than she had been.

Even though Jennifer and I continued to live in the same small city we did not meet again for many years after our accidental encounter at the grocery store. It was clear that people in her social world and mine did not mix very often.

A most interesting follow-up occurred ten years after Jennifer's analysis ended. One day she called me and asked for an appointment. When we met, she told me her reason for consulting with me. She described the steady changes in her internal and external life since her analysis. She talked about her two children and her devotion to them. She had also developed genuine

friendships and had become seriously involved in community affairs and the arts.

Her problem, she said, was Glover. His condition had improved, but he had remained aloof and suspicious. He was not able to grow up further as she had done, and he still chronically withdrew from other people. Jennifer had thought that having children around would change him, but she had been mistaken; he also stayed away from his children. This made Jennifer aware that she had to protect them from psychological damage from having an aloof and suspicious father. She was happy that she seemed to have succeeded since, as far as she was concerned, her children appeared psychologically healthy.

For some years now Jennifer had been thinking about divorcing Glover. She realized that this would be disastrous for her and for her children, as he might withdraw support and make them feel financially insecure. Therefore, over two years before making an appointment to see me, Jennifer had enrolled in a professional school and learned new skills so she could make her own money. As she was doing so, she knew that she was also preparing herself to get out of her marriage.

One year before coming to see me she was involved with another man. Her affair, through which she discovered what sexual intimacy was all about,

continued. She did not know if she would marry her lover, but she knew that she did not want to divorce her husband for that reason alone. Put simply, she wanted to be free from the type of interpersonal relations that were remnants of her old self and it was unfortunate that her husband had not grown as she had.

Jennifer told me that she had contacted a lawyer the previous year and now was ready to begin divorce proceedings. She said that the reason she was requesting a consultation with me was to evaluate how to tell her children about her decision to divorce and, more importantly, how to handle her fear of telling her husband. There was, Jennifer thought, still a real possibility he would fly into a rage and hurt her. I acknowledged this, as well as her reasons for wanting a divorce, but gave her no advice on how to approach Glover simply because I did not know a specific and practical way to resolve her dilemma and because I sensed Jennifer's competence to deal with this issue herself. I also sensed that Jennifer had come back to me to share this major life decision as one shares such a thing with a trusted intimate other. I suggested that Jennifer knew her husband better than I did and that I was sure she would find a safe and proper way to talk with him.

Jennifer asked me if she could have appointments with me while she went through this period of her life. I agreed to see her again the following week. By the time Jennifer came back the next week, her anxiety had abated.

She told me that she had taken her husband to a public place where she would be safe if he had a rage reaction and she told him that she planned to divorce him. Perhaps tempered by the setting, he did not become enraged. The next day she officially began the legal proceedings. She assured me—and most importantly herself—that her children were doing okay and that she would see that they remained so. Jennifer made no reference to her parents and sister. Apparently, she was taking care of her divorce business herself. This time, I also learned that for some months she had held a regular job in a firm where she began to apply what she had learned during her studies. She thanked me for listening to her and left my office.

I found her to be a very different woman than she was before. Physically speaking, she was, of course, older but still very beautiful. Psychologically speaking she exhibited no trace of her previous doll-like personality organization. Instead, she showed assertiveness, good reality testing, a healthy self-esteem, and above all, warmth.

I never saw or heard from Jennifer again. I indirectly heard that she did obtain the divorce and did not marry her lover. Again, indirectly, I learned that some years later Jennifer and her children moved to another location—away from Charlottesville where her ex-husband as well as her analyst live.

Now, decades have passed since my last talk with Jennifer. While I am

re-writing her case (for a shorter version see Volkan 1979) and going over my old notes, I naturally wonder what happened to her and her children. I wonder, for example, if she has become a grandmother. Jennifer was an excellent teacher and of all my other patients with narcissistic personality organization, she taught me the most about the “glass bubble” syndrome.

FROM ANALYZING JENNIFER TO ANALYZING PERSONS WITH BORDERLINE PERSONALITY ORGANIZATIONS

When I first saw Jennifer, she was trying very hard to hold on to her grandiose self, but her attempts were severely limiting her interpersonal relationships. Those with narcissistic personality organization split a grandiose self from the hungry one, as examined in my book, *Psychoanalytic Technique Expanded: A Textbook on Psychoanalytic Treatment* (Volkan, 2010, 2011). In typical cases, the grandiose self is well established and stable and the individual holds it close, while externalizing as well as denying the hungry one. When Jennifer had a therapeutic regression, she behaved as if she were a tailor sewing two pieces of cloth together. In her preoccupation with two pieces of cloth, she behaved like a person with a borderline personality organization. Jennifer was a borderline-near person with narcissistic personality organization. She was successful in sewing the two pieces together. She emerged from this experience after nine months by developing an integrated self-representation.

In this book, I use the term borderline personality organization in a

specific manner. It does not refer to a phenomenological understanding of a patient, but to a psycho-structural understanding of the patient's internalized images of the self and others, regardless of the surface clinical picture. However, as expected, there is some correlation between the surface picture and the patient's personality organization.

In her daily life, a typical person with borderline personality organization is preoccupied with two pieces of cloth—often called “good” and “bad” pieces in the psychoanalytic literature. Metapsychologically the two pieces represent the individual's unmended self-and object images separated by splitting. None of the split parts of persons with borderline personality organization is as stable as a grandiose self can be. In individuals with borderline personality organization, externalization and internalization of split parts occur often, sometimes within an hour, within a day, within a week or month. The general stability of such a patient in daily life depends on how much the person can slow down this externalization-internalization cycle.

We should also differentiate the inner structure of an individual with borderline personality organization from the inner structure of another individual with a psychotic personality organization. In persons with psychotic personality organization, self- and object images are not simply split into two basic camps. The internal worlds of persons with psychotic personality organization are fragmented, and the fragmented self- or object

images can be included in constant and very quick externalization and internalization cycles unless the individual develops a chronic psychotic condition such as schizophrenia. In persons with psychotic personality organization, at times such images also merge, making their reality testing highly defective.

I suggest that those individuals who have multiple personality organization (Brenner 2001, 2004) exhibit an advanced version of psychotic personality organization or a specific version of borderline personality organization according to the nature of their fragmented self-images and corresponding object images. These images have evolved to possess distinct characteristics and have become stable enough for the individual to sense them, as if various identities (personalities) exist within the individual. The person usually gives them names—one is Madeline, the other one Grace, and still another one Fatima. One of these personalities, if advanced enough, does not recognize the lower-level ones, since the function of repression is available to it. Meanwhile, the lower-level personalities, without the benefit of repression, may be aware of the existence of the highest one and sometimes each other.

Now let me ask a question: Can we analyze individuals who possess borderline personality organization?

Preparation for Analysis

In 1912, Freud predicted that with time and experience advances in the psychoanalytic field would lead to a consensus about the most expedient techniques. In 1919, he was ready to admit that psychoanalytic understanding was incomplete, and that methods could be altered as more was learned. He expected improvements in analytic technique. As new theoretical orientations evolved his followers did call for new technical approaches and, as expected, treating patients with narcissistic or borderline personality organization required new theoretical and technical considerations. Here I offer illustrations from my experiences with such patients, using my way of relating to them in a therapeutic setting. I ask readers to compare their way of analyzing such individuals. Meanwhile, I agree that, "Variation in technique has its usefulness, but variation from analyst to analyst must be appraised and evaluated with a sound understanding of the theoretical basis for such technical innovations, deviations, or maneuvers" (Lorand 1963, p. 192).

Historically speaking, when analysts began to apply the classical analytic technique to patients formerly considered unapproachable due to their ego weaknesses or ego deficiencies, in general they resorted to supportive measures. They called such approaches a "preparation for analysis" (Rapaport 1960). The idea was that through supportive measures

the patient's ego would be strengthened, and after this strength had been established, the patient would be ready for “real” analysis. This idea still exists. When I visit different psychoanalytic institutions in the US and other countries, often I notice many analysts working with borderline patients for months or years before putting them on the couch.

While some analysts' ideas about supportive measures are dominated by sound theoretical principles and are directed toward increasing the patient's ego functions, sometimes—with or without acknowledgment—the idea of supportive measures leads the analyst to become a manager of the patient's life. For example, one analyst knowing that his patient had difficulty controlling his spending impulses arranged to have a joint bank account with his patient. The patient could not withdraw money from the bank without his analyst's signature. Theoretically speaking, the analyst became an external ego/superego. In this “technical maneuver” there was little or perhaps no psychic space between the patient and his analyst—space where the therapeutic work which holds the possibility of changing a patient's psychic structure—is done. In order that the patient truly identify with the analyst's impulse-controlling function, an intrapsychic examination of this function within the therapeutic space between analyst and patient must take place. There must also be a struggle for and against the identification with the analyst and the analyst's therapeutic function prior to its assimilation in the

patient's sense of self.

Traditionally, because most of the "preparation for analysis" period was non-analytic, the analyst identified the treatment of such patients by names such as psychoanalytic psychotherapy or intensive psychotherapy. In general, in these situations, there was a tacit acknowledgment that further regression in these already-regressed patients was bad. In my thinking, without therapeutic regression, the technique cannot be psychoanalytic. I am not against activities in an analyst's office that prepare a person with borderline personality organization for analysis. What I am suggesting is this: If the analyst thinks and plans to put such a patient on the couch in the future, the technique utilized for this preparation period should be understood by implementing a sound theory that envisions preparing the patient for the development of a workable split transference and preparing the analyst to tolerate it. Because in an analysis of such an individual, workable split transference and the analyst's response to it will be the relationship between the two people in the analyst's office for a long time before the patient reaches a level where crucial juncture experiences begin.

Two Styles of Treatment and Countertransference Issues

When analysts accept individuals with borderline personality organization for individual analysis, my observations suggest that analysts'

approaches still can be divided into two opposing styles, although not strictly. In practice, analysts utilizing the first style sometimes borrow the technique of analysts who utilize the second style, and vice versa.

1. The first style attempts to maintain a level at which the patient, who is already in a severely regressed state, can function without further and major regression. The analyst utilizes suggestions, clarifications, limit-setting and interpretations that aim to reduce the patient's anxiety. The repeated experiences with the analyst's gentle but steady confrontations with the splitting provide new "ego experiences" within the therapeutic setting, which may help the patient. Analysts endorsing this style hold that if their already regressed or undeveloped patients regress further they will become psychotic. This idea is justified by the role of primitive aggression in patients with borderline personality organization. Further regression may induce unmanageable aggression that, in turn, may destroy the therapeutic efforts.

2. The second view holds that such patients need to experience further—now controlled—major therapeutic regression. Hence, the analyst, at the appropriate time, should not interfere with the patient's regressing to a level lower than the split level already exhibited. Accordingly, after regressing so low in a therapeutic setting, the patient will progress through healthier developmental avenues toward psychic growth, much as a child does when in a suitable environment. Those advocating this approach are aware of the

patient's aggression and thus "prepare" the patient for a therapeutic regression. Once they regress further, such patients will exhibit temporary transference psychosis (fragmentation of self- and object images and/or a fusion of self- and object images). Then the analyst embarks on the treatment, expecting to continue working through the patient's psychotic transference in hopes that the patient will gain the ability to organize a new and healthier structure.

The countertransference issue becomes a crucial one in the second style of treatment. The analyst will need to participate intensively in the patient's externalization-internalization cycles and in "offering" him- or herself and the therapeutic functions as identifications that will enrich the patient's internal world. Such a process will induce intense countertransference responses, because the patient's externalization-internalization cycles are strongly contaminated with aggression and because, before identifying with the analyst as a new analytic object and with his or her therapeutic functions, the patient will test the analyst again and again to be sure that the analyst is not like the patient's archaic objects. Furthermore, the analyst needs to regress "in the service of the other" (Olinick 1964, 1980) in order "to meet" the patient at a regressed level. The resumption of progressive development made possible by regression is therapeutic.

I suspect that the key deciding factor for choosing the first or the second

style of treatment comes down to the analyst's own sense of how much will be required in order to tolerate the countertransference issues while working with any such patient. If we assume that analysts functioned on a neurotic level or with high-level character pathology before their training analyses, we will expect them to have become familiar with their own transference projections and reintjections as well as their analysts' reactions to them. Thus they "learn" through identification with their analysts how to remain in the therapeutic position when subjected to these projections and reintjections. Such tolerance is part of the analyst's professional identity. In short, properly trained analysts are more familiar with and more tolerant of a patient's transference projections, introjections and displacements than they are of patient's transference externalizations and internalizations that are accompanied by denials, idealizations, and extreme devaluations contaminated with primitive aggression. Some analysts, due to personal life-experiences, can sense whether they wish to work with individuals with low-level personality organization analytically or not. One of my late mentors, who made a career of putting patients with borderline and psychotic personality organization on his couch and treating them successfully, once told me that when he was a child his mother had a psychotic personality organization. "I am familiar with the internal worlds of my patients with primitive internal organizations. I can be with them therapeutically without anxiety." Then he asked me what the important thing was in my background

that allowed me to put individuals diagnosed as suffering primitive mental conditions on my couch without much anxiety. I thought about this seriously. Unlike him, I had a rather nice childhood. But, my paternal grandfather who was a farmer in Cyprus used to thresh wheat using a wooden board with sharp flint stones attached underneath (known as a “threshing sledge”). He and I, when I visited him in my childhood, would sit together on the wooden board pulled by two donkeys or cows to thresh the wheat. My children in the United States are very good with computers. I figured out that my experiences in life include activities connected with both the Stone Age and the modern world. I can regress to the Stone Age and then come back to modern times. Accordingly, I thought, this is the reason why I felt rather comfortable meeting my patients on the couch in their extreme regressions and fixations. Every analyst knows what kind of patients he or she chooses with the expectation of success. Obviously, proper supervision, consultation, and serious studies help expand an analyst’s comfortable and successful work with a variety of mental conditions.

The Role of Noticing or not Noticing “Anchoring Points”

In the usual analytic setting, the transference projections on the analyst are anchored in some real event. Even though the analyst may have an emotional reaction to such a projection, the recognition of this anchoring

point (Volkan 1981) tames the analyst's counterresponse. This can be much more difficult when the analyst becomes the target of an externalization without a clear anchoring point and it may, in turn, evolve the analyst's counterresponse to an uncomfortable level. Let me first give an example of a patient with a neurotic personality and his involvement in a transference projection, my noticing the anchoring point, and how this removed my discomfort.

Spence had a dominant mother who had routinely denigrated her husband. The father was accordingly perceived as ineffectual and my patient, in spite of his considerable professional accomplishments, considered himself to be ineffectual as well. His analysis revealed that this identification with the degraded image of his father also had been a defensive maneuver to deal with castration anxiety. As his analysis advanced, memories that showed other aspects of his father as a stronger man surfaced. This new development went hand in hand with his transference projection and displacement onto me of his attitudes and feelings toward this stronger father. As might be expected, they were accompanied by references to castration anxiety. In other words, to see his father as stronger was to expect castration at his hands—through transference neurosis, at the hands of the "stronger" analyst. His references to this were initially tentative, and his view of me as a castrator did not induce in me any particularly strong emotional response. This is because my

experience as an analyst had made me familiar, in the course of my professional development and practice, with being considered a castrator at some time or other by patients with neurotic personality organization.

One day, while lying on the couch at this stage of his analysis, Spence calmly told me how amazed he was to recognize the pattern of the radiator grill in my office. He said that his father, who had been a mechanic, had made grills and had made a beautiful one exactly like mine for his own office. Spence thus acknowledged that his father's manual skills made him appear a strong man. After a deep silence, the patient suddenly broke into a loud outburst of hostility toward me in which he cursed and raved. He made it clear that during the silence he had felt fear of me, thinking that I could hurt him and take advantage of him. His outburst was in the service of warding off my attack. Since he was usually obsessional and polite, his hostility took me by surprise and I am sure I presented the appearance of someone under attack with a quickened heartbeat and sudden sweat. Regardless of this natural human response, my emotions did not lose their signaling function and thus I was able to think through Spence's use of the radiator grill as a means of displacing behavior originally directed toward his father/castrator. His outburst was a protective maneuver against his projection of his own murderous impulses onto me. Moreover, it protected him from the possibility of homosexual surrender to his father. The reality of the grill in my office and

its actual or fancied resemblance to the one in his father's office provided an anchoring point for the interaction that took place between us. Within minutes I was in command of my counteremotions. I chose not to tell Spence about them, since such knowledge would burden him unnecessarily, but in due course the process was repeated and then I interpreted it to him. This episode is but one example of many similar events that occur in our daily work. I must emphasize that I do not equate this kind of one-time counteremotion with what we regard as a manifestation of a full-blown countertransference. I use it here simply as a microscopic example of a collection of such events, the macroscopic correlate of which is the full-blown countertransference reaction to a patient's transference.

When they are the subject of the externalizations of a person with borderline personality organization, analysts may lack the advantage of having an observable anchoring point in reality, which precipitates or accompanies such processes. Then analysts are more at the mercy of what their patients attribute to them, but they will come to understand more of what is going on as the therapeutic process advances and as they gain secondary process understanding of the affect-laden sensations they experience as the recipient of their patient's split-off self- and object images. Most of us feel comfortable in the treatment situation when we see a patient's low-level behavior pattern such as a hallucination, unless this behavior is

accompanied by an emotion such as hostility directed toward us. One reason we can feel comfortable is that our own "normal" behavior pattern is so far removed from the patient's observably unusual pattern. We do not identify ourselves with the patient's experience of something beyond the range of our usual way of life. However, to be a target for the externalization of the patient's representational units that are connected with untamed affects is something altogether different. I recall literally almost choking early in my career when working with a patient with borderline personality organization whose behavior suddenly filled me with unbearable "bad" feelings. I felt it necessary for my survival that I flee into the fresh air and sunshine and I could hardly wait for her to depart. It is not surprising since this patient's first remembered childhood dream was of her mother feeding her oatmeal and choking her with it. During the hour in which I felt choked, I had become her helpless self-image and, identifying with the "bad" mother representation, my patient had choked me/her.

Were such interaction to occur now, I expect that my emotional response would be tamer because I am now familiar with such externalizations. I would still feel it intensely if I were sufficiently regressed to accept her externalization, but I doubt that I would lose my objectivity. Moreover, I would find a suitable way to utilize my emotional reaction in the treatment process. First I would accept her externalizations long enough for

her to realize that I could tolerate them, so that through her identification with me as someone who can tolerate such feelings, she could re-internalize and hopefully also assimilate them. Then I would tell her, if she had enough ego function to grasp my interpretation, that she wanted me to have a firsthand experience of the intrusive mother.

When a workable split transference is established, it is not enough for the analyst to think that “now a ‘good’ image is being externalized onto me and then a ‘bad’ one.” Each such dominant image has its own developmental history and collections of affective experiences related to it and, accordingly, a specific context which the analyst must understand. Although they ultimately will be interpreted to the patient, what counts initially with such patients is not making genetic interpretations of context. Instead, the analyst should make an interpretation of the same context in current terms as it appears, with careful consideration given to the eventual basic aim of helping the patient to integrate the split-off representation and to advance toward a more realistic self-concept and a more realistic internalized object world. The psychoanalyst's examination of the countertransference will yield important clues to the understanding of the specific context of the patient's image units as they are being externalized onto the analyst.

In my book *Psychoanalytic Technique Expanded: A textbook on Psychoanalytic Technique* (Volkan, 2010, 2011) I look closely at the second

style of analysis applied to patients with borderline personality organization on an analyst couch.

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