

Six Steps in the Treatment of Borderline Personality Organization

Focalized Psychotic Transference Leading to Reactivated and Transference-Related Transitional Phenomena

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Step Three: Focalized Psychotic Transference Leading to Reactivated and Transference-Related Transitional Phenomena

WOMB FANTASY

It seemed that Pattie was moving toward a plateau, one with less frenzy and more organization, and was allowing herself more genuine insight into her dilemma. It has been my experience that about this time in treatment such patients usually offer a dramatic regressive (and delusional) story. Although there may be some attempt to go directly from Step Two to Step Four, if the analyst does not interfere the patient goes to Step Three.

I do not mean to suggest that Pattie offered nothing in her sessions to this point that indicated clear reality testing. When she was paranoid she saw me as dangerous, and at other times she seemed to believe that I would die if she did something. Such psychotic manifestations, however, came and went, being too transient to develop a life of their own. In Step Three, however, a regressive therapeutic story unfolded from session to session, a phenomenon of which I myself, through my counter reactions, became a part.

When she fell asleep on my couch she awakened to tell me that her dropping off at this time was connected with her desire to kill the “big bad blob” as well as the femme fatale. At her next session, instead of falling asleep she lost all sensation in her back as she lay on the couch. The absence of tactile sensation let her merge with my couch (with me) and at the same time I felt drowsy, with heavy eyelids, and we had a kind of symbiotic relatedness. From day to day she felt my couch turning into a pool of water, and I observed that she was symbolically experiencing her fantasy of being in my womb—or behaving as though she were. Her feeling of being in water was so strong that she opened her arms and legs as though staying afloat. She was mostly silent, and if she felt sleepy she would suddenly jerk her body and explain that she felt as though she were sinking; the jerking would bring her to the surface, where she could swim.

She compared the lines on my office wall made by concealed wires to blood vessels. The room was

indeed a womb! She even verbalized feeling connected with me by an umbilical cord. I continued to experience fusion with her. This did not lead to anxiety in either of us, which was certainly odd, but rather comfortable. It persisted for two weeks, and later, when less intense, it still made me feel that we were interchangeable. I felt that I had become the infant Pattie, abandoned by her mother; I felt abandoned and lonely in this constellation because Pattie either lay silently on the couch or talked adoringly about someone else, usually a new boyfriend.

Soon, splitting mechanisms were no longer evident in her remarks, even when under stress. In fact, fusion of self- and object representations was now her usual means of escaping anxiety. She was regressed below the level evident in her daily life and seen in treatment up to this time.

THE VERMIN STORY

Within a month of starting Step Three, Pattie reported a dream in which she was being pinched by a staple remover the sharp edge of which had pierced her skin as though she had been bitten by an insect. She had this dream after her parents had visited the farm with friends for a weekend and her mother had told her not to appear at the farmhouse but to stay in her own apartment. Although it humiliated her, Pattie did as her mother asked. She said it was her mother who had been pinching her in her dream, and who was “under her skin.” She toyed with the word staple, noting that it was sometimes applied to food supplies. She needed her mother for nourishment, but her mother only gave her food with pain (the pinching). Staple also reminded her of the *stable*, which represented the rejection that forbade her the house and made her an animal in the stable.

After telling me this dream Pattie reported again going to bed with a stranger from whom she thought she had become infected with vermin in the pubic area. By her next session the vermin story had developed a life of its own, and she kept talking about almost nothing else during each session, as though she were reading one chapter after another from a book. By now she thought the vermin had infested every part of her body, and she was very fidgety on the couch. I thought the vermin had something to do with her dream about the staple remover. But as time passed I began to believe that there might be some truth in her story, although I decided not to intervene since she now seemed to be coming to her sessions just to tell me about the vermin, to ask what to do about them, and to have anxiety attacks. A week or so

later she went on her own initiative to a dermatologist, who told her she had no vermin. This did not persuade her, but only made her consider the reputable dermatologist a nobody. Now she demanded that I check her body and once even lifted up her skirt, intending, I thought, for me to inspect her pubic hair. I told her not to do this, that I wanted to continue as her analyst but had no psychoanalytic technique to apply to the sight of her genitals. She never tried to lift her skirt again.

I explained that I had no idea whether she was in fact infested, or not, but that I had begun to think that her “vermin” were involved in her being about to tell me about something bothersome beneath her skin. I reminded her that only recently had she become organized enough to see for herself the meaning of the dream about the Nazi woman and to buy a new hat to fit her developing sense of self. I suggested that her preoccupation with harboring vermin might pertain to the process of finding herself, although I did not know how. I wanted to encourage her to go through her sessions in spite of her discomfort.

One day soon after this she declared after rising from the couch that she had left vermin on it, and the next day she kept itching as she lay there speechlessly. Sitting behind her in my chair, I felt regressed as though in a trance state when I suddenly realized that I, too, was itching all over. This awakened me to the fact that her “bugs” had evolved into a sort of transitional object in the sense that Greenacre describes (1970). She spoke of transitional objects being a bridge between me/mother and mother representations. The vermin created a meeting ground for our skins. By scratching at the same time, we were stimulating our skins and in a sense putting borders around ourselves (Elbirlık 1980), separating the skin of one from that of the other. We were trying to break our symbiosis by scratching.

I explained this to Pattie without using such technical terms as *symbiosis*, speaking instead of “psychological skins,” the desire to be one with the other, to be separate from the other, and so forth. With this, she instantly surrendered her delusion about “bugs.” Three months had passed since her first dramatic regression that had turned my couch into a pool of water. At this point we moved into the fourth step of her treatment.