

FREUD CONFERENCE MELBOURNE 2003
Psychotic developments in a sexually abused
borderline patient.

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Thank you for giving me the opportunity to discuss in some detail a clinical case with you this afternoon. The case I want to discuss is one I referred to in my paper this morning - Miss A - although in this session I would like to look much more closely at the transference and countertransference, as I think that there may be a lot to learn from a patient who lives in a world of simultaneous psychotic and neurotic anxiety. I wrote about this particular patient in the Scientific Bulletin of the British Psychoanalytic Society a few years ago. Today I want to bring the picture up to date with material from the beginning of the analysis - 12 years ago - then 6 years ago and finally recently.

So I shall provide an orientation towards the patient and the analysis, and there will follow a presentation of the process material which I hope will stimulate discussion.

I'll begin with an observation about the 12 year analysis of this severe borderline patient. I have not known, and still do not know, whether to believe many of the things the patient has told me. Linked to this is the familiar difficulty in ascertaining whether or not the patient was sexually abused by her father, notwithstanding graphic depictions of incest.

Miss A., now 48, was assessed by a colleague who made a simple statement which stayed with the patient: "You seem to have no people in your mind." I believe the analyst meant

that no good object of either gender had been internalised. Miss A. had been diagnosed psychiatrically as suffering a paranoid psychosis. She sought help following a depressive collapse linked to her unusual work. She was a member of a branch of the national security services in Britain. She was required to pursue dangerous individuals and in carrying out this work she sometimes placed herself at risk of injury or death.

She is the middle child of a working class/blue collar family, with an older and younger brother by eighteen months and three years respectively - Ian and Anthony. She feels she had no relationship to speak of with her mother, who was so enamoured of the first child that she pushed Miss A. onto the father. The father spent long periods away from home working, but Miss A has good memories of walks in the countryside with him as a little girl. She also said that he beat her if she criticised her mother. At around three years of age she said she began to experience people staring and laughing at her. Since then she has experienced uncertainty as to whether people she speaks to are real or are part of her fantasy world. She told me of a childhood fantasy that she lived on a grand country estate. Her parents had been killed and her neighbours had two sons, Peter and David, who went on 'special assignments' with her to free hostages. Miss A would play one boy off against the other to provoke jealousy. Two further childhood fantasies took hold as, I think, she became more disturbed. She said she became friendly with creatures from outer space who promised to take her away, and she came to believe that she was a famous actress. Her manager, an ominous, pimp-like fantasy figure she called 'The Director', featured in the analysis as a pseudo-hallucination.

Following the birth of the baby brother Miss A said that her father took her into his bed where she masturbated him. By the age of seven she was, she said, fellating him and that intercourse occurred at ten, continuing until the age of fourteen at which time Miss A., fearing pregnancy, insisted

that it stop. She left home at eighteen and met and married a minor criminal who apparently assaulted her. She told me she would ask him to hit her in the stomach, "to kill the crying baby in there". They divorced when she entered analysis.

At our initial meeting Miss A. was anxious to the point of incoherence. She wore black male clothes and large sunglasses and stood in my room shaking. She clipped a bleeper to her belt and said: "Where do you want me?". I said that as she seemed to be feeling very anxious she was free to talk from wherever she liked. She could stand, or use the couch or the chair. She sat in a chair and told me about her life as though reading from a newspaper. A moment of distress overtook her when she said: "My father kissed me once." She dismissed the incident. Much later on Miss A was to tell me that on hearing that she had entered analysis, her father had said: "Your illness might have something to do with what happened between you and me when your brother was born".

My comments were ignored by Miss A, at least outwardly, for some years and acting out dominated the earlier phases of the treatment. As soon as the analysis started there arose severe difficulties with breaks. After four months she reported the following dream:

"I am being fed. A hand slaps me across the face hard. Then I am on a terrorist exercise, rolling down a hill clutching a male officer. We fall off a cliff or shelf."

Miss A then remarked that something terrible was going to happen, and that the dream made her excited like she felt when she went on dangerous exercises. I said that I thought she was letting me know something about a catastrophe, a loss she felt could never be made up, and that she had turned to men and sex. I also said that maybe she thought that for her to take things from me in her analysis produced similar feelings of disaster which she had to prevent.

Two main themes emerged during the first year. One was outrage, expressed as complaints that her mother had given her elder brother Ian more food when they were young. The other was a need to triumph sadistically, for example when she poured scorn on a government psychiatrist with a Welsh name who had been drafted in during a recent assignment and who had had to be shown the ropes.

I became an object of curiosity and idealisation, whilst her violent, perverse pathology was acted out. She instituted a divorce against her husband, apparently had affairs and took operational risks that provoked reprimand by her superiors.

By the second year she had become convinced, on the advice of the internal fantasy figure The Director, that she was being pursued and that the woman who lived next door to her wanted to kill her. For several days she brought to my waiting room a paraplegic friend whom she insisted was in a suicidal state, whilst Miss A. assured me of her own sanity and goodwill.

There are probably a number of ways one could understand her intense anxieties at this time, but I was particularly interested in the discovery that when the psychotic voice which influenced her - The Director - was interpreted as a representation of a frantic outbreak of concern (no matter how destructive) which erupted apparently to protect her from the consequences of having her needs met, Miss A. felt relieved and momentarily coherent, prior to being re-advised of my unreliability and malevolence.

The Director figure appeared in the consulting room, Miss A. said, as a figure standing by the door or sitting in the chair at my desk, issuing instructions. For example:
"He (your analyst) is rubbish. Seduce him; have sex."
"You (Miss A) are a famous actress. Everything is fine."
"He wants to take you over and kill you. Take all your tablets."

These statements were automatic and omniscient and seemed to emerge when Miss A. engaged in human relating, an activity the fantasy figure knew to be irrelevant. It was through analysis in the transference over time of her psychotic and non-psychotic personalities that she became able to begin to think about the meaning of her psychosis. Over the years, splitting and projective activity have decreased and more inclusive transference interpretations have become possible. I hope we shall have the opportunity to discuss the co-existence of psychotic and non-psychotic states, or personalities, as Wilfred Bion referred to them.

By the end of the second year Miss A. had begun to cut herself on her arms. She took a non-fatal overdose and she jumped from a moving train as it entered a station, injuring her leg. This was a prelude to a period of extremely serious acting out as a paranoid psychosis asserted itself. A number of dreams drew attention to the crisis:

... "There was a baby bird in a nest with its beak open. It was starving. Nobody came to feed it. I watch it die."

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"A minibus crashes through the front of a food store. There is a huge explosion. My older brother helpfully leads people away. There are many dead pregnant women. I touch the stomach of one but there is no life. Tins of food are embedded in people's faces. They are missing arms and legs. The manager says "We carry on, we stay open". I try to stop him I but can't."

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"I am lying on a bed surrounded by cut-up fetuses. I can't look at them because they are parts of the devil."

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"I am waiting in a doctor's waiting room. There are other patients waiting. You come out, look around smiling and call me into your consulting room. You take your trousers down and tell me to suck your penis. There is shit on the end, but I have to do it."

Frequent murderous, perverse and suicidal fantasies were interspersed by manic states. She apparently attended religious meetings and denounced them in favour of psychoanalysis, until she was thrown out. She said she tried to give away her life savings, to adopt orphans in Romania and she almost abducted a child. Weekend breaks were unmanageable, leading to instructions by The Director to kill herself. She was placed on lithium carbonate and a hospital bed was made available. Some months later, in a somewhat more contained state, Miss A. expressed a wish to use the couch. Why was not clear: however, she proceeded and would cover the lower half of her body with a rug and hold her head, as though anticipating blows. Intermittently she brought into the sessions a pillow, towels, toys, a kitchen knife and razor blades. She had the following dream shortly after using the couch:

"I am walking along a country lane. A mangled baby, half-human, half-animal, is lying dying in the lane. I see a beautiful woman in a garden and go and ask her for help. She can't hear me. I go back to get the baby but suddenly a huge, black lorry comes towards me, filling the lane. I don't make it to the baby."

She spoke of a yearning for a mother which she felt could not be fulfilled. She thought that the baby she couldn't reach was herself. She felt that she had died as a child. I said that she felt that any chance of receiving good mothering in the past had been destroyed, and that she was very concerned that the same thing would happen with me in this analysis.

Three other short dreams followed in succession:

"A small male faun is lying on a bed, tied down. A telephone wire runs from its mouth through its body and out of its anus and limbs. Blood is spattered on the bed. I (Miss A.) am in the clouds, an angel looking down. The faun cannot be touched because it would cause too much pain."

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"My genitals are covered in maggots. Only my legs and the bottom half of my torso exist. The rest of me is missing."

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"A man comes up to me in a gym and talks sexily. Suddenly he becomes violent and sticks his fingers up my anus, threatening to kill me."

When she tried to talk about these and other dreams the Director voice intervened to stop her, she told me. Its function was to protect her from being taken over and destroyed. She was afraid that people could get into her food, face, legs and stomach and eat or murder her. To get away from this the Director encouraged her to have sex. I don't want to pre-empt the discussion, but such theatrical confusion reflects, I think, how Miss A. evolved from a lonely, imaginative child into a woman with what might be termed a hysterical psychosis in which fantasy took precedence over reality.

As Miss A's behaviour became increasingly disturbed she began to take airline flights at weekends to seek out sex or female prostitutes whom she paid to cuddle her. After a trip during which she had "sought out a lady in Brussels who gave me an ice-cream when I was little, but I couldn't find her", she returned home so depressed and paranoid that the internal voice advised her to kill herself. She took a potentially lethal dose of lithium and was resuscitated in hospital.

During this time I was obviously made to experience severe disruption to the analysis and a breaking of boundaries that was difficult to endure, mainly because of my anxiety that the patient might at any time kill herself. I felt I had no option but to continue to interpret that I thought she was trying to preserve our relationship whilst at the same time feeling compelled to destroy it, in order to avoid a greater catastrophe that she believed would follow from her growing dependence on me. With hindsight I think I also may have been responding to a demand for me to bear her primitive, infantile projections, in particular her despair.

Over the next two years she became more confused, bitter and somewhat less paranoid. Families, including my own, and women with babies evoked murderous rages. As these feelings became more apparent, so impulses to steal, fears of being intruded upon and other manifestations of what I thought were her own invasive wishes increased. She became preoccupied with break-ins - to houses, cars and my consulting room, and to her mind and body. Miss A. began to make more direct rejections of me and others, exposing more of her envy, fear, resentment and anger. I became increasingly identified with a 'bad' mother, whilst she seemed to search internally for her father. Here is a dream from this period:

"I was walking through thick mud with my mother. I left her to go to my father who was looking for his lost child. I get to a house, but the mud on my shoes is too heavy, and I can't walk up the stairs to my father."

I found myself wondering whether the catastrophe of the psychological loss and destruction of her mother and siblings had now begun to overwhelm her. She had nightmares which portrayed her and others as dead or paralysed in wheelchairs, or murdered by gangs in retaliation for her badness, or turned into skeletons or rotting corpses. Her transference behaviour began to expose more detailed splitting of her objects. A yearning for an ideal mother was accompanied by a dread of 'lesbianism' and by fantasies of usurping, abusing and murdering a callous, rejecting mother. Her tendency to triumph manically led to a dream of exposing an adult male psychopath to the authorities who would be shocked by his misdeeds and ensure that justice was done. For a time she hid in corners and in cupboards and tried to make contact with creatures from outer space. Nonetheless, her outward appearance had improved and she was sleeping better. She had resumed reading, something she had avoided for years for fear of being taken over by the story. She also began to re-establish contact with her brothers. A complex mixture of persecution and confusion characterised the analysis in

contrast to her histrionic behaviour. The sessions became filled with resentment and despair as she talked about the many losses in her life. Her abiding sense of grievance was sometimes accompanied by a sexualisation of her needs, leading to demands that I molest her.

I shall stop here, save to say that the overall direction of the analysis seemed to be moving at this point - that is, after about six years - into a long, painful struggle in which her mutilated, infantile self attempted to resume its arrested development.

The first session I shall give is a Wednesday session taken from six months into the analysis. I'll follow this with a session six years later. I have chosen these sessions partly because of my interest in the interplay in some borderline patients between overtly psychotic and non-psychotic forms of thinking, which in this analysis presented a major technical challenge.

SESSION 1 - SIX MONTHS

The patient arrived about five minutes late in a distressed and dishevelled state. She hid in the corner of the waiting room, trembling. She seemed agitated, as though possibly hallucinating, and on entering the consulting room walked around unsteadily, sat on a chair and then sat on the edge of the couch. She cried intermittently, staring ahead.

The sequence of interaction was not as coherent as it sounds when recounted, being interrupted by numerous pauses and distractions on Miss A's part, and often on mine.

When Miss A. spoke she said

P: "You don't understand. My mother never understood me. When my grandmother was dying, she was very old, I tried to give her the kiss of life. I was breathing into her. I was trying to get her heart going. My mother thought I was hurting her. I wasn't. I wanted to keep her alive, not die. She didn't understand, she just didn't understand. You don't understand (she cried, paused, and then resumed her complaint that I didn't understand her for several more minutes, before suddenly stopping and shouting out, in alarm).

You're trying to kill me". (Pause)

A: "I think you are afraid of what you could do to me if you make demands on me. When you complain about me, as you are

doing now, a voice in your head warns you that I will retaliate, even want to kill you. I think that the voice is trying to stop you from letting me know what you're really feeling."

P: (Pause, a little calmer) "It is true, isn't it? People don't like people, they don't, do they? Nobody wants an individual. They can't cope with an individual. That is what happened to me. I wasn't an individual. It's the only thing I know (long pause). My mother didn't understand me (pause and then again shouts angrily).

You're going to stop my analysis. I know it."

P: It sounds like you're being told again that I can't stand you, and that I will reject you. You are upset, you're trying to tell me about it, and something is interfering to try to stop you. I think this must feel confusing."

P: "I do feel confused (pause, cries) I don't feel well. The Director tells me I'm fine. I don't feel fine. I want to be in hospital. Everything's going wrong and I don't know why. What's wrong with me? I don't know what to do. Please help me."

A: I do understand that you need my help but we need to understand that when you try to get it the Director voice shouts that your needs don't matter, and that we will both be destroyed if we talk. This makes you want to push me away, even though you need to talk to me."

P: "I think I know what you mean. He says that I don't need help, I'm fine. I feel sick...I want to vomit (pause) there's no other way (pause) when people get too near I want to vomit. People take you over, you see. I don't want you to misunderstand me. I know you understand me. You do understand me."

There was a pause. I felt she might be feeling overwhelmed by the contact taking place between us. Eventually I said:

A: "I wonder, when you feel that I do understand something about you, it can feel as though something bad is happening to you, which you must stop."

The patient became alarmed by what I had said.

P: "That's sexual. It's wrong. I'm sorry. I don't want you to misunderstand me (cries). I worry all the time that you might misunderstand me. Nothing must go wrong this time."

SESSION 2: SIX YEARS

Something this session indicates is how, despite improvement, the psychotic personality continues to intrude on neurotic functioning, albeit less severely.

The patient begins the session in tearful and quietly distressed way.

P: I did something stupid yesterday. I went to the hospital where Dr X (her psychiatrist) works and parked my car near to hers. I kept thinking of just sitting next to her. We wouldn't be saying anything special, just chatting. I wanted to go in but I was afraid she wouldn't have the time to see

me. I know she's busy. I went home (cries quietly for some time).

A: Perhaps knowing that she would find it difficult to see you without an appointment spared you from feeling that you were being too demanding.

P: I knew I probably couldn't see her. You see, as a child I was always told to be good, to never ask for anything, never cry. I wanted to sit with her, that's all. I like her. She's been good to me. I can't make demands on anybody. The only thing that ever counted at home was being well behaved and being good.

A: I think you feel that to be demanding here will disturb me greatly, but I think the truth is that you do feel demanding and angry when you feel I don't meet your needs.

P: Yes I do (there is a pause) You are a rotten analyst, you know. Sometimes I don't think you care about me at all. You don't give me enough time. I want more time, I want to read your books, ask you things, but you don't let me...I'm sorry (cries, pause)...I remember there was a boy in primary school who complained and he got to play in the sand pit. I never said anything, I was good and got nothing (angry). My mother was always smiling. Even at the doctor's when he found something wrong with her, she just kept on smiling. It's quite ridiculous. I do nothing and all I have for it is the empty. I can't stand the empty. I miss you so much sometimes. I feel so lonely. (Shouts) Oh, fuck off!

A: Fuck off?

P: The Director's telling me to fuck off. He wants me to be quiet, stop complaining. You know that I'm not supposed to speak to you. It's difficult for me, you know. Don't take me literally...I don't mean it, what I say. I do mean it but it's just... (pause).

A: I think you do mean what you say. You are upset and angry with me because you feel I neglect you. The Director warns you against complaining. But I think you do want me to listen to you when you feel like getting rid of me or simply telling me to fuck off.

P: I'm always afraid you'll throw me out. I want to be demanding...do what other people do. I see them outside you know, they just do simple things like talk to each other or have a cup of coffee. I want to know how to do that, I want to have a life instead of always having to be good and be on my own.

(There is quite a long pause of about five minutes. It seems fairly calm and I do not feel it appropriate to interrupt the silence).

I want to know what a psychotic is. There's a book on your shelf which says psychotic. What does it mean? Is it a psychopath? (Pause)

A: You're not sure?

P: (Pause) No...no, I'm not sure, really (she cries).

A: Perhaps you can see how much you need to find out why things have gone wrong, and why you have been unwell for so long.

(The patients cries quietly).

SESSION 3 - ELEVEN YEARS

The patient works these days as a coordinator of advocacy for mentally ill patients. She has a number of female friends who mean a lot to her and within the past year has acquired a boyfriend, Michael, who is eight years younger than her. The relationship appears to proceed more or less to the satisfaction of both partners. I do not wish to suggest that things in Miss A's life are fine - this would be far from the truth. However, it is relevant to say that she has not had a psychotic episode for five years and is now struggling more intensively to understand her ambivalent responses to her objects. Her thinking remains impaired in certain areas.

This session is on Wednesday a fortnight ago.
The patient is on time and is wearing businesslike clothes and appears to be in a downcast frame of mind.

P: As I was coming here I was thinking again about what we were saying about last weekend and Michael. We get on very well and I know that he loves me but I'm still plagued by worries about him. I know this sounds very silly but I didn't mention that he touched me on my bottom at the weekend and I had a very strong reaction to it. I know he was only being friendly, it's his way, but it made me think of how jealous I get when we are out and when other women notice him or talk to him. I never thought of myself as old but I feel old now and sometimes young girls chat to him or we meet new people and I find I am becoming increasingly suspicious that he will leave me for one of these women. It is ludicrous to think like this: I don't want to feel like this because he is kind to me and he even says he wants to marry me but there are all these things that make me want to distance myself from him.
(Pause)

A: It sounds as though when Michael wanted to get close to you, you felt confused, unsure of his intentions and it stirred up feelings of jealousy and resentment, as though he might be playing the field with anyone he wanted.

P: Yes, I feel so jealous sometimes, I can see it will destroy our relationship one day. I feel bad about my jealousy because it is so completely unrealistic (cries). I've always been like this and I don't understand why. I need reassurance all the time that he wants me and if I get any sign, even if it's just something I've made up in my mind, that he has lost interest it eats away inside me. We were talking the other day about how we'd been together nearly a year, and I asked him what it meant to him and he said that all he wanted was to be with me. We live together almost all the week now. He occasionally goes back to Brighton because his mother and his friends live there but for most of the week he stays with me. But I can't stand it when we go out and young women look at him. The fact that he's younger than me and there is a bit of a teenager in him makes me feel like the older woman. I haven't been in that position before. (Pause). It makes me so upset to think that I won't have the experience of having children (cries). I'm not sure

Michael wants them. He had an operation on his testicle a couple of years ago and recently it was causing him pain so he went to see his consultant again and he said he could remove it altogether if Michael wanted. (Pause). On Friday I rang him at work and he said he'd be home a bit late because he wanted to get everything done before his week off and I said I would cook supper and it would be there for him when he came home. But he rang again saying that he was going to be later than he had thought and my mind went immediately to his secretary who is very keen and I thought she they had stayed behind together. I asked him who he was with and he said he was all alone and would be home as soon as he could. The secretary had gone much earlier, but I'd started feeling like the little housewife who's left at home and it made me very angry.

A: I think that jealous rages do affect your relationships, especially with Michael and me. This may be what happens when you find yourself longing for and needing someone who isn't available. Maybe the question is: can the pain of missing Michael or me be endured or do the relationships have to be destroyed in your mind?

P: I know in the past I've made myself feel superior so that I don't feel rejected, but I didn't realise that I had all this jealousy in me. I'm not superior. I can't seem to trust Michael talking to anyone without feeling panic that he's going to walk off and leave me. And then I don't trust him when he says he won't. I'm always suspicious. I can't blame him, it's not his fault. I sometimes think I'm constantly on the look out for proof that he doesn't love me. I can see his point of view: it must be difficult to live with someone like that. It makes me feel that I'll never be able to have a relationship with anyone (cries).

The patient continued in this vein and also mentioned how she was finding patient advocacy difficult as she could often see the psychiatrist's point of view about certain difficult patients and she felt unable to judge who was right.