A Clinical Application of the Concept of the Borderline Position: With Emphasis on the Contribution from the Kleinian Thought*

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Introduction

Over the past few decades many authors have devoted themselves to understanding exact aspects of human behavior and mental processes of those we know as borderline patients. There have been numerous attempts to describe their defense mechanisms, symptomatology, etiology as well as heated debates about technical issues in the psychoanalytic treatment of those who function in a stable instability between neurotic and psychotic.

In the meantime a group of psychoanalysts, mainly in England and Europe have tried vigorously to understand this particular group of patients in the framework of object relation theory.

Melanie Klein(1952) described the paranoid-schizoid(PSP) and depressive position(DP) in terms of its characteristic defenses, anxieties which form a typical mental structure and object relationship, internal and external.

J. Steiner looked at the borderline patient from the point of borderline position which has a root somewhere in between PSP and DP(1979). Patient when they are exposed to the intolerable anxieties of PSP(mainly fragmentation and persecution) and DP(mainly depressive pain and guilt) tend to

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seek a refuge in the "border" between PSP and DP and build up structured pattern of impulses, anxieties, defenses and relation within and between objects and ego.

At the same time Henry Rey described essential aspects of the borderline as claustro-agoraphobic phenomenon (1979) which was regarded as one of the most successful attempts to understand the unpredictability of interpersonal responsiveness and paradoxical constellation of permanence and impermanence (Fonagy 1991).

In this paper I am going to describe aspects of the analytic treatment of a young woman who has in many ways suffered by being confined in the "Borderline area". My aim is to examine how standing in the borderline between PSP and DP is itself portrayed in her analysis in terms of her object relations, and her defenses as well as transference in the therapeutic situation. To illustrate her particular predicament I will begin with the overall picture of her analysis then report one session in more detail with the aim of demonstrating some of the characteristics of "borderline position".

Clinical Material

Miss A was 24 years old when she was referred by the student councilor in the university on Nov. 93 after she visited there for feeling lost and unable to think.

She is the middle child among 3 children from an English father and a Swiss mother. She has a brother 1½ years older and a sister 3 years younger. Her father comes from a poor family and was adopted when he was young. In spite of considerable deprivation in his early childhood he became academically successful which led him to take on a professorship in Literature. However the patient described him as a person who has no limit to the amount of things that can go into and come out of his mouth, for example, food, medicine, alcohol and indecent sexual jokes. She reported that he is an intrusive man who often burst into sudden rages and verbal abuse. She was afraid
she would demand of others without limits and would be regarded as a greedy person by others. Her mother is the youngest child of a well established family in Bern whom she thought of as weak and incapable of handling a rather abusive husband. As a teenager, she often witnessed her parents drunk, half naked, chasing each other, culminating in a violent physical fight. Recently her father and brother had a "spaghetti fight" on X-mas Eve. They threw spaghetti dishes at each others faces and things were so out of control that the house was messed up with food everywhere.

She portrayed her brother as a loser in many different fields (academically and professionally). Her sister had anorexic and bulimic episodes some years back as well as history of drug abuse and promiscuity, and had a lesbian relationship in college. There is a sense of solidarity between siblings as she feels they were neglected, deprived children.

She spent the first 8 years of her life in an English speaking country then moved to a German speaking country where she went to high school. Then she followed her brother in attending a prestigious, private college in an English speaking country. Living in 3 different parts of the world and experiencing different languages gives her the sense of her life being divided into 3 different parts associated with different parts of herself. e.g. She said "when I lived in the German speaking world I was very aggressive. When I lived in the English speaking world, I was submissive and withdrawn." She came to Zürich 1½ years before the analysis to study Medicine. She was isolated, confused. The only time she felt alive was when she compulsively masturbated behind her desk several times a day.

In our preliminary interview I came across a frightened, young woman who wore a torn floppy coat with pieces of cloths, which didn't fit together. This gave me the impression that "something is fragmented". She said she was scared of thinking and expressed the feeling that "Something is breaking down inside her". Then she found it hard to talk after the initial remark although she knew she "desperately needed to somebody to talk to". After rather long pause she told me that she was very hurt recently when she found
out the religious group leader whom she thought of as an approachable woman was a dogmatic and intimidating person. The woman tried to force her to leave her family and join the group, telling her that otherwise she would be condemned to go to hell. Reluctantly she decided to break off contact with the group which made her more isolated and lonely. I took this as a communication not only about her history but also about her current experience in the interview. I suggested she might feel very anxious being in the room with me, particularly because she was hurt recently when her trust in a woman was betrayed. This comment helped her to be able to talk more about herself. She accepted my proposal of 4 times weekly psychoanalysis without any hesitation, giving me an impression that she was carrying on her shoulder not only her own predicament but also the desperately unhappy lives of her family.

This aspect, hunger for an object and a paralyzing fear of being hurt by the potentially frightening object were oscillated in our initial period of the analysis. Locked in a coffin, in a cave or in the car in order to escape from the persecutor were the series of nightmares. These claustrophobic fears were revived in the analytic situation. Hanseï and Gretel stories also frequently appeared. In the transference I was often portrayed as a person like witch who would seduce her with “sweet words”-inviting her to come into my room to eat her up later on. It seemed her way of dealing with this dilemma was to find a “transitional area” in her relationship with me. This aspect was reenacted in the analysis, in that people around her, including me were called anonymously “somebody” as if she couldn’t have a real relationship with an object who had a distinct identity. This reflects her way of protecting herself from the intense anxiety of getting into a real relationship with people yet maintaining some sort of contact in order not to feel alone. This was confirmed by the following dream. “My sister and I were in the New York airport. We had to go somewhere on the subway. Then I saw lots of beggars outside of the gate. There were barred from the gate but I thought if we went out they would attack us. We couldn’t move out of the airport.” Airport-transitional
area- was a relatively safe space where she could protect herself from the greedy beggars yet she was confined in this space which prohibited her from getting into the relationship. It was particularly noticeable that she communicated with me mainly through her dreams or the stories that she read, and the communications were extremely uncertain and vague. It seemed that it was safer for her to use the language of dreams or somebody's story rather than her own thoughts as if she was driven to a border between owning her idea and not owning those. This reflects her attempt to hide in the borderline area in the relationship with me and with herself. For example she remains in contact with the persecutory demanding aspects in herself which were portrayed as beggars but she couldn't cope with this aspect therefore she had to seek a refuge in her dreams or storybooks as a means of disowning it. She was frightened that if she gave a meaning to her dream by articulating her thoughts, it would become an unbearable reality to her. When I give a meaning to her material, it belongs to my thoughts and not her property therefore she feels safer when I articulate as my thought whatever the mad fantasies that she has had. I often felt as if she showed me her widely open wound and implicitly conveying to me “I can't see and describe how and why it is giving me such a pain. It is too frightening to think. I have to ask you to articulate for me so that I can understand and accept it.” It was my function to put her feelings into words although I often felt that what she was suffering was incapable of being symbolized through language.

Gradually an aspect was revealed in that her internal reality and external reality are totally splitted off yet exist at the same time with equal weight. There are numerous examples of this but I will present only one of them. She reported her mother offered to drive her one morning so that she would not be late for the session. While her mother was driving the car she seemed to enjoy talking to her. Patient was preoccupied with the doubt whether or not her mother offered to give her a lift intentionally in order to prevent her arriving on time at the session since her mother was envious of her getting help. Although she knew perfectly that it was out of her mothers good will
to offer her the lift, at the same time she also believed that her mother organized the lift in order to jeopardize her session. She was glad that she was on time but still she thought both stories were true. She couldn’t give up the fact that she believed her mother to be a persecutory object because she couldn’t bear the depressive guilt therefore her solution was that she was standing on the border between internal and external reality, putting one foot to each side and believing both were true.

As her trust in me was growing I changed from a “somebody” or a dangerous witch in the transference to a much desirable person who gave her comfort and safety yet abandoned her intentionally whenever it suited me (holiday or weekend breaks). Much to her relief she began a relationship with a young man called David in the same university. She was bewildered and threatened that some meanings and feelings were developing between us although she wanted to have just “somebody to talk to”. When I wasn’t available for her she felt so afraid of being left that she had to arrange the insurance of having somebody to turn to. A year into the analysis just after the first summer holiday she brought a dream which illustrates how meaningful it was for her to come to the analysis.

“In my dream yesterday you were there for the first time. You called me to come into the room. Then you were lying on the floor and then began lifting your upper part of your body up and repeated the same movement. You explained that this movement has the very important meaning of waiting or having to wait and it is equivalent to life or death.” She associated her dream with her feeling of how dreadful she felt whenever she thought about her boyfriend going away to a foreign country, even if it might not happen for some years. It wasn’t clear to me why she represented me with my body movement in her dream but unbearable feelings of anticipating the dreadful moment of separation and the situation of having to wait was so much present in the session that I decided to interpret this aspect. I said that when she came to me and lay on the couch and was able to talk to me about whatever was in her mind then had a feeling of being understood, she felt alive but
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...when she had to get up and go out of the room she felt she had to wait for another time to come and felt dead inside. After my talk she burst into tears for the first time without any control and a powerful sadness and desperation filled my room. After much sobbing she said before she started an analysis for several years she had to masturbate everyday, everytime she sat at the desk to work. She felt she has had to wait for somebody during her whole life and added she didn’t want to feel half dead when David was not there. I could see how she is overwhelmed by a desperate sense of desolation and emptiness when the object leaves her and that she’s compelled to fill her mind up by means of masturbation as a means of feeling she is with somebody in order to cope with the feeling that she is “half dead”.

At this point her particular fantasies over the triangular situation became one of the most important aspects of our work. She not only felt excluded from the Oedipal couple at the moment of separation but also felt as if the meaning of her existence was wiped out. As she felt the meaning of herself was denied, she was besieged with a murderous rage at the couple and its creation. This aspect was revealed in her repeated dreams of babies being killed, or a murdered couple during the holiday as well as fantasies of her mother being killed in a car accident.

I would like to report in detail a recent session which illustrates the interaction with this patient. This is the Tuesday session after Pingstern Montag (Whitsun holiday in June 95).

She began the session by reporting a dream that she had on the weekend. “I was in the house with David. David was sleeping in the bedroom. When I looked out from the living room window I saw a little girl in the courtyard looking up to our apt. The little girl was frightened when she realized she had been caught by me. I told her not to worry and invited her to come in. We had a talk with the little girl. Then in the dream there were 2 little girls. We said they could visit us again next time. One girl seemed to understand what we said but the other girl was upset because she thought once she left she couldn’t come back again. The girls are really like 2 different...
parts of myself which are extraordinarily different. One part of me knows one thing and the other part has a completely opposite idea and the 2 parts don't seem to work together well." After the talk she immediately began some other subjects as if she didn't want to allow herself and me to explore the meaning of the dream. I listened to her story, registering the main theme which was to do with who was allowed to join in the triangular situation. I understood the dream and her next story first in terms of the patient's position in the oedipal relationship between the parents and herself as the dream illustrated her feeling of being excluded and her curiosity. I thought also there was an aspect that she identified with her mother, being a couple in the house as well as her split off part which was portrayed as a little girl. I also understood it as the patient's reference to the analyst in terms of the patient's curiosity about the analysts life and her feeling of being excluded over weekends, which was longer than usual. But the most immediate and striking feature was the way in which she moved away from the dream at that particular moment. So I decided to take it up first. I told her she began the session with this dream yet it seemed as if she, for some reason, was driven to avoid exploring more about the dream. She ignored my remark, continued banal details of the what happened with her friend as if she was determined not to look at the dream. I became acutely aware of the feelings that were evoked in me. I felt there was certain pressure on me to do something. Either I had to jump onto her with my association about her dream which she would feel as an intrusion, and which would give her the opportunity to deny the responsibility for the meaning as it was my association. Alternatively I could demand her to open up what was her association or links with the dream. There seemed to be difficulties with both situations. I felt uncomfortable in having to forcefully invade her thoughts with my ideas or violently demanding her to reveal her thoughts. These feelings have often emerged in the analysis, particularly when she gives me a disjointed account of a happening outside or reports a dream without producing her association, even though she clearly knows I am interested in hearing what her thoughts are.
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There is a tormenting curiosity on my part to know what happened, in order to deal with the sense of incomprehension in my mind. Yet, I also have a feeling that if I ask her, that would be regarded by her as a tremendously violent intrusion, arousing in her a feeling of her shell having been painfully ruptured, as well as, feelings of excitement. I noticed my own curiosity and frustration in the session and understood these partially as a result of the projection of her own frustration onto me. She feels she was not given access to what went on between her analyst and family or between her parents. Humiliation at being left out and the tantalizing curiosity to know were so unbearable for her she had to project these feelings onto me and then I became the person besieged by a tantalizing curiosity. My understanding of the countertransference enabled me to wait some more time rather than to act on her. She talked about a story that she had read over the weekend, about a woman whose skin was too thick and already torn apart. She told me that she felt that way. I said she felt very much the feeling of not having a proper protection around her and that she tried to protect herself by not looking at the dream because she felt too exposed and it was too painful for her. I interpreted that she felt very vulnerable about being left and she needed to protect herself. There was a long pause. Then she said in the dream she didn’t reassure the little girl that she could visit them again. I thought this confirmed her anxiety that the weekends goes on endlessly and that after the weekend she would never be able to come back to me. She then reported that she was involved with a friend on Sunday and David was on his own but he did something specially interesting. She was jealous that he didn’t feel lost when he was on his own. At this point I interpreted that she felt very lost and upset when she was left alone over weekends just like a little girl in the courtyard in her dream but it seemed there was a need in her in which she is driven to arrange the situation in such a way that it wasn’t her who was left alone. It should be somebody else, David or me. In this situation I became the one who is outside of the house, outside of her thoughts, wondering what was going on in her mind. The patient became very thoughtful
and said that that was what she was often doing to others because she didn't want to feel lost. I said even if she managed not to feel lost it seemed it was not easy for her to get away from the image of the lost girl because what seemed to happen was that either she felt lost or she had to have somebody around her feeling lost. She ended the session saying that even if she knew this aspect to be true she doesn't know how to change.

I think this material shows how she moved from the desperate state of "being half dead" when she is left alone to a state in which she can allow herself to experience the pain at being left and longing for the contact with the analyst even if these are terribly painful for her to bear.

Discussion

Henry Rey emphasized in his paper "Schizoid phenomena in the borderline" (1979) the claustraphobic-agoraphobic quality of the object relationship of the borderline patients. Patient often feels himself engulfed in the relationship with external object as well as internal object and therefore strives to move out of the relationship. However at the moment of separation from the object he experiences enormous panic because losing the object means loss of part of himself as well as loss of the object. Patient often found himself enclosed in the dilemma between claustrophobic, enclosed in a limited space and with limited objects and limited relationship. These aspects are clearly presented in Miss A's case. Her painful fear at being trapped in a relationship with a potentially persecutory object paralyzed her from getting into a real relationship with the distinct identity. Therefore she had to call people around her including me as "somebody" in order to cope with the fear of being trapped with a witch like person. These claustraphobic fears are likely to refer to the primary situation where the outside world is transferred by the projective identification into the internal space of herself (Rey 1979). She was afraid in fact of being trapped with her internal persecutory object. Separation meant for her being dumped into a situation where she has "nothing to hold
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The primary condition is termed the "false self" and is, therefore, half dead. She felt she was living in the object because part of herself is in the object through the projective identification. Therefore when people leave her she feels like a empty ghost whose soul is taken away and only way to survive is to borrow somebody’s shadow.

This situation arises from the fact that her identifications depend both on an internal object which is not assimilated because of it’s persecutory nature and on a containing external object in which she borrows the identity. It also creates the need for never leaving the object out of control(Rey 1979). The process of repairing parts of the self lost through projective identification involves facing the reality of what belongs to the object and what belongs to the self, and this is established most clearly through the experience of loss. It is in the process of mourning that part of the self is regained and this achievement may require much working through. Thus a true internalization of the object can only be achieved if it is relinquished as an external object(Steiner 1993). It is as though move towards real independence can be only achieved through the stage of absolute dependence(Winnicott 1972).

Miss A couldn't afford to separate from the object and instead of a process of internalization taking place she oscillated between the desire to penetrate into the object and fuse with it forming a primary unity with the object, and the fear of being trapped within the object. In order to deal with the dilemma she retreated into the “borderline area” (Steiner 1993). These aspect were confirmed by her dreams and memories of being trapped in a coffin, a cave, and of hiding away from a Mafia like gang or some powerful religious group in order to achieve a sense of relative safety. Her dream of being confined in the “New York airport” boundary area was her solution to this dilemma. Her solution though has a price, namely the limitation in the object relationship as well as prohibiting further psychic development in her life. As she put it she couldn't move out to go where she was supposed to go.

Her solution to retreat into “borderline area”, using the mechanism of splitting was portrayed in her material when she described how she knew that her mother helped her by offering a lift but she also believed that her mother
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did it intentionally to sabotage her therapy. She was standing at the border between external reality and psychic reality, accepting yet disowning both. This peculiar relationship to reality was described first by Freud in relation to fetishism in his paper "Die Ich Spaltung im Abwehrvorgang" (1927). He succinctly described how a patient adopts a method in which reality is neither fully accepted nor fully disavowed, so that contradictory views are held simultaneously and are reconciled in a variety of ways. The perverse atmosphere which often arises in a session with a borderline patient comes primarily from the way the truth is twisted and distorted through splitting, leading to a particular borderline relationship to the reality (Steiner 1993). In the detailed described session of Miss A there was certainly an atmosphere of the tormenting quality of hide and seek and excitement which made the analyst uncomfortable. She used the splitting persistently in order to create 2 different worlds, functioning at 2 different levels, coexisting and splitted off in her mind. One level seems to be in a more neurotic DP level and other level seems to be in a more primitive PSP level.

Freud showed in 'Mourning and Melancholia (1917)' the idea of the internal figure in the patient's internal world. Melanie Klein developed further from there and established the concept of paranoid-schizoid position (PSP) and depressive position (DP) : In the PSP anxieties of a primitive nature threaten the immature ego and lead to the mobilization of primitive defences. Splitting, idealization, and projective identification operate to create rudimentary structures made up of idealized good objects kept far apart from persecuting bad ones. The individual's own impulses are similarly split and he directs all his love towards the good object and all his hatred against the bad one. As a consequence of the projection, the leading anxiety is paranoid and the preoccupation is with survival of the self. Thinking is concrete because of the confusion between self and object which is one of the consequences of projective identification. The DP represents an important developmental advance in which whole objects begin to be recognized and ambivalent impulses become directed towards the primary object. These changes result from an
increased capacity to integrate experiences and lead to a shift in primary concern from the survival of the self to a concern for the object upon which the individual depends. Destructive impulses lead to feelings of loss and guilt which can be more fully experienced and which consequently enable mourning to take place. The consequences include a development of symbolic function and the emergence of reparative capacities which become possible when thinking no longer has to remain concrete. There are always dynamic to and fro movement between PSP and DP and it is when this transition takes place within both PSP and DP that the individual seems to be most vulnerable to form a borderline position (BP) (Steiner 1989). Basically BP serves as a defence not only against the anxieties of fragmentation and confusion of PSP but also against the mental pain and anxieties of DP. It acts as a borderline area between the other 2 positions where the patient believes he can retreat if either the paranoid or depressive anxieties become unbearable and of course at the cost of limitation in his object relationship and psychic development as well as fragile unstability in their functioning. Miss A showed the features of retreating into the borderline area in order to avoid at times anxieties of fragmentation and at other times to avoid painful guilt.

Despite the severity of her predicament Miss A was deeply engaged in my function as a container of her projected terror (Bion 1959). She needed to have somebody who could articulate with words through the capacity to symbolize and being able to bear those meanings no matter how dreadful they might be. It was Bion who made a connection between the maternal functioning as a reverie and the development of infant's capacity to think. He wrote “Normal development follows if the relationship between infant and breast permits the infant to project a feeling, say that it is dying into the mother and to reintroject if after its sojourn in the breast has made it tolerable to the infant psyche. If the projection is not accepted by the mother the infant feels that its feeling that it is dying is stripped of such meaning as it has. It therefore reintrojects, not a fear of dying made tolerable, but a nameless dread.” (Bion 1962). The maternal mind forms an object capable
of understanding, which can be introjected to form the basis of the function of thinking. This "reverie" refers to a state of mind that the infant requires of the mother. Mother's minds need to be in a state of calm receptiveness to take in the infants own feeling and give them meaning. When for some reason, the mother is incapable of this reverie for reflective meaning, the infant is unable to receive a sense of meaning from her. Instead he experiences a sense of meaning having been stripped away, resulting in a terrifying sense of the ghastly unknown. This is similar to the Winnicott's concept of holding where he described a maternal mental state of readiness for the infant, but there are differences between the function of "holding" and of "reverie". The function of Winnicott's holding is to support the infant's unwavering belief in his own omnipotence. Bion's concept of reverie is the maternal attempt to provide the containing function of understanding the infant's reality in order to support his loss of omnipotence (Hinshelwood 1989). Through my function as a "reverie" she began to understand and digest the meanings of how she related to herself and to others. When she allowed me to be with her in her internal world and make contact with her object through mutual understanding she felt very much alive for the child's original link with the good maternal object is felt to be the source of life (Britton 1985). This enabled her to move from "being half dead" at the moment of separation to more developed stage where feelings of being excluded from the oedipal couple and curiosity to know what went on between the couple were more important issues for her. This aspect was clearly shown in the detailed session where she was so overwhelmed by the curiosity about the couple and exclusion from it that she had to project these onto the analyst.

It was M. Klein who wrote the connection between "epistemophilic instinchte impulse to know and learn which is the core of the curiosity and Oedipus complex (1928). She explained: At the beginning of Oedipus tendencies in the early childhood, the child is assailed by overwhelming problems and questions about the Oedipus situation and incipient sexual curiosity. Epistemophilic impulse begins when the child wants to know the MOTHER'S BODY
which is assumed to be the scene of all sexual processes and development. He begins to be curious about what is contains and what it is like. But this stage of the child’s life is still dominated by oral, sadistic positions of biting, devouring, cutting. At the same time the child’s capacity to cope with these situations is limited because of his very undeveloped ego including the incapacity to understand language and the ability to articulate. Therefore he wants to take possession of mother’s body with oral sadistic wishes (biting, devouring, violently intruding). Miss A was frightened by her curiosity to know what happened in analyst’s life during weekends because her curiosity was burdened by a wish to violently intrude on the analyst’s life and possess it entirely. Therefore she had to project that onto the analyst and then the analyst became the person who wanted to know what was happening in her mind. Analyst’s recognition of her use of projective identification at that particular moment enabled her to be able to get in touch with it and restore that part of herself.

Summary

I have presented a case who is mainly functioning at the borderline between PSP and DP. Her characteristic object relationship, fantasies and defenses are examined with Kleinian thought. The meaning of her central feature of claustraphobic dilemma and the solution that she has to take in the borderline area is understood in terms of her defensive retreat into BP. It is also shown that inspite of the severity of her pathology analytic work has done through my function as a “reverie” and “holding”. Her use of projective identification and my working with the countertransference is presented in the detailed session.

References

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국문초록

境界線位(Borderline Position) 개념의 임상적 적용:

Klein 학파의 관점에서

하 혜 경

저자는 Paranoid-schizoid position과 depressive position의 중간 경계선에 있는 환자 증례를 통해 환자의 특징적 대상관계, 환상, 방어기제 등을 Kleinian의 개념을 이용해 이해하고자 시도하였습니다. 이 환자의 대상관계의 특징은 claustro-agoraphobic dilemma였으며 이를 해결하기 위해 환자는 Paranoid-schizoid position과 depressive position의 경계선상인 borderline position(BP)으로 이동할 수 있었습니다. 그녀의 문제점이 심각하기는 했어도 분석가의 "Reverie"와 "Holding"의 기능을 이용해 정신정강이 이루어졌습니다. 또한 저자는 한 분석시간을 상세히 기술함으로써 환자의 projective identification과 분석가의 countertransference의 dynamic interaction을 보여주고자 시도하였습니다.