

## People and places

### Bridges to borderlines\*

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According to Kurt Lewin there is nothing so practical as a good theory. The Bridge Foundation Autumn Conference, which drew an audience from the Western psychotherapeutic diaspora ranging from Hereford to Torbay to hear three London psychoanalytic superstars speak about the treatment of borderline patients, provided a good opportunity to think about the relationship between theory and psychotherapeutic practice.

John Steiner (1991), Consultant Psychotherapist at the Tavistock, was the first speaker. Relaxed, tieless, warm and amusing he disingenuously downplayed both his own theoretical interests and clinical expertise by presenting a case in which he explicitly said that he had decided “not to bother much with all that theory stuff”, and in which his “mistakes” were the main focus of the discussion. He put forward his idea of psychic “retreats” into which borderline patients disappear in order to limit the damage which they feel would otherwise result from bringing their inner destructiveness into contact with external reality. The price paid for this isolation is psychic stasis.

Steiner described an initial phase of seduction in which the patient – a young married woman of German origin – flattered him for his enormous insight, but followed this by weeks and months of silence and unresponsiveness, lying like a mermaid on his couch plaiting and unplaiting her hair but saying nothing. The patient showed no explicit gratitude, but when she started to install central heating in her flat, Steiner felt that she was warming up a little and that this was a sign of progress. A dream enabled him to interpret her mixed feelings about making emotional contact and she responded to this, but when he pointed out that she had handed him a half-completed cheque and linked this to her ambivalence she withdrew abruptly. Not long afterwards she missed three sessions and, defying the ‘rules’, Steiner rang her at home to find out what had happened. It turned out that she had dropped a radiator on her toe and was in bed; she hung to tell him but his phone was

off the hook. Therapy resumed, but Steiner felt that had he not initiated contact she might have remained in a state of indefinite “retreat”. His intervention evoked memories of an episode as a child where she had had to cross from East to West Germany and, at the frontier, her mother had been taken away for questioning by a border guard.

Steiner’s notion of a ‘retreat’ is perhaps more of a clinical metaphor than a full-blown theory. The metaphorical link between the transference break and the border crossing episode, the young child’s terror that she might never see her mother again, and so taking refuge in psychic retreat, provided a powerful image of the inner world of a borderline person.

Peter Fonagy (1989) has recently been appointed Freud Memorial Professor of Psychoanalysis at University College. His style could hardly have been more different from Steiner’s. Besuited and serious, he read from a paper which he also handed out to the audience, and there was a rustle as of falling leaves every few minutes as pages were turned in unison. His humour and intellectual charisma emerged more strongly in his spontaneous contributions to the discussion. In this theoretical model of borderline pathology he sees the problem, not, as in neurosis, in the content and lack of integration of the mind, but in a deficit in the process of thought itself. He sees people with borderline personality disorder as lacking ‘reflexive self-function’ – the capacity to see that they or others have minds. Interpretations which assume the ability to investigate the contents of one’s own mind are for borderlines either meaningless or maddening. The developmental origins of this lack lie in the neglectful or abusive parenting they have so often had: better to assume that feelings and intentions do not exist than to imagine that one’s parent could have had the intention to harm one. (Of course in reality borderlines’ parents are often themselves borderline and thus have failed to imagine what the impact of *their* actions would be on their children’s inner world.)

Fonagy then looked at the therapeutic implications of this position, using a case example. The main therapeutic focus with such patients has to be the here-and-now interactions between therapist and

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patient. The 'world' of the therapy becomes like a shared inner world. The therapist's comments on this common experience become a model for reflexive self-function. The therapist tentatively puts into words what the patient might be thinking about the therapeutic situation. Only when this function is established can the patient be expected to see the therapist (and by extension other important people in his life) as separate people.

The patient had a dream in which red hot eyeballs were being hammered into his head. Fonagy interpreted this in terms of his fear that he would hammer his therapeutic ideas into his head, rather than allowing a playful shared space to emerge (Winnicott and the middle groupers were not acknowledged in this Kleinian and Anna Freudian day). When the patient was able to make a joke – albeit a rather macabre one in which he pretended to bring a knife into the session – playing with the therapist's fear rather than simply arousing it – progress had been made since this joke implied the capacity to imagine that the therapist had feelings.

Fonagy's paper provided a basis in developmental theory rather than ethical principle for the Rogerian method of reflecting feelings as opposed to interpreting them – which assumes a superior knowledge of the workings of their mind, and is often felt by these patients to be persecutory. Anne Alvarez (1992), who spoke after lunch, could similarly be seen as offering a theoretical justification for the heretical (from the Kleinian perspective) but widespread practice of being supportive to patients (Holmes, 1992)!

Alvarez, a child psychotherapist at the Tavistock, was lively, witty, engaging – one minute self-deprecatingly bemoaning her too rigid adherence to Kleinian theory and showing how this impaired her therapeutic efforts, the next giving a penetrating analysis of her work in terms of that theory. Her paper was a fascinating review of the therapy notes of a boy she had treated 25 years earlier when she was first in training. Alvarez's unique contribution is to criticise Kleinian theory and practice while remaining firmly within the Kleinian tradition. She feels that the Kleinian emphasis on the impact of the self on the object encapsulated in the central idea of protective identification means that there has been a neglect of the equally important impact of the object on the self. For example, if the patient complains that the therapist has failed to understand something and is 'stupid', a classical Kleinian response might be to reply "You put your stupidity into me", whereas Alvarez advocates saying simply "You feel I am stupid". This is less persecutory, and therefore less likely to deflate the patient, and also there may well be a *real* 'stupid' object in the patient's inner world (e.g. a parent who failed to understand them). As

Bion suggested, the analyst must be prepared to carry bad projections without returning them prematurely.

Alvarez feels that some analysts are mesmerised by the idea of 'defences' and the need to break them down at all costs, thereby missing many healthy strivings and aspirations. A patient's dreams of power or success or creativity may not just be a 'grandiose' defence against helplessness, but faltering early steps towards real potency. Similarly, a patient who is angry about therapeutic short shrift may not merely be expressing destructive demandingness, but rather *rightful need* for a good object and the possibility of a good self. A patient who imitates his analyst is not just showing envy and greed, but engaged in *transitional identification*, a first step towards a more secure sense of self. She advocates a benign therapeutic stance, "allowing the transference to rewrite history: not rushing to remind him [the patient] of irreparable painful reality". Where a child patient is being destructive she has no hesitation in setting firm limits, and of working with the parents to ensure this.

There was an exhilarating feeling to this conference based, I believe, on the fact that analysts are now emerging from their entrenched theoretical positions and are able to examine their work more critically and to celebrate shared practices and perspectives. The 60 years war, which started in the 1930s between the Kleinians and Freudians, continued with increasing ferocity into the 1940s, and was contained but not really resolved by the 'gentleman's agreement', is now all but over.

All three presenters showed how simplicity lies on the other side of theory. How trainees will have felt, trapped within the thicket of psychoanalytic theory, is uncertain. As provincial psychotherapists, far removed from the battle zones of New Cavendish Street and Swiss Cottage, they might have been reassured by the simple truths revealed by the experts: metaphors can be mutative; reflecting feelings is the best way of helping borderline patients; creating an atmosphere of support is more likely to be helpful than the relentless interpretation of defence. As the under-educated, over-talented – and possibly slightly borderline – Dylan Thomas once said, "God, isn't education wonderful".

## References

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