

## **On Borderline Phenomena**

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In order to convey my thoughts about borderline phenomena, I shall first describe an ancient myth taken from the BHAGWAT PURAN - the Hindu book of genesis. Briefly, it runs as follows: SATYAVRAT was an extremely arrogant King. He was also known as TRISHANKU because he had committed three deadly sins:

(1) He had kidnapped a learned man's daughter.

(2) He had stolen and slaughtered his own Guru's or teacher's cows. Since for a Hindu a teacher represents a spiritual father and a cow, a holy mother, this act was considered a deadly sin.

(3) He always ate his food without saying grace, i.e. without expressing gratitude to God the provider.

This TRISHANKU once expressed to RISHI VASHISHTA, a desire to go to heaven without actually dying. He insisted that the learned RISHI use his spiritual powers to make this possible. VASHISHTA told him that no human being possessed such powers, no matter how learned he was. He also warned the King, 'Only a liar would make such claims'.

TRISHANKU, however, believed VASHISHTA to be a liar. He therefore, went on repeating his request. VASHISHTA patiently reiterated his stand. Finally, the frustrated King threatened to approach another RISHI called VISHWAMITRA, who was an arch rival of VASHISHTA. VASHISHTA, feeling that he was being bullied and blackmailed, gave the King a curse whereby he became physically deformed. The deformed TRISHANKU then approached RISHI VISHWAMITRA.

VISHWAMITRA assured him that he would cure him of his deformity and manage to send him to heaven without actually dying. With the help of a long penance it

was possible for the King to be cured of his physical deformity but it was still not possible to go to heaven. VISHWAMITRA started a YAGNA - a ritual ceremony into which he invested all his mental and spiritual powers. This lasted for twelve years without yielding the desired results. Unable to accept defeat, an angry and frustrated VISHWAMITRA began to create a new universe. This universe was quite like the existing one in appearance, but it was governed by laws created by VISHWAMITRA.

The new universe began to clash with the old one. There was great chaos all around. TRISHANKU finally began to be pushed towards heaven. The Gods residing there would, however, not allow a living man to enter and threw him back to the earth. VISHWAMITRA pushed him up again. After being tossed in this manner between heaven and earth many a times, TRISHANKU was suspended in the outer space where he is supposed to be still hanging in the form of a star constellation named after him.

It is generally agreed that a borderline patient is one who lies on the border of psychosis and neurosis. This simple looking definition is quite inadequate when it comes to diagnosing an individual patient as belonging to this category. This is because, first of all, a borderline patient does not swing from a distinctly psychotic to a distinctly neurotic frame of mind. He is not like a manic-depressive in whom a change of mood is clearly visible. Secondly, since Freud we have moved to a position where we realise that we all have psychotic and neurotic parts. Thus, the mere presence of these two does not necessarily make a person borderline.

I believe that the myth of TRISHANKU incorporates a variety of factors that go into the making of a borderline personality. It can therefore be used fruitfully to understand borderline states. TRISHANKU's final suspended state depicts the subjective experience of a borderline patient. This experience is very well defined by Dr. J. H. Rey in his paper, 'The Schizoid Mode of Being and the Space-Time Continuum'(Beyond Metaphor). Describing such a patient's difficulty in finding a permanent identity, Dr. Rey says:

'He is on the border to psychosis at one end of the spectrum and to neurosis on the other end. He is on the border to schizophrenia sometimes or to depression at other times; on the border between maleness and femaleness; homo- and heterosexuality;

childhood and adulthood; small and big; hate and love; in and out; fullness and emptiness; he is neither here nor there.' (1977)

He does not 'appear' to swing from one state to the other. He is 'perched' on the border because, like TRISHANKU, he is being pulled equally from both ends.

TRISHANKU's arrogant character and consequently his three basic sins reveal, on the one hand, the narcissistic nature of a borderline patient; while on the other, they describe the manner in which he approached his Oedipal conflict. Finally, TRISHANKU's desire to go to heaven and the use he makes of the two RISHIs for the purpose indicates the structural aspect of the borderline state.

In 'Neurosis and Psychosis' Freud says, 'neurosis is the result of the conflict between the ego and the id, whereas psychosis is the analogous outcome of a similar disturbance in relation between the ego and the external world'. (1924a, p. 149). Thus, in neurosis we can perceive, on the one side of the ego, powerful impulses in the id. By their very nature, these impulses, under the pleasure principle, i.e. their aim is to seek pleasure at all costs and to avoid unpleasure. TRISHANKU's desire to go to heaven without dying, therefore, clearly represents these powerful impulses in the id. On the other side of the ego lie the reality principle and its consort, the super-ego. This side possesses awareness of the real world and of the consequences of gratification of id impulses. The ego is in the danger of being swamped by the id impulses. It defends itself by calling in repression. Repression is the result of the ego's cooperation with the reality principle and the super-ego. Repressed id impulses, however, continue to seek gratification. According to Freud, 'The repressed material struggles against this fate (i.e. repression). It creates for itself, along paths over which the ego has no power, a substitute representation (which forces itself upon the ego by way of a compromise) - the (neurotic) symptom'(1924a, p. 150).

It is important to note that in the same paper, after describing the structure of neurosis Freud adds, 'The fact remains that the ego *has* (Freud's italics) sided with those powers (i.e. of the reality principle) that in their demand have more strength than the instinctual demands of the id, and that *the ego is the power which gets the repression in motion...* (my italics)' (p. 150). This means that the ego has clearly chosen to go neurotic.

I believe that this becomes a crucial point in the case of a borderline patient who does not or *cannot* choose to become neurotic because it would entail *some* un-pleasure. He is not prepared to let go of any gratification.

In our myth, TRISHANKU, impelled by his powerful id impulses approaches VASHISHTA - the part of the ego that sides with the reality. VASHISHTA states the reality principle that there is no gratification without some painful consequences. Unlike a neurotic who would have accepted this and developed a symptom, TRISHANKU gets frustrated and angry. He does not accept VASHISHTA's truth. Instead he seeks another Guru. It is true that he develops a physical deformity, nonetheless, *but he has not cooperated with VASHISHTA*, and in this lie the difference between him and a neurotic.

Let us now look at the behaviour of the ego in psychosis. In the same paper, Freud says that in psychosis, '...either the external world is not perceived at all or the perception has no effect whatsoever (on the ego)'(p. 150). And in the following paper, 'The Loss of Reality in Neurosis and Psychosis' (1924b), he considers the denial of reality as the first step that is followed by another one. He says, 'The second step of psychosis is indeed intended to make good the loss of reality... (p. 184). This second step is taken because, I think, the sense of reality like the id impulses is never totally lost. This is not clearly stated by Freud in the above paper, but it is implied. Writing on the same subject years later in 'Differentiation of Psychotic from Non-Psychotic Personalities' Bion states:

*I do not think, at least as touches the patients likely to be met with in analytic practice, that the ego is ever wholly withdrawn from reality. I would say that its contact with reality is masked by the dominance, in the patient's mind and behaviour of an omnipotent phantasy that is intended to destroy either reality or the awareness of it..(1957a, p. 46).'*

According to Freud then, since the reality cannot be entirely got rid of, 'the ego creates, autocratically, a new external and internal world; and there can be no doubt ...that this new world is constructed in accordance with the id's wishful impulses...' (1924a, p. 151). Later, in 'The Loss of Reality in Neurosis and Psychosis', he says that this new constructed reality is such that it 'no longer raises the same objections as the old one that has been given up'(1924b, p. 185).

Once again, let us look at the myth. The new Guru VISHWAMITRA promises the impossible. He is able to cure the physical symptoms but is unable to fulfil the King's desire. Both of them adamantly refuse to give up the omnipotent, unreal, desire. The YAGNA ceremony lasts for twelve years. Yet, they do not learn from their experience. VISHWAMITRA then represents the psychotic part of TRISHANKU's ego. The final solution is a psychotic one - exactly as described by Freud, i.e. to create an alternative universe. It is an autocratic universe in which VISHWAMITRA makes the rules to suit himself. This world does not raise any objections to TRISHANKU's going to heaven without dying.

One would suppose that TRISHANKU would now become psychotic. Once again this is not possible. Something else takes place instead. He does proceed towards heaven meaning thereby that he is now capable of believing in his own lie just enough to begin deluding himself. However, at the last minute the Gods throw him back to earth. This comes very close to the subjective experience of a borderline patient. He creates a phantasised world, but this soon clashes with actual reality. He cannot deny facts to the extent a psychotic can. He has enough sense to be terrified, knowing that the moment he enters heaven, he is going to die.

He quickly changes his mind. He turns around and comes back to earth. He does not, *cannot*, choose to be a psychotic who, in spite of all the evidence, would continue to delude himself. It is also true that he experiences this turning around as a blow in the face - as if he is being violently ejected from a heavenly world of omnipotent phantasies.

Once in the real world, he goes through the same experience all over again. He is unable to bear any frustration; therefore he refuses to enter into any experience. Having no experience, he cannot learn from it. He therefore hangs between heaven and earth, neither here nor there.

Let us look at this patient from a Kleinian perspective now. Under the aegis of the pleasure principle, such a patient would use, while in the paranoid-schizoid position, both splitting and excessive projective identification to lodge himself into his objects. If he were a psychotic, he would endeavour to remain there, firmly lodged by using the same mechanisms over and over again. If need be, he would even destroy his mind. In

other words, he would commit himself to insanity. This is not possible for a borderline patient. Once inside the object, this patient quickly begins to feel claustrophobic. He therefore pulls himself out. This later process causes further problems. He experiences this pulling out as a kind of violent expulsion or a rejection by his object. Also, he begins to feel agoraphobic because now there is nothing to contain him. He fears he is falling apart. Once again, therefore, he has to push back into the object. The entire process repeats itself endlessly. The patient is then caught up in a peculiar state on the border of claustro- and agoraphobia.

If he were a neurotic he would go through the paranoid-schizoid position quite differently. He would suffer and tolerate the pain of disintegration and confusional states. Unlike a psychotic he would then gain strength to take back his projections. This would help him move towards the depressive position. A borderline patient also, while pulling out of his objects, comes near the depressive position. Once again, he does not go through it because it entails pain of guilt, remorse etc. Nor does he want to take the burden of responsibility of reparation. He therefore quickly pulls back and then, like TRISHANKU, becomes suspended between the paranoid-schizoid and depressive positions.

There is one inevitable consequence of a borderline patient's total commitment to the pleasure principle. In order to achieve anything without the accompanying unpleasure, he has to resort to appropriation or stealing. TRISHANKU's three sins clearly reflect this fact. A learned man's daughter is his learning which he gets through hard work and suffering. TRISHANKU has to steal her. Equally, in the Oedipal situation, he has to steal the milk-giving-cow-mother from his own Guru-father. He cannot allow the idea of a loving mother, willingly giving milk to her baby, to exist because it would mean going through an experience, developing a relationship and a commitment; in other words, the entire gamut of paranoid-schizoid and depressive position. Grabbing her, therefore, becomes the natural thing to do. It is important to note, that having grabbed her, he has no use for her. In the case of TRISHANKU, he cannot eat the stolen cow because, being a Hindu, that would be a sin, too. Out of sheer envy, he simply slaughters her. Thus a borderline patient does not introject a good

mother, but a uselessly destroyed one. Finally, since everything is taken by force, the question of gratitude does not arise. He therefore need not say his grace. Expression of gratitude is the last step in resolving any relationship. It is because of this inability that the analysis of a borderline patient lingers on for a far longer time than that of others.

When we look at TRISHANKU's final suspended state, we begin to wonder what he has achieved after going through such an elaborate endeavour. For a man dedicated to the pleasure principle, he has made a huge effort to achieve nothing. This is exactly what we feel as analysts with borderline patients. They seem to take such elaborate trouble to avoid what seems to us to be relatively far less painful. One also wonders how a sage like VISHWAMITRA refuses to accept an ordinary truth. In order to understand this, it is necessary to know a little more about VASHISHTA and VISHWAMITRA

According to the myth, VASHISHTA was a learned man but he was a racist. He believed in the supremacy of the Aryans. According to him, no other race was capable of gaining knowledge. He therefore preached and practiced apartheid. VISHWAMITRA, on the other hand, was a liberal. He himself was an Aryan, but he believed that all men were born equal. Knowledge could be gained by anyone who worked hard for it. There existed between these two a bitter rivalry. They viewed each other with utter contempt and hatred. Neither of them would lose an opportunity of proving the other wrong or even destroying him.

This dispute between the two RISHIs was a well-known fact. Thus when TRISHANKU threatened VASHISHTA he clearly meant to arouse in him feelings of jealousy, hatred and competition so that he could achieve his own ends. VASHISHTA, who kept calm at first, lost his temper the moment VISHWAMITRA was mentioned. VISHWAMITRA too, was similarly provoked. At the mention of VASHISHTA's name, he lost his common sense and agreed to achieve the impossible.

In psychological terms then, we can say that TRISHANKU's final state is not quite as pointless as it seems. It is a balance achieved by using splitting and projective identification in a very clever manner. The two RISHIs not only contain the neurotic and psychotic parts of the King but *in their own relationship* they also contain his jealousy, rivalry and even envy. They have been so manipulated that they act out these feelings for

the King. He has made use of his knowledge of their animosity to camouflage what he has projected into them. As a result of this manipulation, their own wisdom has become meaningless.

We can put this in another way too. VASHISHTA has respect for truth and reality but he lacks compassion. He has no respect for other human beings. On the other hand, VISHWAMITRA is compassionate but his compassion can blind him to an ordinary fact. In order to have wisdom that is meaningful it is necessary to have both together. But if they come together TRISHANKU has to choose. Either he dies and goes to heaven, or he stays alive but remains on earth. This is what he is loath to. Hence, he has to remain on the border, carefully keeping apart a variety of elements, the coming together of which may lead to meaningfulness.

It is in this light that we have to see the list offered by Dr. Rey (quoted above) on the border of which, such a patient sits. A few more can be added to the list: 1. Intention-Action; 2. Cause-Effect; 3: Association-Interpretation; 4. Patient-Analyst; 5. Self-Object; 6. Mouth-Nipple; 7. Mother-Father; 8. Form-Content; 9. Paranoid-Schizoid depressive positions; 10. Voyeurism-Exhibitionism, etc.

In practical terms, this sitting- on- the- hedge manifests itself in the language of such patients. By language I mean both verbal and non-verbal communications. Since these patients dread committing to any idea or person, they say and do things that cancel themselves out. TRISHANKU's statement, 'I want to go to heaven without actually dying' is the prime example of such a language. It is contradictory and meaningless. The best way to describe it is to call it a 'double-talk'. I mention this because it poses us with difficult technical problems.

### **Consultation Session**

I shall now present some clinical material from the analysis of three different patients. All of them are conducted five times a week. The first and the third are carried out in two different Indian languages, while the second is conducted in English.



The first example is from the analysis of a 28 year-old male patient M. I experienced the phenomena I am trying to describe from the first day of his analysis. On enquiring why he sought analysis M looked totally surprised as if I had asked the most complicated or irrelevant question. He told me that he had no problems at all, but if I insisted, he would think it out. After a while he said that he could think of nothing except that once his boss had told him he was a mama's boy. Would that suffice? He asked me. It was clear that in his mind there was no connection between his action of seeking analysis and its motive.

This led to some strange experiences in his analysis. If I treated his associations as descriptions of his difficulties (which they were) he would have nothing to do with me. On the other hand, when it came to paying my fees, he would feel that it was too much to pay for nothing. The whole business sounded bizarre and meaningless.

M is the eldest of two children. His younger sister is married and lives abroad. When we began, I learnt that M's life was full of ambiguities. He lived in two houses - one his own, the other his widowed mother's. From the way he arranged the time he spent in them, it was impossible to tell whether he lived alone or with his mother. He was married but his wife had left him. This too was presented to me in such a way that it was never clear whether he was married, divorced, separated or single. Ostensibly, the wife had left him because she wanted him to give up his mother and analysis. On this count, I was told, she had huge fights with his mother. This too was difficult to understand because his mother too, wanted him to give up both - analysis and herself.

M often complained that his mother was too realistic in telling him to leave her because now he had grown up. His wife, he told me, was quite mad and possessive when she asked him to leave his mother and me (who?analyst?). She did not take into account the realities of his life. It was clear to me that M had manipulated them to become his VASHISHTA and VISHWAMITRA.

In a recent session, M said in a halting, broken manner, that in the morning he had some thoughts about his wife W. Her main grouch was that since he came for analysis there were a lot of things he did not share with her. He felt that there was some truth in this argument. Actually, he added, there were two truths. Whatever he had to

share, he shared it with me - that was the first truth. The second truth was that though she complained about it, she herself did not allow any sharing with herself. She behaved like a stone and inspired no confidence. Indeed, she actively prevented all intimacy. Here the patient looked quite confused and added that he did not know what point he was making.

After a long, difficult silence, he said that he had been talking to a colleague about a mutual friend F who had become quite famous nationwide by composing the song 'When your note meets mine, it makes a new note called ours'. This was for propagation of national integration on TV. It was really a beautifully composed song. The man F was quite talented, but mad. One never knew what he would do next. So then, my patient M had asked his colleague 'has F gone quite mad, finally?' The colleague had replied, 'no, no. He is only eccentric...so far'. This man F was divorced and lived alone. Here the patient looked quite startled and said, 'What the hell am I talking about! Just now it is I who is living away from my wife quite alone in my flat. I should only worry about myself'. He added rather anxiously that he was all right so far, but suppose things started going wrong? The fact was that he was not really grown up – except, perhaps, in the last two years. Although he had a turbulent childhood and his mother had played an important role in his life, the fact remained that he had never related to her emotionally. In fact he used to beat her up violently. That did not mean that he did not love her, though. During the time he was in college, he did live away from her in a hostel but that was quite different, he added. It was all for a career and besides, even then he used to come back home every other day. That did not mean that he related to her. Nowadays he behaved better, no doubt, but he would like to be remembered as a good son. Not to take the place of his father, of course, but to be a good son, he added. His mother did not believe him at all in all this. But in future it would be possible to convince her. Besides all this was between him and her. He could not allow an outsider like W to change all this. Here the patient stopped. It was still not clear what point he was making.

If I look at the session so far, I think it has moved in this manner: to begin with M faced two separate truths, which he was unable to put together to make any sense of. It was as if he sat there staring at them, quite confused when he recalled the plight of his

friend F. In the process of composing a song for national integration, in his effort to put together difficult notes, the man had nearly gone mad. This had driven the patient to a state of panic. He was reminded of some more truths which he dare not integrate for fear of going insane. He could only state them in a manner that made no clear point. They were as follows:

(1) The first set of truth was about his relationship with his mother. He clearly knew that it was a complex relationship. He loved her, hated her, beat her up, felt guilty, wanted to make reparation and was afraid that she would not accept his efforts because she did not trust him.

(2) The second set was about his relationship with me. As he said, he was OK till now but he could go mad in the future when he would need me. Also, he had not grown up except in the last two years, i.e. during the time he had come for analysis, which meant he needed me for growing up, too.

(3) Added to these was the voice of an internal object (projected into the wife) telling him to give up both these relationships. This object was quite mad and possessive. It was also cold like a stone and offered no alternative relationship.

Clearly, M was in a very difficult position. On my part I faced a difficult technical problem. What I have written above as the review of the situation is obviously a process by which I integrated the factors that the patient had left suspended, fearing insanity. My experience is that if I articulate this as an interpretation, the patient either feels that I am trying to drive him mad or am going mad myself. I had this later response from the first day of M's analysis. When I had asked him for his reasons in seeking analysis he had believed me to be quite crazy. In either case the patient would get alarmed and shut up. This makes it extremely difficult to formulate an interpretation. One is forced to look for an interpretation that is both brief and comprehensive at the same time - a contrary demand. In other words, the patient's problem has been given over to the analyst.

In this session I interpreted that he was experiencing himself like his friend F as a talented man going mad in his efforts to bring harmony between conflicting notes coming from his wife. She wanted him to give up his mother and myself. He was willing to do so, but then he heard another note from her saying that she did not want any

intimacy with him. He was therefore struck between two truths which made no sense to him at all.

The patient looked quite puzzled when I finished. He said that he did not quite understand what I meant. I was saying something about anxiety...?(Was I saying something about anxiety?) That, he added, reminded him of a dream he had the previous night. *Briefly the dream was that he was staying in a five-star hotel on one of his field trips. On the 10th floor of the hotel, on a terrace, was a swimming pool. The pool was such that it ended exactly on the edge of the terrace. He was swimming in it right at the edge but with a sense of great comfort.*

Here he laughed and said that it was funny because now he felt the situation in the dream was extremely dangerous. In reality he does not even know how to swim. So, if he was swimming along the border, on one side of which was a pool and on the other a ten-storey- fall, he would be terrified, though in the dream he was relaxed.

I feel that it is a fair description of M's preference for a borderline condition. Given the state of suspension he described earlier, he would feel safest at the edge of various dangers. The slightest move on either side would finish him off.

My second example is from the analysis of a 35 year-old patient, P. He too came for analysis for no particular reason. He seemed to have sauntered into it, as if by chance. On my asking, he rather grudgingly said that he had come because he had heard somewhere that it was a good thing to have. I soon realised that he went after anything that was good to have. The manner in which he did this can only be described as appropriative. Let me give some examples of this.

He found that yoga was beneficial for health. He therefore joined yoga classes. From the first day, he was either late for the classes or he bunked them. In analysis he presented this to me as a serious problem he faced, and I too treated it as such. After three months of practically not attending the classes he told me, quite casually, 'By the way, I shan't come for analysis tomorrow because I am invited by the Director of the Yoga Institute to give them a lecture on Yoga'.

Similarly, he took up eating health food because that too, was good for his health. He had lots of problems with his stomach. Once again he began to bemoan the fact that he drank every day, ate red meat every day, in spite of attending nutrition classes; that he would never improve his health that he must give up the classes if he could not practice what he learnt. Soon enough, he was, somehow, invited to give a lecture on Natural Diet for Housewives. At one stage, he was invited to talk on Television about psychology.

These sorts of things always left me wondering how it was done. Somehow he managed to persuade people that he was an expert on any subject that he knew nothing about. Was he a conman? I asked myself. But then when he described his difficulties in learning yoga or any other thing, his distress was really quite genuine. For a long time I could not make up my mind if he was happy or unhappy, whether he was telling me a truth or a lie. He would be vehement about something for a few days, and then do a *volte-face* that left me totally stunned.

When we began analysis, he had no proper job. He could hardly afford to pay my fees. As analysis proceeded, he became more and more successful in a variety of professions. He has had no professional training of any kind. Yet, he now has a seven-figure income. At the moment he is the member of the Managing Board of at least five different companies. On top of this, he has begun to write detective stories in Hindi. One wonders how a man who has never written a postcard in Hindi in his whole life can obtain contracts worth a million rupees (US\$28000) from three publishing houses. He admits that he has no idea how he is going to deliver the goods. He has purchased an American 'How to...' book on detective story writing and hopes to apply the formulas given in it to produce a sure-fire, successful thriller.

In all these professions, he has been behaving exactly as I have described earlier. For example, he would vehemently canvass for a particular managerial policy for his company to adopt. He would successfully persuade some important members of the Board of Directors to come round to his view. But when the actual meeting began, he would take a completely different, often opposite stance. What was striking about this

was that he had no fears about anybody confronting him. If I asked him any questions he would push me aside saying why he could not change his mind.

So far he has met his Waterloo in only one arrangement. After spending months telling me that he and his wife did not want to have children because they were not really competent to be good parents, he mentioned quite casually that two months ago (i.e. without my knowledge, and while I was under the impression that I was helping him in his distress) they had adopted a ten year-old girl from a relative because the child was sick and perverted. The real mother, he told me, was totally incompetent to deal with him while the real father was a failure, and that they had no money. Within days of adoption P could not cope with the child, who sounded hugely disturbed. This time his posture as an expert on parenthood failed. He would scream and shout at the boy and beat him black and blue. Soon, he left the boy entirely in the hands of his wife. The child and the foster-mother would have violent fights, while P would sit there calmly giving them wise advice. He once told me in a totally detached voice, that those two fought because their temperaments were perfectly matched. The boy, he said, was provocative, while his wife was short-tempered. It was left for me to remember that at the age of four, P himself had been left by his parents to live in their large combined family of uncles and aunts, who all had their own children, a fact that had rendered P a provocative, perverted child of incompetent parents. Thus the adopted boy and the wife were manipulated to contain in their so-called 'natural' relationship, a painful and hated part of P's life. They had become his VASHISHTA and VISHWAMITRA. P dismissed all my efforts to bring in his own pain by saying that his uncles and aunts had been "very sweet."

P was clearly quite a disturbed person. He had no identity of his own. He appropriated qualities of people around him and lived under their skin. He was therefore constantly in danger of being thrown out. Subjectively, he felt empty and bloated up at the same time. He also felt claustro- and agoraphobia alternately.

His relationship with me in analysis can be best described by the following example: P told me that he had got an invitation to attend a scientific seminar on a subject that he had never heard of. He had got the invitation, he explained, by saying the

right thing to the right people at the right time. The seminar was headed by a senior European scientist. During the proceedings, an Indian scientist S raised some questions. P told me that everyone was struck by the questions. It was clear that S had worked hard on the subject and that he was deeply involved in it. P was sitting facing S in the seminar. He looked around and nodded to S in such a way that

- (1) S got the message that P was supporting and encouraging him
- (2) The audience got the message that actually it was P's question that S was asking and
- (3) The seminar leader could believe that S and P were co-workers and that a part of S's theory was really P's.

It is impossible to explain how this could be done by a mere gesture and a look. I understood it because I saw it happen in the transference. When I interpreted, P would nod his head and move his hand with such a flourish that I too, would get three messages:

- (1) That he was encouraging me to do my good work by appreciating what I said in an Epicurean way
- (2) That whatever I said, he had already thought about and
- (3) That actually I could interpret so well because he gave me such fine associations.

In order to understand more clearly the mechanism of appropriation, I shall now present parts of a recent session. On a Monday it had rained very heavily. I had therefore requested P to leave his shoes in the waiting room. He had complied quite pleasantly, but he looked uncomfortable as he lay down on the couch. After tossing and turning for five minutes, he said that he was feeling very odd. Outside, he had felt that it was quite natural that I should ask him to leave his shoes in the waiting room. He had even felt that it was a good idea. As he lay down, he was filled with hatred and sarcasm. He wanted to tell me, 'Why don't you hang a bloody board, 'Please keep your shoes outside'. Bitterly, he had wondered why he should be forced to follow my whims. He went on, he said, being more and more sarcastic in his mind till, at one point, he

stopped himself and asked what was going on. What was so terrible about my request, and besides, he had not in the least felt like that outside. He could not figure it out. He felt very odd and uncomfortable, he added.

He remained silent for another five minutes. I could see that he was struggling with himself. He finally said, as if he had now resolved the crisis, "OK." Perhaps, now, he could say that the hatred was his real feeling and the first feeling was false.

This sentence gave me a double message. His tone indicated that now he was absolutely sure which of his two feelings were genuine, but the addition of the word 'perhaps' suggested the opposite. It was like saying, 'I am doubtfully certain', which is meaningless. It came very close to what he had said in a previous session - 'there is a definite possibility of a firm maybe'.

He clarified further that he did feel that his response outside had been genuine too. He had no problem with my request but he now realised that that was his need to agree with me quickly. There should not exist any rough edges between us, no harsh corners, he added.

I said here that he had described this need to agree with me also to be as genuine as his hatred. Clearly, he had decided to fulfil this need. Having done so, he could not stick to his decision and remain steady in the position he had taken.

P looked very uncomfortable now. He banged his feet on the couch and said that the only solution to the problem was simply to describe what had happened.

I quite understood his plight. Like TRISHANKU, P was trying to go to heaven without dying. To avoid strife with me would have meant containing and tolerating his hatred while expressing his hatred would force him to tolerate rough edges between us. He could not accept either. He was, therefore, left hanging between two possibilities. It is because of this that such a patient uses the language that I have described above - double-talk.

He then said that the strangest part of the experience was that even before I called him in, as he was waiting, he had actually been thinking about how clean my room was. He had felt that I was quite a guy because even my walls were absolutely



dust-free which was very rare. He had touched them with his finger to check. Then one by one he had touched the water-jug, the chairs and finally the floor. The floor was so clean that one could sit on it and work. After that he had a strange thought: he wanted to lick the floor.

From that point onwards, his mind had gone wild, he continued. He had remembered a pornographic book he had read in which a girl was kidnapped by a gang of men on motor-bikes. They beat her up with their boots first and then doped her. They forced her to lick their boots. Finally, all the orifices of the girl were filled up with these men's organs. At this point he had wondered why he was thinking like this because he was getting sexually aroused and I could open the door any moment. He had wondered if it meant that he wanted to be fucked by me, but that was humbug, because he knew that his sexual excitement was clearly in fucking the girl. He even had an erection, so why lie, he asked.

I said here that he had noticed and admired the cleanliness of my waiting-room. He was also quite aware that it was so clean because of my consistent care and effort for which he felt that I was quite a guy. However, he could not just sit there and admire it. He had, like those men in his phantasy, kidnapped it and literally penetrated it through all its orifices by fingering each and every item present there.

P responded by saying that he had a nice big house now. He pines and pines to keep it clean. He has money enough to have any number of servants but it never seems to happen. He was truly amazed that I kept both my rooms totally dust free.

I pointed out that he seemed to be expecting it to 'happen' as if by magic. The fact was, as he said, it never did. He had a keen desire for it, and also the means to achieve it, but somehow they never met to give him a really clean house.

P said that, sitting outside, he wanted to enjoy my world by calling it 'ours', so that when I told him to keep his shoes out, he had felt thrown out of my neat world. He felt that he was a part of the dirt I was trying to keep out. This was too humiliating, so he had agreed quickly to my request. He did not want conflict at that moment.

I agreed with him and said that his method of tackling the problem of a dusty house was to simply jump into mine in phantasy, merge with me and call my world 'ours'. In this way, I do the labour, while he just sat inside me to enjoy himself. He was in this state when I had opened the door and made my request. It must have dislodged him from his phantasy and thrown him out of my world. Since he saw this as humiliation, he had tried to merge again by quickly agreeing, but as he lay down he could see that it did not work. He had hated me then, and had started his nasty sarcasm.

When I finished, the patient said something that I did not understand at all, at that time. He said that he wondered why my voice was so squeaky, like a woman's, when I addressed him outside; whereas, from my chair it sounded so "clear and sober." It took me a couple of sessions to get this cleared.

In retrospect, I believe that something quite complex had taken place. The patient saw my waiting room in two different ways. In the first place, it was my product, a result of my tender, consistent care. In as much as this, it was my - a learned man's - daughter. P can then be seen as committing TRISHANKU's first sin. Instead of labouring to clean his own house-mind he appropriated mine.

Secondly, it also represents the analyst-mother and her body. He finds her very beautiful, with her inside all neat and clean. This also reminds him of a father-analyst who takes tender loving care of her. He steals her and slaughters her -as seen in the violent phantasy -which he acts out by fingering all the objects there. He has entered her through all her orifices and is sitting there sexually aroused - clearly in an oedipal state.

When I open the door of my consulting room he sees two clean rooms. A father-analyst emerges and tells him to keep his dirty self out. Reluctantly, P draws himself out of the mother's body. He is scared the father will attack him now. He therefore quickly agrees with him. However pulling out of the mother leaves him standing as himself between the two parents - in an oedipal situation, filled with jealousy, possessiveness and even envy. He lies down on the couch and bitterly attacks me. Seen in this light then, in the waiting-room I am experienced as either a daughter or a mother. No wonder I sound like a woman. Inside the consulting room I am the father – "clear and sober."

One can see that by now P has managed to stride the border of a variety of elements: (1) Friendly agreement and heated opposition to my request; (2) Desire for a clean house and means to clean it; (3) Mother-analyst and father-analyst; (4) Outside (the waiting-room) and Inside (the consulting room). It is important to note that he has totally denied the fact that he was allowed to keep his dirty shoes inside the beautiful waiting-room-mother. He was not told to keep them outside the office. Secondly, even though I believed him to be dirty as he said, I had asked him to come into my consulting room. Thus both his parental objects had given him proper containers. That was the reality, which he was delinking from his phantasy.

As I said earlier, I did not understand his last association at that time, so I remained silent. After a while he said that, as I knew, he had recently visited the Kashmir border to get real experience of life before writing his next thriller. It was difficult for him to describe what he wanted to say. He had gone there and lived in the trenches. Thanks to analysis, he had noticed that while going through the experiences there - which were quite dramatic - he was thinking of what each of his actions would look like in the eyes of people here-his wife, uncle R, friends etc. He could actually see their faces lighting up with wonder. When he came back, he did describe them to those people. All of them felt that it was “wonderful, fantastic,” etc. However, he knew that he had gone through nothing. Even while describing the experiences, he was busy watching their reactions, with the result that here too, he went through nothing.

He told me this just now, he explained, because he was terrified. He had written the first draft of the thriller and it was completely flat. He showed it to the publisher, who had paid him Rs 500,000(US\$14000) for it, and he too said that it was useless for his purpose. P was now scared because, in case he had to return the money, he had used it up, He simply *had* to produce a meaningful manuscript, but he knew it was” not coming out.”

I feel that P had shifted to the border to get an experience of life because he felt safest there but, unlike M, he was no longer able to relax there. Because of six years of

analysis he realized that he lived no life at all because he hung between exhibitionism and voyeurism.

The third example is from the analysis of T, a 52 year-old woman who has been with me for 12 years. She has come a long way from the disturbed person she was, when we began. Her somatic symptoms have disappeared, her relationships have improved. She is happy in her marriage now, and she is able to work quite successfully in her chosen career. We have been discussing termination for the last three years, but somehow I always felt hesitant to fix a firm date. Recently T presented a whole series of dreams that have helped me to understand the difficulty.

When we began analysis, T was unable to earn a living. It was her husband H who had agreed to pay her fees. T now has a good enough income, but the old arrangement continues.

In a session T lay down on the couch and began to weep. She told me that she did not know why she was feeling so miserable. Nothing external had gone wrong. In fact, she had gone home the previous day, after the session, feeling particularly happy because of the discussion we had. She had this dream, she said, in the night and had woken up feeling depressed.

*In the dream she saw her maid-servant all dressed up and ready to go to a wedding. It was difficult to describe how, but she looked quite odd as if she had put on all sorts of mismatching things - clothes, jewellery, make-up etc. She looked so unsynchronised and gaudy. T's husband H told T that she should give the maid some good jewellery. T agreed that she must, but wondered desperately how. She only had real jewellery - all too precious. She could hardly give that to a servant. She looked around for some semi-precious stuff but she had none. H suggested that she give her, her sister's earrings which she had borrowed. Finally, nothing was given. T woke up feeling very depressed.*

In association she said that her maid-servant was very sweet and hard-working. When T reached home, she opened the door with a pleasant smile. About the sister's earrings, she said that the sister had left them with her to be lodged in the safe deposit vault of a bank, but somehow she had kept on using them herself. She said, 'You know how these things linger on'.

It is relevant to know that T often perceives me as a servant- both in reality and in dreams. I therefore interpreted that, after a long analysis she was able to make a kind of integration- of a maid and a servant - a patient and an analyst - she and I. She experienced this combination as odd and mismatched on the one hand while, on the other, she felt it was rather sweet and a result of our hard work. She felt that this combination would not look so odd and gaudy for a wedding, if she gave it some precious jewellery. And yet, it was her husband who was paying my fees as though, like in the dream, it was he, who felt the need to 'decorate' me - as it were. One could see, I added, the fuss she was making in the dream to take the responsibility herself.

She knew that I made my contribution to this couple quite willingly - indicated every day when I opened my door to her with a pleasant smile -while she appropriated whatever I gave her, like her sister's earrings. She used what she gained from me to beautify herself instead of keeping it safely in her heart (safe deposit vault). In other words, she used it for cosmetic changes instead of introjecting it properly. She also found it impossible to give anything in return. It was clear that she was depressed because, in the end the maid-servant was not given anything. She also knew that this was why the analysis was lingering on, in spite of her feeling so well now.

One can see here that the patient has made an equation, Patient + Analyst = Odd mismatched couple - the maid-servant. This should turn into Patient + Analyst = A healthy patient who could be weaned. This cannot be done on borrowed money.

## **Discussion**

It might be worthwhile to discuss the problem of choice *vis-a-vis* these patients. From what I have quoted from Freud, it might appear that borderline patients almost perversely refuse to make a choice. This, to my mind, is only partly true. No doubt there is some apparent perversity in their behaviour but there are major difficulties which these patients face in reality, as a result of which making a choice becomes extremely dangerous and at times even impossible.

The myth of TRISHANKU, like many others, does not say anything about its protagonists' childhood or early object-relationships. It only begins by stating that he was an arrogant King. One is reminded here of Bion's paper, "On arrogance(1957b)" in which he links it with curiosity and stupidity and says that behind arrogance we are dealing with a psychological ruin.

At the time of approaching analysis these patients were at a stage of development in which there is no awareness of other ways of functioning. As one proceeds with analysis one begins to unearth "psychological ruin". One learns that the borders of these patients have been violated, impinged-upon, and ruined. They are so entangled with their objects that they do not have alternatives to choose from.

In the case of M, my first patient, I soon learnt that right from birth he was highly idealized by his mother. Being a male child, he was treated like Lord Krishna in his child form. Like Krishna he was expected to perform miracles and take away all her pain He in turn, understandably, idealized her-believing that she was equally capable of performing miracles. His father's death in a violent car accident, when M was ten years old, had only intensified this mutual idealization. Whatever the reality of this situation, this state of mind (of mutual idealization and merger with the object) was currently active in M when he came for analysis. In the first few months of treatment, he identified himself as "we," thereby including his mother in whatever he said or did. Thus, when he had reluctantly formulated a likely reason for his seeking analysis, the fact pointed out by his boss that he was a "mama's boy" he was being accurate.

My second patient P was left by his parents in a huge combined family consisting of four brothers and their families. In this large family the role of parents was taken over by any couple that was present at a given time. P never experienced any physical or material want, but his nurturing objects kept changing. He experienced his life as a popular play, in which the actors may change from time to time, but the script remained the same. He had a dim, but much idealized picture of his real parents, who were constant in their absence.

T my last patient, described her mother as a beautiful, learned woman who was also hysterical and violent. When angry she would put hot, boiling curry on T's head.

She believed her other anger was really directed at her father, who was promiscuous man. Out of sheer helplessness, she took her anger out on T. T also believed her father's promiscuity had killed her mother. Interestingly enough, T had sought analysis because she had begun to have fits of violent rage at her husband and had become dangerously promiscuous herself. Thus in her case too, the boundaries had been blurred with both her parents.

The problem of choice presents a three fold danger to these patients. When one talks of making a choice one is immediately suggesting that there are two separate objects with differing characteristics and distinct boundaries, to choose from. This suggestion is experienced by these patients as something that wrenches them off their highly idealized objects, with whom they are hopelessly entangled. For them, it is we who are destroying their links- which, in their minds, only mean merger. This is the first danger.

The second danger is that if we show them as separate from their objects, we are forcing them to see themselves as tiny, helpless, deformed babies who have to face a highly idealized, unapproachable object. This too, is a difficult proposition because the new picture reveals a huge discrepancy between their God-like objects and infant self-between Heaven and Earth. This is an enormous gap with no possibility in their mind of ever being bridged. This produces an unbearable sense of despair, with which they cannot cope.

This also gives rise to a third danger. If they are separate from their object then, in addition to humiliation they have to reckon with violent rage, oedipal jealousy and envy, which they have so far by diving into their object.

Put together, these three dangers seem insurmountable.

My patient P was forced to face all these dangers while waiting for me to open the door for him. Having been in analysis for a long enough time, it was now possible for him to perceive me as an idealized mother who was clean and hardworking, but quite separate from him .In comparison to me/her, he was dirty and incompetent. He despaired that it was impossible for him to match my "clean" beauty. He also felt that in my mind he was like the dirt I was trying to get rid of. He was deeply humiliated.

Though he had first admired me/her, he had to launch a perverse attack quickly. When I opened the door, he had to face a strong, idealized father, who was actually providing for both him and his mother. But in this role, I was quite separate from both of them. Thus, for a brief moment he was forced to see his father, mother and himself as three distinct persons. It was an extremely delicate moment. He was overwhelmed by oedipal jealousy, unbearable envy and a fear of retaliation. As I have shown, he had to resort quickly to his familiar method of merging with me- which too had failed. He was now in a rage and had to start another attack on me as he lay down on the couch.

The question now is that if these patients dread separateness so much, how does one explain their sitting on the fence, not allowing appropriate elements to come together? This obviously looks like a contradiction. In fact it is only those things that are separate in the first place that can come together. Thus, in their eyes parting and coming together is one and the same thing. Both of them produce the same dangers that I have described above. As a consequence of this doubly dangerous perception of relationship, these patients create the peculiar impression, unique to them, of being little imps and/or little frightened babies tensely sitting (or perched) between their parents (or any other objects), not allowing them to come together or to part. This then, becomes the basis of a borderline state.

It is inherent in any ordinary relationship that two separate entities bond and part, alternately. In ordinary circumstances this takes place relatively smoothly, because an ordinary mother would have a certain capacity to bear both, her own and her baby's frustration. This provides the infant with a setting in which he or she could identify with such a mother, thereby introjecting some of her strength. In borderline patients this capacity to tolerate frustration is severely damaged, mainly because of the collusive alliance either they or their objects, or both, have formed. Because of this, these patients compulsively manipulate their external circumstances so that they are never frustrated-creating yet another impression so unique to them of being totally dedicated to the pleasure principle. Having very little or no capacity to tolerate frustration, they cannot go through or "suffer" any experience. This renders the options of mourning a loss or symbol formation unavailable to them, at least to begin with.



The task of analysis to provide a firm and lasting setting, therefore, takes on a far greater significance in these cases than others, and is also more difficult. I say difficult because it is often unbearable to be treated as we are, by these patients. Our efforts to maintain a strictly analytical stance may eventually help them to see the confusion of identities in their minds and help them to make choices, but, to begin with, our efforts frighten them to no end. The result is that for a long time we find our boundaries being attacked in a variety of blatant and subtle ways. An invitation is always present to take on the role of a punitive superego like VASHISHTA, or that of a collusive, infantile, omnipotent object like VISHWAMITRA.

If one is able to withstand this pressure, it becomes possible to make significant changes in their mental structures. I have tried to demonstrate this by three examples from three different periods of three different analyses. In the case of my last patient, T, termination had looked quite elusive for a long time till the dream I have described appeared. It was then possible for her to feel depressed and guilty for what she had been acting out in analysis—turning her good, supportive object, the analyst, into a maidservant and making her husband pay her debts to him. The process of grieving for both her ideal object and her narcissistic self could now begin. It was an arduous task. She often wept in the sessions, describing her plight as that of a person standing on a precipice. On one side of her was a deep, dark valley, on the other, a hungry tiger. In spite of her fears and pain, it was possible to talk about termination and fix a date for it.

## **Conclusion**

In conclusion I would like to say that a majority of borderline patients come for analysis for no apparent reasons. Indeed, some of them come as trainees who believe they are going to be analysed as a mere formality without going through any emotional pain or transformation. As we proceed with their analysis we may find that they reveal one or more pathologies like obsessional neurosis, hysterical symptoms, psycho-somatic disorders, 'as-if' personality structures etc. To my mind these are like TRISHANKU's 'deformity' due to VASHISHTA's curse. I have tried to show in this paper that these are not gained due to their cooperation with the reality principle but as a result of conscious

rebellion against it. They are often deceptively cured by some omnipotent part in us like VISHWAMITRA who cured TRISHANKU by a long penance. For myself, I have often terminated such analyses believing them to be really satisfactorily resolved, missing the real point completely. The real point is their borderline condition. It is in recognising this that I have found the myth of TRISHANKU greatly useful, as it sheds light on so many aspects of a borderline state.