

Object Building in a Female Borderline Patient – A Single Case Study

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The objective of this study is to reflect on the psychoanalytic psychotherapy of a female borderline patient treated over a period of five years. More specifically, the objective is to focus on the building of the object, the changes in the status of this object and its consequences for the process of subjectivity.

Therefore, transference and countertransference movements will be analyzed, as well as questions related to the setting and psychic functioning as a whole, including dreams, acting-outs in the various degrees of the institution (patient's own body, psychiatrypsychoanalyst relationship and the institution itself). Special attention will be paid to the language used by the patient and how the analyst responds.

This presentation focuses on psychic changes in a female borderline patient, specifically the observation of object building during a psychoanalytical process.

"Object building": the construction of an object

I shall show three different modalities of object relation, from three different points of view in which **alterity** is observed of the patient during a psychoanalytical process of five years.

Alterity: synonym of The Other - everything that is not me

Procedures

Agatha, 30 years old, was treated by me

- first in individual psychoanalytical therapy for 3 years in the Clinical Centre of Research at UNIFESP.

- Then for 2 years in private consulting clinic 2-4 times a week in 50-minute sessions.

As my patient then she has been a subject in a Psychoanalytic Psychotherapy Study, being an **object of research** (Study 1, 2005)

A report on this first study had been delivered at the RTP in 2005 by Dr. Yazigi et al.

Procedures

- At least a protocol of one session per weekly sessions was documented.
- Weekly discussion were held with team of psychotherapists coordinated by an independent psychoanalyst from outside of the Center.
- Meetings with therapists were recorded.

Theory

- The nucleus of the **Theory of the Object Relation** is contained in the last Freudian conception of instincts.
- Bouvet's conception of object relationship was taken up by Green (1995). He integrated the theory of instincts with the theory of object relations.
 - deferred action (Nachträglichkeit/Après-coup);
 - distance in relation to the object, according to its appearance in transference situation;
- Alterity = Object......

Questions:

What is the status of the object for borderline patients?

- How do patients make use of this object?
- How to follow-up and report changes in the object's status throughout a psychoanalytic process?

Method

The main hypothesis of this work focuses on the account of three paradigmatic scenes.

The paradigmatic character of these scenes is illustrated by three different modalities of relation with the object, i. e., exemplifying the concept of alterity.

Method

The garbage can = a selected fact.

Selected fact:

the name for the emotional experience of a sense of discovery of coherence (Bion, 1962).

"I have used the term selected fact to describe that which the psychoanalyst must experience in the process of synthesis. The name of one element is used to particularize the selected fact, that is to say the name of that element in the realization which appears to link together elements not hitherto seen to be connected..." (Bion, 1962).

What does the 'garbage can' mean?

It is related to the container, which contains Agatha's sexuality, her dirtiness.

The garbage can is her mother, is me (the psychoanalyst), is the object, is the relation with alterity.

The Garbage Can – Time I

1st session – Clinical Centre of Research and Psychotherapy

As we entered the room, Agatha seats in the armchair and I observe that she held a packet with some food.

I comment: "You brought some food...""

Agatha: "Yes, it is my breakfast, I have not eaten anything yet, but it is awful, I am going to through it away".

She was depressed and complained of being abandoned by her physicians. She had a feeling of helplessness, she wished to die.

This first session went on in a intense way, she rejected my approaches and attempts to accompany or understand her. By the end of the session, she stands up and asks:

Agatha: "Where is the garbage can where I can throw the packet with the bad food?"

I: "What happened between us was not food to be thrown away".

Agatha reacts in an astonishing way: she says, crying, that she is going to throw the garbage in another place, even though I showed her the garbage can in the room. She leaves the room and simply goes away without saying a word.

Agatha becomes aware of my limits and can not stand it. She feels rejected.

She stands back, withdraws from me and closes herself.

She stays in a passive position in relation to alterity. There is a withdrawal from the instinctual investment.

She returns to narcissism.

The garbage can – Time II

Fourth year - Clinical Centre of Research and Psychotherapy

- One day, Agatha arrived late bringing the chocolate beverage which she received as part of the research snack and says:
- Agatha: "I am always run over by people, nobody understands me, the physicians abandon me alone, they do not care for me".
- I: "OK, facing reality is something really difficult."
- She throws the chocolate beverage in my room's garbage can as strongly as she can. She is feeling a lot of hate.
- I: "You become angry with me because things are as they are."
- She ends the session saying that she is going to kill herself.

Was she communicating to me her wish to leave the position of a research subject, which she occupied in Study 1? Did the chocolate beverage represent the research's caring posture from which she desired to be released? Was her time as an object of research finishing?

Agatha manages to separate herself from the chocolate beverage (= thus rejecting being a research subject) by throwing it in the garbage can. The chocolate beverage now is part of alterity.

Agatha rejects the Other:

She assumes an active position in relation to alterity.

The Garbage Can – Time III

Fifth year – In my private office

Agatha begins to talk: "I bought a new cover for my mattress, it came in a cardboard package. Can I throw the cardboard in your garbage can?"

I: "Yes you can, why not?"

Agatha: "It is going to occupy a large portion of it".

She stays the whole session splitting the cardboard into little pieces and keeping them.

Agatha: "My mattress is all dirty with blood from the time I used to take my blood (to admire it and find objects in it, as she had told me before). I did not know how to do it (she shows a kind of pleasure), the blood splashed over the bed because I did not know how to untie the rubber from my arm. That is why I bought a new cover".

I: "You are living another moment now. You have left these things behind".

By the end of the session, Agatha threw the little pieces of cardboard inside my garbage can.

Agatha takes into account the limits of alterity.

There is a negotiation between the limits of the other (me, the capacity of my garbage can) and the limits of the subject itself, Agatha.

Through the psychic movements of withdrawal and approach in relation to the other, Agatha attributes psychic places to objects.

The limit of the other (object) acts within the subject, giving a limit to its instinct activity.

According to André Green's instinct theory:

There is an "objectalising" function of instincts life - investment, activity, binding.

There is "disobjectalising" function of instincts life - disinvestment, withdrawal, detaching, unbinding.

The instinctual investment in an object is an effect of instinct fusion (life and death instincts). The withdrawal of instinct from an object leads to narcissism, a consequence of instinct defusion.

As a result, the building of an object takes place simultaneously with the building of alterity.

Psychic apparatus is constituted during the building of objects and in the relation with the objects.

Questions:

How to interpret these three sequences of the use of an object in your theories?

- Where can I find literature about this?

What references resonate with the work I am doing?

Some Attempts for Answers:

Literature: Winnicott: The use of an object? (Where?)

A Single Case Study should allow for testing case-specific hypotheses by providing systematic samples and manualized evaluation strategies.

Fonagy P, Moran G (1993) Selecting single case research design for clinicians. In: Miller NE, Luborsky L (Eds) PsychodynamicTreatment Research. A handbook for clinical practice. Basic Books, New York, pp 62-95