Addiction to Near-death of Borderline Personality Disorder:
Transforming Internal Object by Working through Primitive Mental Defense

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Primitive mental state

- Narcissistic
- Confusion of the self and the objects
- Introjection of objects: fragile, hypersensitive
- Projection of aggression into objects
- Insatiable demands towards objects
- Nullification
Primitive mental defense

- Mental pain: narcissistic injury
  - Omnipotent denial
  - Splitting
  - Projective identification
Omnipotent denial (Segal, 1964)

- Against the psychic reality, against depressive feelings of valuing the object and depending on it, and fear of loss and guilt

- Triad of feelings
  - Control: denying dependence
  - Triumph: denial of valuing and caring object
  - Contempt: acting against the experience of loss and guilt
Splitting

- The separation of mutually contradictory, alternatively conscious self- and object-representations in order to avoid painful ambivalence and anxiety

- Good parts or bad parts

- Idealization and devaluation
  - Towards self or external objects
Projective identification: Goldstein W (1991)

Step 1. The projection (externalization) of part of self onto an external object (recipient)

Step 1a. The blurring of self and object representations

Step 2. Interpersonal interaction: projector actively pressures the recipient to think, feel, and act in accordance with the projection

Step 3. Re-internalization
Projective identification: Ogden T (1979)

- Re-internalization

1. Processing projections

2. Potential for change vs.

Reaffirmation of pathology
Patient disavows and projects bad internal object into treater

Patient (Gabbard, 2005)
Treater unconsciously begins to face and/or behave like the projected bad object in response to interpersonal pressure exerted by the patient. This step may be referred to as projective counter-identification.
Treater contains and modifies the projected bad object, which is then re-introjected by the patient and assimilated (introjective identification)
**Projective identification**: an important element in the dynamics of counter-transference

... in such a turbulent scenario there will be many times when we cannot recognize the projective material, and find ourselves complying or resisting unknowingly ... the ensuing struggles are painfully familiar to most of us ...
Case history
Case history

Case A, female, 26y/o, single, youngest daughter, dropout of university, diagnosed as atypical depression with borderline personality disorder, coming with the chief problem of severely scalding four extremities, swallowing rotten fruits, fish or worms, and self-inducing vomiting. She sought help under the supervisor’s advice. She began to take damaged substance (e.g. excessive medication, rotten fruit) from about 10y/o, she came for 77 sessions psychotherapy (psy/t) from 04/02/2006 to 09/30/2008.
Psychodynamic formulation

- **Self-representation:**
  - bad self-image, self-devaluation

- **Object-representation:**
  - critical, despise, intolerance

- **Relations with other:**
  - distrust, vulnerable to be despised, strong jealousness and competition
  - easily identifying/introjecting object to fit internal s-o world

- **Superego, ego, id**
  - Superego: critical, devaluing
  - Id: hunger for other’s appreciation, self-destroying instinct
  - Ego: hard to hold inner conflict (ambivalence) and control impulse (mixing her hostile with guilt)

- **Self:**
  - Low self-esteem, poor self-cohesion
Primitive defenses

- **splitting**
  - idealization/devaluation:
    - Joining or leaving religious society, the beginning of psychotherapy, taking medication

- **projective identification** (transference/countranference)
  - Project bad self-representation
    - She regarded T, as an incapable person, can’t save her/she played critical object-representation
  - Project bad object-representation
    - Therapist regarded her was helpless and hopeless/she played poor-image self-representation

- **primitive introjection**
  - Promptly and sensitively, regarding self as a incapable and tough (poor quality) person
Clinical Result

- Without self-inducing vomiting
- Without scalding extremities
- Without taking rotten fruit or meat
- Only left self-injured behavior: taking insecticide, weeds-killer with low dosage which more or less effects on her physical health
- “the idea of desiring death” existing as before, never stopping any moment, but only occasional mentioning recently
Countertransference

It cannot and must not be eliminated through the analyst’s self-analysis, because as we now know, countertransference is a fundamental element in the positive progress of the analytic process.
-----, positive results in analysis are possible only when the analyst ceases to work exclusively on the pathology “of the object.”

Success thus depends on the permanent work of self-analysis which progresses during the analytic process.

(Aldo Carotenuto, 1991, p xvi)
Creating Safe Space

★ Winnicott:
#. Holding environment:
good-enough mothering (facilitating environment)
#. Transitional object

★ Bion:
#. Contained and container
Death instinct

- The whole self identified with destructive self
- Aiming to triumph over life and creativity represented by the parents and the analyst

Envoy (Klein1957) : A hostile, life–destroying force in the relation of the infant to its mother and is particularly directed against the good feeding mother because she is not only needed by the infant but envied for containing everything which the infant wants to possess himself

(Herbert Rosenfeld: a clinical approach to the psychoanalytic theory of the life and death instincts: an investigation into the aggressive aspects of narcissism, 1987)
Addiction to near death

- Destroy self physically and mentally
- A sense of hopelessness in themselves and therapist
- Repetitive accusations of objects or self
- The pull towards life and sanity being located in the therapist → pt’s apparent extreme passivity and indifference to progress
- Terrible and exciting self-annihilation which annihilates the objects as well

Conclusion

- In the future, besides continually holding or containing her negative or destructive therapeutic response, how to help her introject the love object should be rendered.

- Though the extent of self-injuring behavior becomes less, how to minimize the aggression towards D (bad internal object) and enter into so call “depressive position” is further task..

- Individualizing herself through separating from the dependence on Dean
Working in the Countertransference: Necessary Entanglements

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