

Chapter 1

Goldilocks broke into the Three Bears' house and tried their food, their chairs, and finally their beds. She found that one bowl of porridge was too hot. The next was too cold. The third was just right. The first chair she tried was too hard and the next too soft. The third was just right, and so the story goes. Imagine Goldilocks' frustration if there had not been a third option; if everything existed at one extreme or the other. Imagine a world where nothing was ever "just right." In this paper, the author will present a case in which the patient was in a constant state of dysregulation, moving from one pole to its opposite, unable to have and hold the experience of a middle ground, even when offered or advised. Within the treatment, she continually struggled with the structure of the analysis—contractual issues, patient-therapist roles, and analytic methods—experiencing it alternately as too rigid or too loose, too dead or too full of feeling, too deep or too superficial. What motivates the pattern of struggling with structure? What does the pattern of behavior reveal about the unconscious dynamics and what does it hide?

Treatment Beginnings and History

Ms. Kay called the Therapy Center after seeing an advertisement toward the end of 2004. She said she needed a neutral party who could "listen to and understand" and be able to "think outside the box." She was assigned to me, as I was next on the list. The fellow doing intakes said Ms. Kay called the service a number of times before her scheduled date in order to confirm the time, date, and name of the therapist and to find out "Why is he the one who can think outside of the box?" This was a question she also asked me during our first contact. The day that Ms. Kay was given for an intake was a day that I couldn't meet with her, so I had to call her and reschedule. On the phone, Ms. Kay quizzed me on why I had been assigned and what was it

that made me the one who can think outside of the box. I told her that was a question to ask when we met, but she pushed for more information and it seemed she couldn't be satisfied. She said she had a lot of things going on in her life and wanted to know if I was going to be able to listen. I told her that was what I do, and we rescheduled our intake for two days later. This was to be a precursor for future enactments in which appointments were frequently changed, distrust was evident and no answer was ever good enough.

On the day of the intake, Ms. Kay arrived and I met her in the waiting area. She came in the room and sat in the chair facing me. She said she moved from Canada to the Northeastern United States to attend graduate school. She claimed to have earned a Masters in Education but didn't say what the area studied was other than, "It's in social service work ... and learning ... and nonprofit management..." She mentioned that she was following a program of her own design. When I asked more about it, she said only that if I was really interested, I could search the web for it and "it would be out there" as her last project "went to Washington DC." I was never able to find mention of this program. The only thing I could gather from what she said was that it had something to do with developing service learning projects in developing countries, sending affluent kids to work with less fortunate ones. A presentation of extremes was expressed in both the treatment relationship and the content of the communications from the start.

Ms. Kay talked for the full first hour and requested little from me, but I felt very present with her throughout. This may have had to do with her hyper-vigilance. I felt that there was more than the usual amount of anxiety in this first session with a new patient. I found her vague and withholding and any time I asked a clarifying question, even if it was object oriented, she pointed out that I didn't really understand her. She felt slighted that I would ask such limited

questions, and expressed concern about my ability to help her with the things she needed. She also conveyed the message that she was in charge and could reject me at any time. She mentioned she had been in therapy with three other people, but that each treatment had only lasted three months. She had to leave these therapists because “their stuff kept getting in the way.” She was also currently “shopping” therapists, and had another intake scheduled at a local, free, religious-based clinic with a woman, saying “I might really need a woman to help me. Although maybe talking to a man about intimate things would be good for me too.”

The first few sessions were a continuation of the intake as Ms. Kay was not sure I was the right person for her and needed more time to decide. I learned in these early sessions only a little about her life. Ms. Kay was in her mid-forties and reported that she had suffered from anorexia as an adolescent. She seemed to change jobs and apartments monthly and obsessed over an unavailable man. A picture emerged from her behavior and her description of her life in which she denied any need for help and rejected all offers. Then suddenly, as if a switch had flipped, she ‘devoured’ any available help, though this did not satisfy her. She complained bitterly that no one was there for her. She called numerous crisis hotlines in three states and most had put her on a contract limiting the time and frequency of her calls. She often violated those limits and as a result was banned from some of these support or “warm”lines.

Her speech in sessions was often pressured and she said as much. She talked about being sensitive and feeling criticized as a result of growing up with parents who “did not get that she was different and had bigger dreams than regular people.” She reported attending undergraduate and graduate schools, but seemed to have only debt to show for it. She was managing to pay for things via credit cards and cash advances and at the time had amassed \$20,000 in debt. She did not have steady employment until about six months into treatment,

instead preferring consulting work with its inherently irregular cash flow. Ms. Kay's father paid for her health insurance and she hated feeling indebted to him, but she refused to work the full-time hours necessary to receive healthcare through a job. She talked in sessions about frequent betrayals and rejections from her past: her parents didn't support or understand her, she was asked to leave a job in Canada when, according to her, things heated up between herself and the boss "sexually", "another girl stole the guy" she was interested in as an adolescent which triggered the onset of her anorexia, and another woman stole a project she piloted right before it "took off". After six months of treatment, her predilection for rejection seemed to lead her to find work in a field that has a tremendous amount of pressure and rejection: telemarketing. She was able to keep this job for four years.

Ms. Kay hated the work and complained about "being in a box." Similarly, she often berated me for thinking narrowly or trying to keep her to a contract or any type of regular schedule. "I am too big for that, my life doesn't fit neatly in any one box... I am making my own journey." She wanted to be able to have sessions when she needed them and phone contacts any time. She looked for complete understanding of her complexity without having to explain it to me, "you either get it intuitively—or you won't—it's not my job to teach you or explain it." In the pursuit of a contact that was "just right", we tried sessions once, twice, and three times a week. She kept calling between sessions for more contact, but was easily over stimulated when she came or called. Once, in the throes of a fight, Ms. Kay reported she was angry because of "your lame-ass shit." I asked her if maybe I was too available to her, to which she replied, "Yes, you may be too available. Maybe we need to have space, go to once a week and not have phone calls in between. Like going cold turkey." I tried to reduce the number of phone calls by

prorating them, and then by trying to schedule them between sessions so that they were not so random and disrupting to my life.

In addition to increasing or decreasing the frequency of sessions and making extra analytic contacts, Ms. Kay tried each week to change session times or substitute phone sessions for in-person sessions, or to cancel sessions with less than twenty-four hours notice without paying. She made demands in session, which were gradually seen as enactments of her core conflicts. Frequently, they were also struggles with structure.

Nearly every aspect of the analytic structure was a problem. For example, Ms. Kay wanted a fee below the minimum \$15. I asked if I shouldn't help her make more money to be able to pay me at least the minimum fee. She took this to mean I was saying she couldn't do it on her own, and clarified that she was already making money, "This is the best I can do in this environment." We finally agreed to start with a \$5 fee, but that was difficult to collect. She wrote checks at the beginning of the next month for the previous month's sessions as opposed to the last session of the month and post-dated them another three to four weeks. She paid me last, after everyone else in her life had been paid. She mentioned that she paid down some of her credit card debt and bought a glass of wine and a restaurant dinner daily as she didn't know how to cook. In all these actions, she seemed unaware of the devaluing message she sent me.

Often, she made demands that seemed aimed at getting me to step outside the analytic role. If I would give a little advice, for example, to wait for a response before sending another email to D, she would complain that I wasn't asking questions and helping her explore on her own; if I didn't give her a little direction, she responded by saying I was too withholding, rigid, and cold, "like a bump on a log" or "dead wood." There was no way to get it "just right."

In addition to struggles with the analytic contract, Ms. Kay took issue with all aspects of analytic method. Regarding the couch, I said, “People find the couch helpful,” to which she responded, “Well it will be good for you to try something else.” On the matter of free association, Ms. Kay was adamantly opposed. Instead, she set an agenda each week. She generally wanted to talk about, “D, work, house stuff,” and “increasing the positive things in her repertoire.” Ms. Kay sought “pep” talks from me, although anything I said just angered her more. I wasn’t specific enough, direct enough, and was doing a terrible job at cognitively reframing.

Ms. Kay proceeded to talk about situations that I learned were common to her. I called these her ‘situations that don’t work.’ She explained that she was seeing a “boy” from a local university who was enrolled in graduate school from overseas. “D” and she had found each other on an inter-university dating line and he sent her romantic poetry and pictures of crushed rose petals on a bed. She always used initials or adjectives for the people in her life at this time. Names were offered only after about two years of analysis, sometimes being full names, otherwise she used initials, a single letter, or just an adjective. D told Ms. Kay that he had a girlfriend at home, but that didn’t deter her from pursuing him and dreaming of a life together. She described him as “in his early thirties, blond haired, blue-eyed, medium build, and German.” From that description, I wondered how closely I must also look like him, being that I had the same features. D went home one school break and married his girlfriend, which seemed to make Ms. Kay more obsessed with him. She made a point of saying that he was the perfect Aryan and she was Jewish, so her family would never have approved, but again, “that’s their short-sightedness.”

Other situations that didn't work were apparent in her choice of social scenes, living arrangements, and work. She seemed to operate under the assumption of "no pain, no gain." She had knee problems and would get sore and tight from working out, but instead of easing her workouts until the problem was corrected, she felt she needed to push harder to get through the pain, despite advice to the contrary from the trainers in her health club. The trainer advised her to push herself just barely outside of her comfort zone in order to make improvements. She rejected this advice and kept doing what she "knew" was right for her: being extreme. Ms. Kay reported that she often got people to give her things: free samples of food and wine, rides in sailboats, cell phone use, landline phone use at her gym, and—from me—cheap sessions and phone check-ins. None of this was ever right though, and she complained bitterly about the offers and the help. When her ungracious behavior insulted people, as frequently it did, she claimed that they shouldn't have offered her things in the first place if they were going to be mad. This pattern was enacted in the treatment. She never seemed aware that her entitled demeanor made people resent giving her anything, or that it prevented them from wanting to help her in the future.

Within sessions, 'situations that don't work' also came up frequently. Ms. Kay saw the sign for psychoanalysis, but wanted cognitive behavioral therapy and 24/7-phone crisis support. She mostly refused to use the couch, yet looking at me she constantly read me as "judging her." Scratching my nose led to the conviction that I was getting ready to be rid of her or was thinking of something else. Once she became upset when she saw my fingers were crossed during a session as me inferred that I was wishing she were gone. If my bones cracked when I shifted in my chair, she felt that was a sign of me being uncomfortable with her material.

Despite feeling exhausted by group settings and paranoid because of her history of “being the scapegoat,” she attended gatherings and joined groups frequently. She described feeling drained from a week of work with people in the office, and then she chose to fill her weekends with more social scenes and people. In the third year of treatment, she said she was equally afraid of alone time on unstructured weekends, yet she kept on working only four days a week, making every weekend a “long weekend.” She felt old and like an outsider yet joined groups that only seemed to highlight her difference: undergraduates on pub crawls; Swiss or Latino events (she was neither Swiss nor Latino); or technology conference committees full of “scientists and numbers people” who ignored “the art of people like me.” I often thought to myself, “Do I believe what she says or what she does? What does she really want?” Occasionally I could get a word in edge-wise and ask, “How does that work?” to which she would respond that a particular approach worked or did not work because “I am on my own journey, it is not mapped out or cookie-cutter, I could do it a different way, but that is not the journey I am on.”

Rules and methods of social interactions were mixed for Ms. Kay. It seemed she received a lot of invitations to events: she spent holidays with the foreign nationals who couldn't get home, she traveled to Europe twice to stay with different people she met at a conference in the US one time, and many times she was asked to volunteer at job fairs and on committees at universities she had not even attended. Yet, with each invitation, she was sensitive to cues people were sending her that they were mad at her but she had no idea why and she felt abandoned or rejected. She complained about feeling that she was a scapegoat or “shamed and blamed.” In our work, I often found myself blaming her for not being able to use the couch, pay on time and talk, which denied the fact that she was actually unable to cooperate in this way. She

didn't see the point of talking, especially about the past or feelings, as "that would be a waste of time." She needed to press forward.

Often Ms. Kay worked on a very literal level with things that were not meant to be so literal. If someone said "talk to you later" she assumed she'd be getting a call later that very day. She would start a pattern of behavior I became familiar with quickly in a matter of hours following these closing remarks. She usually followed up this meeting with a friend, colleague, or person she met on a bus with an e-mail or voicemail thanking them for their time and saying she was waiting for their call. Next, she sent a text message, checking to see if they got her earlier message. Next, she contacted them again to apologize if she had said something to offend them, since they hadn't called her. Finally she accused them of being passive-aggressive, as they were "obviously mad because they didn't get back to me." All this generally occurred within a twenty-four-hour to forty-eight-hour period. This behavior seemed to create another situation that she complained about, not having any friends. She enacted the same pattern with me, leaving me a message asking me to call, then calling back to make sure I got the first, all within such a short period of time that I hadn't even checked my phone. She responded to my question, "What if I can't call you back?" with a request to at least call her back to tell her that, and to schedule a time for later. If I didn't call her back, she would leave messages telling me that if I was angry with her, "I should at least tell her that was why I wasn't calling." She never believed that I didn't have my phone or hadn't checked messages. Few people could tolerate such an onslaught of messages and most either stopped talking to her or yelled at her for being intrusive. Ms. Kay continually reported this pattern throughout the first two years of analysis, until we finally made headway in understanding that this "wasn't working for her." I couched it as her "giving away

her power” and she was able to psychically digest that without throwing it back at me. As for our own phone-related issues, we agreed that I had twenty-four hours to call her back.

Ms. Kay complained throughout the treatment that she “didn’t have a place or space” and this was often followed with feeling “lost and adrift, I really need to find steady ground”, yet she lived with university students which meant that she needed to change housing with each new college semester. This made for strong unregulated emotional states as she was always looking for housing, going to “interviews with prospective roomies, but I feel like they are judging me” which led to feelings of rejection and abandonment. When Ms. Kay talked about all the moving she had done, I got the idea that she had left parts of herself all over Boston. She had clothes stored in one home in one city, boxes in another, and a bed in yet another. Ms. Kay was a master at getting people to hold some of her things after she moved out, and seemed to enjoy worrying that her things wouldn’t be there when she went for it, but took pleasure in finding them still there when she searched for them. Conversely, she was “wronged” when people didn’t want to hold her stuff, or if they did, she inevitably felt like they threw some items out or damaged things. It wasn’t until the fourth year of treatment that she seemed comfortable enough to sign a full-year rental agreement.

The techniques of summarizing, joining or mirroring her statements led to haphazard results. It was easy to say too much or too little, often missing the real unconscious feeling, as it was obfuscated by the intense conscious presentation. Anything I said inevitably revealed to Ms. Kay my “poor listening,” “neglect of the nuances of situations,” and my “black and white view of the world that needs work.” She reiterated bitterly that she was a maverick and could “not to be defined in any box.” Yet Ms. Kay’s own quick judgments and black and white view came through in her chronic insistence that I wasn’t right for her.

Although Ms. Kay claimed to be independent of others, she wanted me to keep track of her sessions, request payments of her and give her advice. She often disagreed with my accounting and hardly ever listened to my advice. My silence also meant to her that I was stuck, dead, or had forgotten something. She wanted more, but didn't know what it was; knowing only that it was my job to figure it out. She told me, "Other clinicians are more intuitive and don't need me to spell it out for them. I think you are just limited and I will have to accept that if we are going to continue on this journey."

It was evident that basic elements of the analytic contract such as the fee, schedule of visits, and use of the couch were still unresolved. It was as if the patient and I continually struggled with one or another basic element of the treatment contract, and when that finally became clear, the other elements were suddenly unclear. As we cleared up the next element, the first one we had agreed upon became an issue. Only one element of the contract between us was capable of being discussed at a time. It was as if the entire treatment took place over negotiations of the contract. It was at this time that my clinical supervisor was trying to help me overcome my resistance to seeing the patient as falling on the borderline character spectrum. Interestingly, it took two years and countless hours of supervision to finally agree to the borderline diagnosis.

All this set the stage for what would be the central issues in treatment, struggles with structure. Struggles with structure included contract issues (time of and day of appointments, frequency, fee), methods (use of the couch, free association, and in-person versus phone contact), and roles (what was I to do? What was she to do? And what roles were there for us? Analyst, counselor, peer advisor, patient teacher, friend and confidant?). She would test the limits of new contracts as soon as we had agreed to them. The relationship was to be a stormy one. There would be flare-ups of anger, splitting, impulsiveness, and threats. I had to learn how to manage

the numerous and intense difficult transference and counter-transference before the case could proceed past treatment destructive resistances.

As testimony to why she and I managed to stay together, she said I was “there” for her while everyone else left, even though everything I gave her was wrong. I was merely a container and some structure for her to fight against.

Ms. Kay’s struggles with structure frequently involved splitting, with her seeing me as the bad therapist and seeking someone better. This search for a better therapist always let her down. Over our treatment of more than five years, she added a personal coach and two other therapists. The last “new therapist” would only be able to see her for the 24 sessions her insurance allowed. This therapist also called me to ask if Ms. Kay shouldn’t go to another analytic institute where she could be seen two to three times a week on the couch. However, when the therapist mentioned that to Ms. Kay, she felt like the counselor was saying Ms. Kay was crazy because she needed therapy two to three times a week. This kind of splitting and triangulating helping professionals was a common theme in treatment.

I was involved, particularly in the early years, in my own splitting. Because the patient seemed so overwhelming, I talked about the case to whoever would listen: other supervisors not assigned the case, fellow students, and of course my analyst. Everyone had his or her own take on the case and often I came back to my control supervisor and said that I wasn’t getting enough help. I became convinced that my control supervisor started looking more and more like my patient. Triangles taking the form of disagreements or misunderstandings between myself, the control supervisors and my directed research advisor had to be discussed in order to handle them maturely reducing their potential negative influence on either the analysis or the research.

Eventually, these subsided, as they were understood as actions on emotional inductions from the patient.

Ms. Kay seemed to live at extremes. She described her boss as “building a case to fire her” or the job as “too small to continue working at”. If she trusted me more, she would then get nervous and find a reason to not trust me. When she said she was “appreciative of your flexibility and availability for me in this stage” she followed it up within the session or in the next with, “This isn’t helpful and I need to look elsewhere for support ... you have taken me this far, but you just aren’t nuanced enough to take me further.” When I made myself available during a trip to Europe, she jovially called and said “Bon Jour, thanks for taking the call,” but when I returned, she attacked with, “You are such a shit and we are not getting anywhere ... I don’t know, maybe you have this memory problem ... you never remember me between sessions and there isn’t enough trust here that you will be there to make me feel comfortable talking with you.”

Ms. Kay wanted people at work to ask her questions about her life, saying she wanted them, “to take an interest in me and see that I am bigger than my role here with other outside interests.” However, when people asked how she was or wanted to find out how she was doing, she would reply indignantly, “How could they possibly ask something like that? They couldn’t possibly understand my work and life.” Once, she ran into a coworker in the street and said “Hi.” He returned the greeting and kept walking as did Ms. Kay, but Ms. Kay muttered under her breath, “Fine, if that’s all you have to say.” He came back and said to her, “You told me at work not to say too much. Which way do you want it?” In another instance, a boss wanted her to sit in on a meeting and she declined. He said to her, “You know, if I didn’t invite you, you’d have been upset. I can’t figure you out.”

Ms. Kay experienced her family in the same way. She wanted them to be interested in her life, but when she gave her father her resume because he said he would be willing to look it over, she felt that he was judging her. When her parents were in town and wanted to spend some time just with her, she felt they were keeping her from time with her sister and niece; yet when they made a special trip to see her niece's graduation, she got angry that they never visited for just her and that her sister got special treatment because she complied with the "stereotype of getting married and having a kid."

Ms. Kay reported a lot of toxins in her body. New England was too cold and dark and her doctor told her she could be vitamin-D deficient, so she took supplements, but it had toxic effects on her. She needed to eat salad to stay healthy, but heard that "cold salads were toxic for digestion". She used an anti-wrinkle cream and teeth whitening system that she believed left toxic chemical residues within her system. She told me about her menstrual cycle, but she seemed to report either "building up toxins" or "shedding toxins", both of which depleted her and never seemed to end. When she purchased a new bra, it was often too tight and this "would cause blood to pool, clot, and become toxic." She would continue to wear it though as she "had to break it in." My clinical supervisor informed me that bra's are not like shoes, "you don't break them in, they fit or they don't when you buy them." Another time Ms. Kay bumped her head on an airplane overhead storage bin and was convinced that there was "bad blood flowing around her body." While in France on a vacation, she drank tap water and was convinced that it was causing her to become anxious due to "toxins in their water." Once, she arrived for treatment and complained that coming to treatment was now toxic. She said she was in the bathroom and a fly landed on some flypaper and then flew into her mouth and now the glue that was on its feet

was in her. Another time, the bathroom smelled like urine and cigarette smoke and she couldn't "get rid of that toxic odor."

I was frustrated that we were constantly struggling with times, methods, and fees. I was unsure what the dysregulation was about, but it certainly seemed to be the core of the case. For these reasons, I developed some questions to consider, and this led to the research.

Questions

Why does she resist and struggle with the structure she seems to seek out? When is she more relaxed and what leads to more moderate or intense struggles? When does she relax into the structure and when does she try to destroy it? What does she show and say that helps one understand the conflict she experiences being at extremes and not 'in the middle'?