

THREE CHARACTERS

Narcissist, Borderline,
Manic Depressive

Christopher Bollas

with

Sacha Bollas, PsyD



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Introduction

These essays are based on lectures presented to psychoanalysts, analytical psychologists and psychotherapists who attended the Chicago Workshops (1991–2007) and the Arild Conference (1983–2010). At the Chicago Workshops, groups of eight people would meet three times a year and most members attended for at least ten years. The Arild Conference met annually for three days and was attended by thirty clinicians from Sweden and Denmark. Of these, at least twenty-five members attended for about twenty-seven years.

Both groups focused on clinical work. Each meeting would concentrate on a single case presentation, allowing the presenting analyst to take several hours to present material and to discuss their case in depth. It was common for a case to be re-presented after several years; indeed, in some situations a case was followed over a ten year period.

The participants were senior clinicians. They were well read and were familiar with the seminal psychoanalytic works on character disorders. Many in Chicago had studied with Peter Giovacchini, whom I came to know in the middle 1980s. He also attended the Arild Conference in the 1990s, and so both groups were able to benefit from an understanding of his profound insights into the nuts and bolts of working with the most

challenging of character patterns. All the participants knew the standard texts of Otto Kernberg, Heinz Kohut and Harold Searles, and we also studied the writings of André Green, Masud Khan, and other European analysts who had written extensively about character issues.

The essays presented here assume familiarity with this literature or the works of other analysts who have written on the topics. They address selected elements of the three character types, and are by no means intended as comprehensive accounts of all aspects. The particular aim of the lectures the essays are based on was to help clinicians get into the minds of these three personalities, and, keeping with this theme, each chapter ends with a first person narrative of this self's position in the world. Only when we place ourself within the logic of these characters can we begin to identify and empathise with the strategies they have developed to help them survive challenging times.

This exercise of expressing thought in the first person is a technique that I came by at graduate school when I was studying English literature. Confronted with the complexities of seemingly confounding characters, I found that I could approach them more easily if I simply spoke (or wrote) as if I were them. As I followed the sequence of the character as it acted in the world, this would inevitably disclose the logic of the person's character. To take as an example the opening of Melville's *Moby Dick*: we begin with Ishmael, who says, in effect, "I am taking to sea because if I do not I will kill someone." If we follow all his subsequent thoughts and actions, in time their moves repeat axioms that disclose crucial assumptions that guide his personality.

At the outset, it is important to point out that no two borderlines, no two narcissists, and no two manic depressives are the same. Indeed, apart from certain crucial personality axioms, they may have little in common. They will be who they are for many different reasons, but it is nonetheless possible to describe a typical relation between their subjectivity and the world they inhabit. So when we use the descriptions "narcissist", "borderline" or "manic depressive", we are identifying axioms that these individuals share. Each character disorder forecloses the receptive and disseminative fecundity of personality in a different way. In their rivers of consciousness, which will be highly varied, there are types of dam that they will have in common, characteristic mechanisms

that operate independently of the quotidien and that are somewhat predictable.

At the root of all character disorders there is mental pain, and the advantage of any character structure is that its repetition makes the person's distress findable. It may take many months of analysis to understand a patient's axiomatic structure, but if we are dealing with a narcissist, a borderline, or a manic depressive, we gradually come to identify and recognise these characteristic traits and the intelligence of their features. Whether we see the problem as mainly biological, or to do with disturbances in the maternal order, or with impossible dilemmas from the real, each disorder is an intelligent attempt to solve an existential problem.

Even though these solutions may in themselves be highly disturbing, if the clinician can grasp their specific intelligence and help the analysand to understand this, then a natural process of detoxification can begin.