

Chaos and Uncertainty in the Borderline Relationship.

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I have been practicing as a Body-Relational Psychotherapist for 18 years, having completed a five- year training at The Chiron Centre. My chosen title intends to infer that I consider the body to be central to emotional experience, fundamental to psychological processing, and intrinsic to the awareness and monitoring of relational dynamics; including transference and counter- transference.

I have worked with people with a Borderline Personality Disorder from different therapeutic angles: as a Residential Support Worker, as a Director of Therapeutic Services for a group of care- homes, and now as a psychotherapist. I have always been intrigued by the condition, in particular the vitality of the therapeutic relationship and its apparent capacity to habitually re-enact the client's relational traumas, wounds, and conflict; and the therapist's too. The awareness and the management of this almost-inevitable psychological coalescence is, for me, central to working with this condition.

I consistently use the term Borderline Personality Disorder in this article, despite it being a phrase that I dislike. Coming under common psychiatric parlance, I use it as a communicational convenience, but wish to acknowledge that it fails to tell much of the story.

This is not intended to be a definitive or comprehensive article on the subject of Borderline Personality Disorder, but reflections and considerations from my own personal experience.

Introduction:

The psychological organisation can appear randomly chaotic, the dynamics as unpredictable as they are potent, complex, subtle, and overwhelming. There is no other generalised client-group with whom I would more expect to end up in blind- spots and cul de sacs, torturous impasse, and painfully conflicted feelings that seem in one moment undoubtedly transference, in the next suspiciously counter-transference, and in the next a chaotic and dissociated coalescence of both.

They are perhaps more routinely pathologised than any other client-group. Being seen to suffer from a personality disorder distances others from the relational elements of the perpetuated borderline experience, and this is represented routinely by the inclination of therapeutic professionals, including myself, to issue exasperated comments as to how impossible he or she is to work with, how unreasonable, irrational, resistant, attacking, unfair, and driven into impasse; etc. By implication, how at fault he is, rather than how stuck we are.

I might more compassionately say that he has been repetitively deeply traumatised by deeply traumatised people, and that any disregarding judgement I make is suggestive of my own relational anxieties and fear of deconstruction, whilst serving as yet another re-enactment for the client in which he is blamed and pathologised for dynamics that happen in a relationship.

Rather than thinking of BPD as a personality disorder, I think of it as a relational disorder, and therefore I feel that how it is that I'm me in the therapy room is of considerably greater significance than any convenient diagnosis or casual judgement I might carelessly put upon my client.

What is the The Borderline:

In my view, one of the fundamental contentions made around this structure has been to understand the borderline as being a reference to the division between sanity and insanity, between neurosis and psychosis. Although it is certainly the case that many people may regularly veer into episodic psychosis, I don't believe that this is definitively so. In any case, I feel that to define this condition with such a linear yardstick is to miss the point.

Firstly, I feel that there can be an easy confusion between a chaotic psychological dis-organisation responding to subtle relational dynamics that others may be unaware of, and completely irrational psychosis; and, secondly, I feel that the most useful understanding of the term borderline is in the context of that which is missing rather than that which is present: the borderline between the Self and The Other; psychologically, energetically, physically, literally and symbolically.

Sarah was a person whose desperate struggle to survive in a world that seemed constantly to attack her defenceless spirit was well reflected by her inability to feel or sense her outer-body, her skin. She felt to be a congealed gas that absorbed everything and everyone, and that was absorbed by everything and everyone.

In order to help her explore a sense of separate and solid self I inadvisedly suggested that I put my hands on her shoulders, so that she might feel where I as-the- outside-world ended and she began, the traumatic reaction to which it took us some weeks to recover from. When she was finally able to speak of her experience coherently she expressed that she'd been unable to tell if my hand was on her shoulders, or deep inside her shoulders. On a sensory level, there was quite literally no borderline between us and, far from offering a solution to the problem, I had become the problem itself.

I wouldn't suggest that all people with a Borderline Personality Disorder are as thinly delineated as Sarah, but the experience made me realise that, if I was to build enough of a working-alliance to be able to work therapeutically, I had to begin by being attentive, firstly, to the extent of the borderline that was absent between us, and how that was experienced; and, secondly, to the impact of my own lack of personal congruence and its effect upon the subtle relational dynamics in the room.

Aetiology:

There has been considerable theoretical debate over the years as to the aetiology of the primary scenario, theorists emphasising a variety of developmental arrests: failures in early bonding, in individuation processes, rapprochement crisis, inadequate introjection of an evocative soothing object, a dissonant embodiment of borderline parents; and so on.

In general, I can find the labelling of a specific developmental-arrest rather reductionist, objectifying, and limiting. It can trap my attention rather than open my mind, but in any case I think that here it's an erroneous pursuit, as the damage and dissonance tends to span the breadth of the early developmental period, and then repeats and re-enacts itself during all later developmental stages.

It is usually the case that a person with a Borderline Personality Disorder was raised by at least one parent organised in a comparable way, and often two; and the more we look into this condition the more obvious it becomes that, even with all good intentions, it is very difficult for a person with a severely fragmented sense of self to raise someone with a sturdy sense of self; far more likely, in fact, that the child's life becomes a re-enacted mimesis of the parents' lives, the fundamental dynamics often repeating themselves through generations until someone finds the capacity and strength to illicit a psycho-genealogical change.

The earliest sense of self is no sense of self, the neonate awash in an oceanic, pre-temporal, pre-spatial, pleromatic adualism in which everything is the same thing, in which there is no boundary

or borderline, no differentiation or distinction. A pre-conscious pre-cursor to (post)conscious enlightenment, one might say.

As he slowly drifts towards a primitive sense of division, of self and non-self, he becomes organised around the need to survive, to be fed and protected, and to be helped with the magical task of learning how to manage the intolerable affect and sensation of being alive in a world that is no-longer unified nor paradisiacal, in which alimentary needs and emotional conflict announce themselves as unpleasant somatic yearning that he is unable to self-regulate.

For this he needs attachment, an emotionally stable caregiver sufficiently centred in the self to be able to sensitively read and respond to him, intake and modify overwhelming affect without becoming likewise overwhelmed, and to remain largely congruent in conscious and, particularly, unconscious cues, messages, prosody, and energetic resonance.

The vast portion of this inter-subjective implicit dialogue is unconscious, is a mediation between the non and pre-linguistic right hemispherical brains/somatic systems of the neonate and the caregivers. It is a dialogue rich with the unconscious world of the caregiver, including the fragmentations and splits, the unfinished business, that which is unknown and unintegrated, and of course the resonance of the caregiver's own early-life and on-going attachment experience.

So it could be understood that every person has a developmental era of absent borderlines between the self and non-self, and that it is relatively centred and congruent parents who support the navigation into a clearer sense of separate self at least in part by the unconscious offering of their own sense of a relatively cohesive self to be internalised by the baby, along with a consistent and predictable response to the child's (un)expressed needs and internal struggles, that serves to support the process of integrated, cohesive, stable, and congruent individuality and individuation.

This is absent in the childhoods of people with a Borderline Personality Disorder. They're generally met with a parental attachment style as least as deeply insecure, ambivalent, and as chaotic as their own, and it's more likely that the infant's normal responses to life are met with conflicted messages, disregard, or as though a direct attack upon the parents themselves who are, in addition, liable to be throughly unable to cope with the normal conflicted feelings that one has when raising a child.

The child's innate lack of psychological cohesion remains far from solidified, and many people will spend the rest of their lives responding to the world from, what seems from the outside to be, an infantile drive and an infantile range of emotional responses, often made destructive when from an adult body that lacks a delineated sense of self, and a sense of self in other people's delineated realities.

For a great many people, this fundamental psychological chaos is fuelled by a pattern of abuse and/or (intentional/unintentional) neglect suffered throughout childhood from which they are deeply and complexly traumatised. They are our traumatised children, which is so ironic because they are so often seen in the con- text of how difficult they are, rather than in the context of how trapped in a destructive childhood they still are. The neglect and abandonment they grew up with has become paralleled by our social and professional reaction to them.

They are often the people seen to be a nightmare in a relationship, unreliable and unpredictable in a friendship and, at the more extreme end, they can be the homeless street-drinkers, continuing

perhaps to unconsciously act-out their primal abandonment and their desperate need for oral sustenance.

The Borderline Experience:

Whilst a solid sense of self can be developmentally inhibiting if over-valued, without that sense to call upon and return to, an emotional world will likely always teeter upon chaos.

The need to merge can be overwhelming, the moment-by-moment search for the homeostatically regulating other that can bring a sense of peace, and that is the young child's enduring yearning for the dyadic parental relationship that soothes. Co-dependent relationships are common,

intensely loving and needy, though of course almost always ultimately destructive; in part because he finds it so difficult to relate comfortably, but also because he is often drawn towards people also struggling within an emotionally chaotic mind.

Other forms of addiction are also common, the urge perhaps to become at-one with something that takes the pain away; something which, even at its worst, presumably remains more predictable and reliable than the expectation of the human contact that it's replacing.

When it comes to people, it's more likely that the soothing merge, so desired and essential, becomes an experience of engulfment, of manipulation, control, attack, or emotional overwhelm. There is a very thin emotional barrier between him and others and, as he tends to be drawn towards other people as emotionally fragmented as himself, the potential chaos is considerable.

The therapeutic relationship, I hope, will offer enough containment and reflection to receive this chaos as material, as the entangled story-line, but in fact I think that by allowing myself to enter into the chaos I allow myself to become a part of the story-line, and I hope to offer confirmation that chaos can be survived better by relational attentiveness than by age-old impulsive responses. Nowadays, I make a particular point of connecting with myself before such sessions, on as subtle a level as I'm unable; and I try to feel my own un-named anxiety. This discipline doesn't necessarily keep me out of trouble, but it does help me process a difficult session in its aftermath.

Within thirty seconds of being in the room for our first session, Michael told me that he found me quite aggressive in my body-language, that he really didn't like the fact that I was leaning forward towards him in my chair. I held the instinctive wish to lean back impulsively, and explained that, whilst I understood how my positioning might be felt as aggressive, I wasn't feeling aggressive at all, but I thought that I was leaning in to his story because I was aware that we had a contract only for short-term work; and I felt perhaps a sense of urgency.

He seemed to understand my explanation, and I leant back in my chair. Catching a flicker of something conflicted in his face, I pressed him for what he felt when I leant back, and after a little insistence on its significance, he said that he now found me to be passive, and announced that this was the last thing he needed from a therapist, that he'd had enough of that kind of attitude from his father, who never stood up for him against his controlling mother.

I (patiently) explained that I didn't feel passive, but was respecting his need for a bit more space between us. He seemed to accept this, and I felt fairly pleased with myself. We'd got straight into our real dynamic relationship within a minute, and already had a link between our dynamics and his primary relationships. I felt that I'd contained and worked flexibly with a difficult start.

Having complained about him light-heartedly in supervision, about what a handful he was and was going to be, how defensive he was, I started to think about my immediate attitude towards him. I felt

most prominently that he was someone who would never let me, as it were, get it right, but instead tie me up in paradox: he wanted me to be simultaneously gently-assertive, but without a hint of aggression; sensitively compliant towards his fear of gentle-assertiveness, but without being passive; and would openly challenge me if I failed to meet these contradictory and conflicted conditions. I realised that I felt, rather childishly, that he'd been unfair on me, and I realised also that I'd hereby omitted myself from the difficult interaction between us. I wasn't the problem; he was. He was difficult.

I'd been leaning in towards him from the beginning, a stance that's unusual for me at any time during therapy, and my explanation of that had been limp. I realised that I felt insecure about doing such short-term work, as I had done very little of it in my career. I was far more accustomed and, crucially, comfortable with the space and time afforded by the sense of a long-term process. I'm used to slowly building relationships with clients, building a strong and hopefully fairly consistent working-alliance over time, and one that I imagine ultimately holds the relationship together when under the severe strain of deconstruction and transformation.

I'd begun the relationship secretly suspecting my inadequacy, and this was resonant throughout each character in his early life story as well as being resonant in my own. He was being him, and I was being his mother. He was being him, and I was being his father. And, somewhere in the soup, he was being him and I was being me. I felt suddenly in a tangle, which is all great stuff in a

long-term therapeutic relationship, but problematic and perhaps distracting in a short-term one. I had lost my confidence in myself, and wasn't at all sure that he would even show up again.

I entered the next session feeling confused and anxious, which turned out to be prophetic as I left that session feeling mauled. I hadn't created a safe space for him, something he'd expected from someone he'd understood as being an experienced therapist. He'd wasted his time and money having to tell me things that I should have known, and most annoying was the fact that he'd come for some body-work for the considerable physical pain that he'd expressed in his interview-notes, that I'd presumably read.

This was true. I had read that but also hadn't taken it to be anywhere near as explicit a requirement as he now shouted, and alongside it I had also read much that made me think of BPD and, following my experience with Sarah, in which I'd placed a hand on and in her shoulder, I knew that I'd been unconsciously reticent to repeat the mistake. I was scared to touch him.

I did work hands-on with him from then on, and was drawn towards his wrists, where he often felt pain. The muscles leading to and from the wrists were solid, almost wooden in their contraction, clamped tight, and he told me that his parents used to clamp him by the hands often; to tell him off or to make him do something he didn't want to do. I worked on them very gently, and was mindful to seek routine feedback about however he was feeling, an invitation that he was unhesitant in taking-up, often with a quite brutal, though increasingly friendly attitude.

He could manage his feelings so long as he could be uninhibited in his expression of how he felt, but also so long as I didn't back-off passively as a result. What I began to notice was that, although the strength of his reaction in the sessions seemed wholly overboard, he was often subtly right. He made reference to me being anxious when in fact I was, or at least I found that I was when I checked myself out following his allegations. He had a very subtle radar, and I really found that I learnt a lot about myself by considering how it might be that the seemingly incongruent narrative was, in fact, significant.

We finished after our planned six sessions, at which point he expressed surprise at how much better he felt in his body, but that he was aware that this positive change had been the result of other

therapeutic treatments that he'd been concurrently receiving. He liked me, he said, but I hadn't really helped very much. And I felt a degree of amusement at how unfair I thought he was being.

The uncertainty and confusion that I felt in our relating was, I think, what he feels most of the time, an oscillation between feeling attacked and feeling abandoned, feeling manipulated or feeling unmet; and this is typical. The solution to one problem leads always to another problem, and the solution to that problem leads back to the first problem. It must be an exhausting and painful way to live, constantly on the edge of some re-enacted trauma or another, and with no reliable way out except via another trauma.

Working with people with Borderline Personality Disorder:

My starting-point has finally arrived at the place where I can feel excited about working with someone struggling with a Borderline Personality Disorder, and this has got something to do with putting my money where my mouth is. I've been actively interested in psychology since I was thirteen years old, spent my young adult-hood working with people therapeutically in various residential care-settings, followed this with a five-year training in psychotherapy, and now eighteen years of experience – I feel irritated with the part of my self that still, after so much interest and endeavour, can veer towards a comfortable ride and away from the difficult therapeutic relationships which I know from experience can challenge me so much, both professionally and personally.

Spatial dynamics:

The negotiation of distance is a focus that I bring quickly to a new relationship, in fact often before anything much else has been said. Simplistically, the greater the distance between us the more likely it is that the client and me have an emotional separation between us, which to some clients may feel abandoning and to others reassuring; and the closer we are the more likely we are to

emotionally connect, which some clients may find reassuring and others attacking. These spatial dynamics are present from the beginning, so I feel that it's better to explore them.

What I want is for the client to feel comfortably met by me, challenged perhaps by my proximity but only in a way that is immediately manageable. I allow the client to control this early negotiation, and the way in which he negotiates it of course tells me a lot about his character quickly.

I continue throughout the relationship to try to remain conscious of spatial dynamics, and particularly when there appears to be a spontaneous shift in the client's emotional state or attitude towards me that seems both incongruent with the apparent narrative and feels hard to contain helpfully. This is, however, by no means a smooth process. It can leave me open to manipulation, to being controlled, kept at a safe distance, and so on; but all of this stuff happens anyway, and I find it useful to have an explicit vehicle for what will commonly be implicit dynamics.

Merging and Abandonment:

Which leads me on to the conflicting and often paradoxically expressed fears that become more apparent by working directly and intuitively with spatial dynamics.

The need to merge will usually be instinctive and intuitive, rather than planned and cognitive, and is perhaps the infant's call for a safe home in which to seek soothing-containment through the intolerable moments of life. But merging for someone with a Borderline Personality Disorder is coalesced with the fear of invasion, and therefore the imminence of manipulation, control, perhaps abuse.

The need for a separation, a distinct and safe sense of self is coalesced with the terror of abandonment. And there is no apparent way out. No wonder people with a Borderline Personality Disorder can appear so irrational at times, or can have such a strong reaction to something seemingly trivial. They are in a continual micro-adjustment to capricious challenging affect as it entwines around primal needs and primal wounds, finding voice inevitably in the sympathetic nervous system, in the self-protective fight-or-flight reflex.

I feel that a lot of the difficulties that happen in the therapy room with people with Borderline Personality Disorder have this polarisation as a backdrop, the therapist merging with the client's emotional chaos, and then withdrawing defensively, but so far that the client feels abandoned, the therapist then over-compensating in some clumsy way or another etc. There are variations to the theme, but that's one of them most familiar to me personally.

My experience is that however hard I try to be conscious of the unfolding dynamics, I will nevertheless tend to fall into the projections at the behest of my own habitual positions. I can act-out the client's need for more by unwittingly-knowingly extending a session for a few minutes, when normally I'm particularly punctual, and can be especially prey to the client who compulsively begins a tragic story with ten minutes remaining. I can be under-critical, too compassionate in my processing as I consciously protect the wounded child from criticism whilst unconsciously protecting the adult from the occasional necessity of feedback that's hard to hear. And when I become aware of losing my therapeutic position, I can certainly be guilty of over-elaborating some theory or another that I think will help, emphasising my professionalism and anxiously withdrawing from real contact.

I don't like consciously micro-managing my responses, as it makes me feel like an anxious parent who is terrified of getting it wrong (though of course I have to) and for me it's the processing following a session that helps me most, both in supervision and otherwise, that allows me to consider how it might be that my habitual responses around merging, abandonment, separation and so on might be resonant of my client's primary scenario; and of course my own.

The working-alliance:

I find that how it is that I deal with spatial dynamics, how I respond to subtle merging or abandonment dynamics, and my willingness to take personal responsibility within difficult dynamics, basically constitutes the quality of working-alliance I will have with my client, especially in the early stages of the relationship.

The working-alliance usually carries at least a constituent of the adult-to-adult, here-and-now, me-and-thee relationship, where we have some common agreement and understanding as to what we are working with, and how it is that whatever's happening in the room might be understood coherently. It's the place that we can eventually call-upon when things are difficult. It's essential that I begin over time to develop a cognitive and coherent language with my client, that we develop our way in which to rationalise his life in terms of his present day experiencing, and in terms of what he experiences in the therapy room. It's essential to give space to the traumatised child, but the rational adult needs to develop strength and significance in the client's mind, so that he can at least begin to consciously identify away from impulsive habitual positions.

I think that it is because the borderline trauma begins from the beginning, when the left hemispheric mind is barely significant in terms of processing, that many people will show an emotional literacy and coherence that is so seemingly underdeveloped. Long before their rational cognition has kicked-in they are already focussing their resources and attention on emotional survival, an on-going trauma

that becomes re-enacted routinely over time; as inevitably, hopefully and regrettably do the defences against it.

Regulation of affect:

He is definitively impoverished when it comes to in-built skills and tools by which to manage emotional affect and resonance. After all, if he was well-equipped, he wouldn't be struggling in the way he does. He struggles internally and dyadically, and the two are often entangled. He may externalise, internalise, or in some way sedate that which is unmanageable, often needing an other, or a symbolic other, with which to do this.

For any of us to become consciously self-regulated internally and relationally is a high ideal, and presumably something that, as psychotherapists, we are continually working towards. But for someone with a Borderline Personality Disorder this is a daunting task. It's not as though he is even having to learn from a clean-sheet, but rather from a psychological organisation bound in an antithetical experience.

A client who is struggling with traumatising feelings needs to learn how to manage these feelings better, how to resist being overwhelmed by them and how to inhibit destructive impulse responses; and there are a number of ways in which a direct attention to the body can greatly support this process, both in the long-term and in the immediate moment of (re)trauma. These include, working with the respiratory pattern, the body language of the trauma and how that's transmitted in the relationship, attention to heart-rate and a directed focus on how to slow it down, a developing connection to the body and how it feels and transmits affect, de-naming a feeling so that it can be addressed on an energetic-sensory level rather than a over-conflicted psychological one; attending to somatic and cognitive counter-transference; and so on.

I'm not going to go into more detail here because it's a book unto itself, and it would be better to read Babette Rothschild's 'The Body Remembers' for an accessible guide to working in a non-touch body-aware way with traumatic affect.

Good and bad split:

There are polarised splits all over the psychological organisation, in part perhaps because of the unresolved early split in the good and bad mother, but in general I think because the lack of a strong emotional borderline condemns the developing child to overwhelming dyadic affect that becomes, from moment to moment, either wholly in-taken or wholly expelled.

The potential for counter-transferential incoherence and habitual position is, as with all the defensive polarisations, ripe and inevitable. The therapist habitually inclined towards a positive or idealising transference will perhaps be drawn into the expectation of a more comfortable ride by receiving the 'good' polarisation unconsciously, but this leaves the client feeling the 'bad' counterpart, which is intolerable and which will probably be evacuated into the therapeutic encounter rather quickly and with a mutual unconsciousness.

The therapist struggling with insecurity or who can neglect to be steadfast with boundaries when the occasion calls, may well become prey to the 'bad' projection, feel and become it. A more narcissistic client may take the 'good' counterpart and run with it, using manipulation to attack the

anxious therapist, to take revenge on the parent; but more likely the client will be left with an unaddressed insecurity, a fundamental doubt in the capacity of the therapist to withstand his darkness and wound.

I know that I have a sensitive reaction to feeling idealised, to being elevated beyond my stature. Principally this is because of having had a father who seemed to enjoy idealisation, a characteristic that I inherited and which I eventually came to feel embarrassed of in myself. Furthermore, my personal life-experience is that being idealised is a dangerous position, as it is an inevitable forerunner both of unrealistic expectations, and of having my pedestal burned to the ground when I can't live up to them; and, most importantly, idealisation allows no room for my shadow, my own darkness and third dimension; and I did that to myself for long enough to become self-protective when it comes my way.

In my personal life, it's fine to resist idealisation, to be aware of the trap and to neglect to buy into the distortion that fails to leave me feeling understood, and that leaves me feeling detached from a more honest and intimate relational understanding of me. But as a psychotherapist, this resistance, or at least the extent to which its roots are unconscious and habitual in me, is a very real problem.

What if a client flailing in a dangerous lack of safety and self-belief needs to idealise me so that he can identify with the idealisation, and thus feel a strength of working-alliance that enables him to survive a challenging therapeutic process?

What if a client needs an idealised parental figure so that he can, in later times, kick the legs away from the parental throne, as most people need to do, in order that he can continue the establishment of a separate sense of self in opposition to an other?

In other words, the honesty and integrity that I can offer the real-relationship, in terms of my reluctance to be mis-seen in seemingly positive ways, can potentially have damaging ramifications for the transference relationship.

Willingness to be unconsciously constructed:

I feel that it is essential for how I work that I'm willing to allow my unconscious construct of my self and my own dissociated wound to be unconsciously constructed by my client but, of course, my conscious willingness is entirely different from my unconscious inhibition; and neither can necessarily be imagined to coherently guide the other, especially under pressure.

As a consequence, it can easily be that the construct that I think I'm allowing is not necessarily the construct that I'm caught up within, and I may well be caught up in something that directly opposes what I'm hoping to achieve. An apparent strength, in other words, often seems to have a blindspot in its shadow. For example:

I believe that I can be quite open to criticism, to an honest self-assessment that allows room for being wrong, for making mistakes, and for having been unconscious of my actions or the consequence of my words. This is a useful capacity to me in many ways, but there is built-in blindspot that I have, more than once, fallen into.

I'm thinking now of Gemma, a psychiatric nurse in her early forties, and with a long consistent experience of being abandoned by men shortly upon her criticism of them. It was clear that she'd chosen male partners as unable to be wrong as her father had been, and equally as forthright in their discarding of her. Gemma struggled with even the conceptual idea of another relationship, and spent

a lot of time in an unhappy seclusion as she nurtured a moderate involvement with alcohol and cannabis that made her world bearable, whilst also serving to emphasise its emptiness.

I aligned myself quite clearly on her side as I attempted to re-configure her self- condemnation into a more realistic and dyadic understanding of why so many of her relationships had failed. She had been the scapegoat as she grew up, and had eventually succumbed to the weight of evidence that suggested that everyone must be right about her: that it was her solely who made relationships impossible.

My sense of her, contrarily, was that she tended to see that which others didn't, couldn't, or wouldn't; or wouldn't say, even if they could see. She saw the arrogance, when others saw only achievement. She saw the reminiscent flicker of inappropriate contact when others saw kindly grandfather. She saw passive-aggressive controlling when others saw helpful grandmother. She saw through the family bullshit and beyond the veneer, and over time they had become increasingly distant from her, presumably as a result.

Three years into therapy and nothing significant had changed, either in the circumstances of her life or in her mind-set. She hadn't become any more able to develop a relationship with a man, either as a friend or as a lover. Her existent friendships had become stagnant, again as she had become no more able to speak her mind about her struggles within those relationships than before, believing implicitly that her honesty would cost her dear. Her relationship with alcohol and minor drug use had slowly increased, not to the extent that there was an unavoidable problem, but clearly in response to extended time in unwanted social solitude and, in general, a deepening dissatisfaction with life that was veering worryingly close to hopelessness.

I'd been resisting the feeling of failure for a little while, but when it arrived it hit hard. The simple fact was that nothing I had said or done had in three years had made any difference to the state of her life, and I'd run out of ideas some time back. But she was never once critical of me, never once expressed any dissatisfaction with the gulf between how much she had spent and how much she had gained.

I questioned her about this, confessing my sense that nothing had changed for her, that we were stuck, and wondered if she might be unconsciously reluctant to offer any negative feelings or thoughts for fear of my abandonment of her. I felt hopeful about this approach, as it made sense that I would become caught up in her construct of me, as a man. I encouraged her criticisms, but they were limp and unfelt, more of a collusion with my agenda than the opposition that I had hoped might open-up the story between us.

Eventually she announced that she was leaving therapy, and rather amicably gave us 6 weeks to work towards that ending. I had both a secret sense of relief, because I really didn't know how to help her, but was also upset. I had failed her, in fact more completely than I had failed any other client, I think.

To my pleasant dismay, however, from the day that she announced that she was leaving, her life started slowly to improve. Her use of substances diminished, and she began to invest in her social life, taking more chances both with honesty in friendships, and in developing friendships within which she wouldn't necessarily need her piercing insights. She started to look more relaxed, look younger and more vitalised, and by the time she left therapy for good she clearly had a small trace of hopefulness in her demeanour.

Having reflected on this relationship, it's pretty obvious to me that I'd avoided her unconscious construct of me by offering a ready-made construct of my own: that we were in impasse because

she'd never been able to be critical within a relationship, and that I was willing to be what others had failed to be.

What I was unconscious of though, firstly, was that I had made myself so available on that level partly because I felt relatively comfortable there, slightly hidden by the transferential significance of my position; and, more significantly, that I was trying to hold our relationship together. I didn't want her to leave feeling so unsatisfied with me, but she actually didn't really want to work in the relationship any longer, though couldn't dislike me enough to leave. In truth, I suspect that she was bored of me.

As I reflect on this now I realise that she had been bored of me for quite some time, that my attempt to be the good-guy had fuelled her boredom, but that it took her a while to realise that being bored for a long time is a good enough reason to leave a relationship. My solution to her problem had become her problem.

The trap of imagining that i'm the good guy doing the right thing is familiar and, in some ways, used to define me. I used to be more scared of my negativity, of my shadow, of my bad side, and

perhaps the echo of this stopped me from noticing at the time just how critical of her i'd secretly felt: not committed enough, not trusting enough, open enough, not particularly interested in my clever interpretations, not trying harder to change, and so on.

She needed to battle it out with me, not just win or seek agreement, and she needed me to be a man willing to withstand the battle. Instead she got a man who gave up the battle from the beginning and gave her an uninteresting and unhelpful victory on-a-plate. And the irony was that, in fact, it wasn't her criticism that I was defending against. I really wasn't scared of what she had to say about me, but about what I had (unfairly) to say about her. No wonder she was bored.

To Finish:

I believe that often my clients will need to construct me unconsciously into the primary-scenario, my own unconscious needs to be available for this construction, and it quite probably won't be the construct that I imagine it to be, nor one that I'm necessarily comfortable in. Various versions of the above story I have experienced professionally since. Not often but every now and then, and usually with fairly high-functioning borderline women, with whom I find I can engage quite easily, with whom I can develop a seemingly sound working-alliance that seems bizarrely ineffective, or that becomes surprisingly enmeshed with dynamics whose roots I don't understand and haven't predicted.

I find work with people with a Borderline Personality Disorder to be difficult, routinely unsettling when not torturous. There are so many contradictions and paradoxes to be held, and so many blindspots to become lost within, but I wish to conclude this article by saying that, for me personally, and despite myself, I have found that work with these people can be hugely satisfying, educational, and personally enlightening.

Particular influences in the writing of this article: Michael Soth
Terry Marks-Talow
Babette Rothschild

Ken Wilber Allan Schore