Vincentia Schroeter

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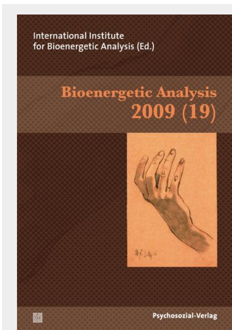

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Borderline Character Structure Revisited

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Summary

Review and revision of borderline character type etiology and dynamics from bioenergetic point of view. Exploring revisions and offering new theories related to body-type, age, major blocks, and continuum on developmental phases chart from object relations schema. Included are views from prevailing theories in psychology and within bioenergetics as well as from a current scientific study.

Treatment aspects are discussed and relational interventions included.

Keywords: Borderline, dissolution panic, cooperation, rageful, boundaries,

Introduction

While co-writing a book on techniques related to character structure (Bend Into Shape, with co-author Barbara Thomson, available in 2009), I reviewed what we have in our local bioenergetic training curriculum on the borderline character type and by extension, BPD (borderline personality disorder). I found the following problems:

1. Unconvincing View of Parent-Child Dynamics.
2. No Single Clearly Agreed Upon Body Type.
3. No Agreed Upon Age of Primary Childhood Wound.

4. No One Main Area of Major Block in the Body.
5. No Single View of Where the Borderline Fits on the Continuum of Character Types.

In turning a critical eye to what is available in the IIBA curriculum on BPD, I acknowledge that our lack of clearly defined characteristics from a bioenergetic perspective is symptomatic of the larger psychological community, which also struggles with this diagnosis. Before turning to examine the five areas above within the IIBA curriculum, I review the current theoretical standards in the field.

Summary of Current Standard Theories of BPD

"BPD is one of the most controversial diagnosis in psychology today … Since it was first introduced in the DSM (Diagnostic Standards Manual), psychologists and psychiatrists have been trying to give the somewhat amorphous concepts behind BPD a concrete form. (www.palace.net/-llama/psych/bpd.html)

A. **Kernberg –** His view of what he calls BPO (borderline personality organization) is the most general and consists of three categories of criteria. The first and most important has two signs, the absence of psychosis and impaired ego integration – a diffuse and internally contradictory concept of self. Otto Kernberg is quoted as saying, "Borderlines can describe themselves for five hours without your getting a realistic picture of what they are like." His second category is called, "non-specific signs" and includes low anxiety tolerance, poor impulse control, and a poor ability to enjoy work or hobbies in a meaningful way. The third category which distinguishes borderlines from neurotics is the presence of "primitive defenses". Chief among these is "splitting" or seeing a person or thing as all good or all bad. They have problems with object constancy in people, with a poor sense of continuity and consistency, and cannot see a person over time as part of an integrated whole. Other primitive defenses include magical thinking (beliefs that thoughts can cause events), omnipotence, projection of unpleasant characteristics in the self onto others and projective identification, a

process where the borderline tries to elicit in others the feelings s/he is having.

B. **Gunderson –** He is a psychoanalyst whose view of BPD is the most scientific, focusing on differentiating the diagnosis of BPD from other personality disorders. He constructed a clinical interview to assess borderline characteristics in patients. Gunderson's criteria in order of importance are:
   - ➢ Intense unstable interpersonal relationships in which the borderline always ends up getting hurt.
   - ➢ Repetitive self-destructive behavior, often designed to promote rescue.
   - ➢ Chronic fear of abandonment and panic when forced to be alone.
   - ➢ Distorted thoughts or perceptions, particularly in terms of interactions with others.
   - ➢ Hypersensitivity, meaning an unusual sensitivity to nonverbal communication.
   - ➢ Impulsive behaviors that often embarrass the borderline later.
   - ➢ Poor social adaptation – not knowing or understanding the rules regarding performance in job and academic settings.

   Use of Gunderson's revised (in 1989) test, called DIB-R has led researchers to identify four behavioral patterns they consider **peculiar** to BPD: abandonment, engulfment, annihilation fears; demandingness and entitlement; treatment regressions; and the ability to arouse inappropriately close or hostile treatment relationships.

C. **Linehan –** In contrast to the symptom list approaches taken above, Marsha Linehan has developed a comprehensive sociobiological theory. She theorizes that borderlines are born with an innate biological tendency to react more intensely to lower levels of stress than others and to take longer to recover. In addition to these innate qualities they were raised in environments where their views of themselves were devalued and invalidated. These factors create adults who are uncertain of the truth of their own feelings. Linehan created a treatment protocol called Dialectical Behavioral Therapy (DBT). Controlled studies found success in DBT which teaches clients skills of mindfulness, interpersonal effectiveness, distress tolerance, and emotional regulation.

D. **Herman** – Some researchers including Judith Herman believe BPD is a name given to a manifestation of post-traumatic stress disorder. When PTSD takes a form that emphasizes heavily its elements of identity and relationship disturbance, it gets called BPD; when the somatic (body) elements are emphasized, it gets called hysteria, and when the dissociative/deformation of consciousness elements are the focus, it gets called DID/MPD (dissociative identity disorder; multiple personality disorder). Others believe the term "borderline personality" has been so misunderstood that trying to refine it is pointless and the term should be done away with. (www.palace.net/-llama/psych/bpd.html)

This brings us back to what we have in our literature within the Bioenergtic community. I came across some writings in our field on borderline issues but most of them are only on treatment techniques, and I want to concentrate more on theory or ways of understanding borderline issues from a bioenergetic perspective.

Summary Within Bioenergetics of Writers on BPD

Louise Frechette wrote an excellent article from the 1990's called, "The Borderline: In search of the True self" (Frechette, 1995). She provides a clear summary of current theories on borderlines from writers outside of Bioenergetics, and provides many valuable techniques for working bioenergetically with borderlines. Bob Jacques' provides a summary of older theories from the beginning until the mid-eighties in "The Borderline Character and Bioenergetic Analysis: Taming the Wild Diagnosis" (Jacques, 1987).

Louise takes into consideration the prevalence of abuse in the history of borderline clients, particularly sexual abuse. She refers to the work of Saunders and Arnold who developed the concept of "traumatic bonding" to describe the intense attachment the borderline has with a significant person, where love, dependence, and bad treatment co-occur. Louise also cites the views of Jerome Kroll, who feels all borderlines suffer from PTSD and who thinks they should all be re-labeled as "PTSD/borderline " patients. (Frechette, 1995, p. 9)

Others whose articles on borderline dynamics appear in some of our

IIBA training material include Scott Baum, Eleanor Greenlee, Bob Coffman, Michael Brennan and Odila Weigand.

I will present various views related to each of the five areas of concern stated at the beginning of this paper and provide three ideas of my own for your consideration in furthering the dialog in the ongoing search for deepening our understanding of the borderline personality.

1. The Parent-Child Dynamic Revisited

I will start with my search to get a better feeling for the parent-child dynamics that have never made much sense to me. I was taught that the parent clings to the child and does not allow the child to separate. But this seems simple, not realistic, and never gave me an energetic sense of what this must be like for the child. Without that I have trouble feeling enough empathy for the child. So I consulted with two bioenergetic therapists more sure-footed when it comes to walking in the shoes of the client trapped in a borderline world.

Consultation With Scott Baum

I consulted with Scott Baum (personal communication), who has written extensively on this subject and has as a mission helping others understand borderline dynamics from an energetic point of view. Scott feels the borderline age is young, like from birth to 3 months. Their body collapses in the middle, around the diaphragm. To help me understand exactly what happens, he role-played a hostile parent verbally attacking the baby for wanting to withdraw. I (Vin) was the baby. My experience led more to my understanding of the borderline dilemma than anything I have done before. Feeling like I was punched in the stomach, I did contract in the middle immediately while being yelled at. I wanted to withdraw but felt trapped and was not allowed to withdraw, so my defense was not like schizoid withdrawal. I was not allowed to escape. I felt like my only option was to lash out impulsively to discharge distress but I was too afraid to do so. This is the first time I felt what we call, "borderline rage". My experience was,

"You have me trapped, cowering and scared and you won't let me contract or withdraw, so it makes me want to bite you." The impulse to lash out by biting was very strong.

Consultation With Paula Buckley

The following are some notes from a consult with Paula Buckley (personal communication), who often teaches on borderline personality for our training society in San Diego. Paula says, " You diagnose a borderline by what they do to you. Their energy is intense, you feel turbulence in you and a sense that it comes from them (the client)." Paula warns that if the therapist is unaware of his or her own counter-transference, they won't know this turbulence, and it is important to be aware of it. "Their energy is too permeable. It is leaking, sending the energy into the therapist, and pulling the energy from the therapist." Paula emphasizes the main focus must be on the therapeutic alliance with the borderline client.

The most important thing I learned from Paula was to reconsider my previous view that the parent of the borderline behaves outwardly anxious and only clings as the child moves toward separation. This had been what I was taught and somehow it never seemed to completely ring true as an accurate picture of the parent/child dynamic. Paula said, "The parent who can't show panic at the child's separation will behave in a hostile and punitive way toward the separating child or cling to the child. This hostility is a defense against panic." This view of the parent made more sense to me and seemed more complete. An anxious, indeed panicked parent may not appear scared, but will behave with hostile control. This view of the hostile parent was confirmed later by Scott's role-play with me which I describe above.

Now I had more of a sense of what the parent was like. They hide their panic beneath their hostility. Paula also emphasized that in therapy there will be projective identification, which is when the client throws an un-owned undigested affect at the therapist unconsciously, and the therapist has a strong somatic experience of that affect. It occurs to me that the parent we are drawing here may have done this to their child. This parent projected their un-owned panic out in rage that the child had to swallow whole and feel trapped by.

2. Borderline Body Type Revisited

Unlike the other bioenergetic character types, the view on borderline body varies. Elizabeth Michel completely left out the borderline in her 1997 anatomy book written for Bioenergetic therapists called, Bent Out of Shape (Michel, 1997). She did mention that Lowen names it as one of the sub-types on his continuum of narcissism. There is no separate chapter with body dynamics particular to that character in her book because her book is based on Lowen's character types and Lowen never wrote a book on borderlines, like he did on all the other types. So we do not have Lowen to lean on and have to fit the dynamics we know into his theories or be responsible in studying on our own and developing theories on where they match or where they diverge. A goal of this paper is to add to this task of building a truer picture of the borderline.

In our local curriculum we have only a *blank* page illustrating the typical body-type of the borderline because there is not one agreed upon overall pattern of body-type for the borderline character. It also indicates that they may vary in body constellation. Bob Coffman (bioenergetics training material) believes they appear more like an oral or a schizoid in body type. Many of us have also seen borderlines who look more like narcissists, masochists or rigids in body type. So if our theory is that you can read one's character by their body, this seems to not hold true with the borderline.

Here is the first of my theories in this paper. This one provides a possible rationale for the fact that no one body type for the borderline exists. **I have contemplated that borderline is not even a character type, but rather a level of development within each character type**. This means a person may be any character type, but within that type, operate at a lower (psychotic) to middle (borderline) to higher (neurotic) level of functioning. For bioenergetics that would help explain why borderlines have no agreed upon body-type or an overall gestalt of muscular holding patterns that are assessed by typical "body-reading" techniques. If this is the case, while you see in front of you a schizoid, oral, narcissist, masochist, or rigid, if they operate "at a borderline level", which can be determined as most agree, by the way they treat you in the relationship, then you can take into consideration the main issues of that character type, but overlay what we all agree are borderline issues. A borderline level of functioning would look like the

symptoms from the current mental health diagnostic manual such as the current DSM IV defining the borderline personality disorder (BPD). The person has a history of unstable relationships, history of acting out rage, is demanding and entitled, litigious, and has poor boundaries.

3. Borderline Age Revisited

A. Scott Baum says the age of developmental wound is in first 3 months of life, which puts the borderline in same timeline as schizoid (zero to 6 Months old). In his paper, "Living on Shifting Sands", Scott writes that the ability to sense external as well as internal phenomenon is compromised profoundly due to a "childhood filled with terror, dread, deprivation and overstimulation." (Baum, 1997)

B. Bob Coffman says the age is between 6 months and one year, and that the borderline is between the schizoid and the oral (which he puts at 18 months). Coffman feels the symbiosis failed as the child was unable to "incorporate" the mothering qualities. So the client is stuck in the symbiosis, dependent on the caretaker, without having "incorporated' the ability to self-soothe. He feels there are two types of borderlines, a withdrawing "distancing" borderline, who acts more like a schizoid and a dependent clinging borderline who acts more like an oral.

C. The object relations chart from Althea Horner's book Object Relations and the Developing Ego in Therapy (Horner, 1979) is based on Margaret Mahler's developmental schema (Mahler, 1975). Mahler's phases and Horner's revisions are included in chart form in this paper. During the Rapprochement crisis (from around 16 to 24 months), the child struggles to make sense of their awareness of their own smallness following their relative power in the practicing period of 9 to 14 months. The baby discovers that the world exists outside of mother; that she is a separate being from him and he now feels vulnerable and fragile. Unable to reconcile the two aspects of being both small and dependent with beginning to feel bigger and more independent some children regress to earlier phases. According to Horner's schema of pathology, narcissists retreat back and get stuck in

the grandiosity and omnipotence of the practicing period, as they fail to integrate these two aspects. Borderlines regress all the way back before differentiation (5–6 months), back to symbiosis with the caretaker, as they fail to create a cohesive sense of a separate self.

D. I am developing a theory that the age is between the schizoid and the oral, which is 6 to 9 months. The reason is because the back is trying to develop from a lying down to sitting (tripod) and then to pulling up to standing. In Mahler's schema this is prior to the grandiosity of the practicing period (9–14 months), where the child gleefully explores their world oblivious to danger. It is the age when the baby moves from primarily a lap baby to one who sits up and begins to crawl, with more and more accuracy. **He gets away from the parent better than he could before. Real locomotion away from the parent starts in this age** and it **is the dynamic of a parent threatened by separation that is the crux of the borderline issue**. It isn't that this threat doesn't happen earlier. Like Scott says, in the first three months the parent might be threatened by the child moving his head to the side away from the parent. It also happens later, through the grandiosity of the 9 to 14 months practicing period, and the rapprochement of 16 to 24 months when the back gets strong, the baby walks well, and the energy gets moved into the anal phase.

The reason I choose 6 to 9 months as a possibility is due to **back** development. Babies have weak backs at this age that are in the process of strengthening. They have moved from the "C" shape curl of the newborn, to a flexible back for pushing up and crawling to a stronger back and abdominals needed for sitting (around 6 months) and then extensors and upper back for pulling up to standing (around 9 months). Imagine all this is going on naturally and then you get yelled at to "pay attention to me" by a panicked rage-filled parent. You clench and contract from the shock eliciting a fight/flight response. You are not allowed to withdraw in fear so you feel trapped, causing an impulse in you to want to fight. Babies this age are very easily expressive emotionally; they cry frequently, express frustration easily and have low frustration tolerance. These baby characteristics match borderline states, I think. Also borderlines are needy and dependent, also typical of the normal 6–9 month old baby.

T. Barry Brazelton in his book Touchpoints, (Brazelton, 1992), writes that babies at 8–9 months achieve the ability to control their back muscles

to the point that allows them to sit up without support. They move from the "tripod" sitting with arm support of 6 to 8 months, where they could sit up, while leaning their hands on their legs. Based on Piaget's studies, Brazelton also writes that babies do not usually achieve object permanence until between 9 and 10 months old. This means when mother leaves the room, he has no faith she will return which immediately causes anxiety. Also separation anxiety occurs to babies this age, when they have had enough consistent parenting that they give up charming everyone with their smile, and often become clingy with one parent and won't go easily to strangers.

Here is a list of borderline characteristics that match a baby this age:

- Impulsivity;
- Intense fluctuations of affect;
- Intense rage reaction;
- Intense reaction to separation (no object permanence prior to 9 months and separation anxiety 7–9 months);
- Dependent on soothing outside self for comfort and affect regulation;

4. Major Block in the Body of the Borderline

If you entertain my idea that the borderline may be fixated at the age of 6 to 9 months then the major area of blocking in the body goes with the body development at that age. As described above the baby this age is beginning to strengthen their back in preparation for sitting on their own, then for pulling to standing. This work to sit and stand and become balanced in both involves new skills using the large and small muscles of the back. In bioenergetics we view the segment as incorporating both the anterior (front) and posterior (back), or all the way around the body from the front to the back. Therefore if the back is the major block then the front or anterior side of the back is also part of the block. This would then involve both the diaphragmatic and abdominal segments of the body. Recalling earlier my reaction in the role-play with Scott Baum as the anxious and hostile parent, I felt like I was "socked in the stomach", wanted to withdraw or collapse but was not allowed to. These emotions are felt energetically in these same areas of the body. My stomach contracts, but my back stiffens as I feel trapped, can't withdraw and then feel the impulse to lash out aggressively.

Personally, it felt like an anterior/posterior split in the middle of the body and helps me understand the poor impulse control of the borderline from an energetic point of view. Perhaps not every borderline has this same experience but this may provide a possible area of exploration energetically with clients, by examining the diaphragmatic and abdominal segments as the possible major areas of blocking in this character type.

5. Where Does the Borderline Fit on the Continuum of Character Types?

According to theorists outside Bioenergetics and those inside, notably Louise Frechette, Bob Jacques, Scott Baum, and Bob Coffman, all agree on what a borderline acts like in relationships. However, the origin of when the main wound occurred varies. Using both bioenergetic character types and Mahler's developmental schema I will define all the possible times the wound could have occurred. Knowing what age the main wounding occurs tells us where they fit on the continuum of character types. I will make an argument for how it could have occurred at various ages.

Developmental Phase When Damage Occurs in Relation to Character (see Mahler chart):

The damage could have occurred in the first months of life, when the baby needs to be welcomed securely to feel they have a right to be here (schizoid core issue). It could have occurred in the next few months where the warmth of the symbiotic attachment is paramount (oral issue) or later during the practicing stage of eager exploration with crawling and walking, where the need is to have parental support in the exploration (narcissistic issue). It could have occurred still later in the rapprochement stage, where the baby returns back to cling after the grandiosity, realizing he is small in relation to the big world and the parent does not allow the ambivalence between neediness and independence (masochistic issue). It could occur during the Oedipal phase, where the support for expression of love and sexuality needs to be supported in a non-exploitive way (rigid issue).

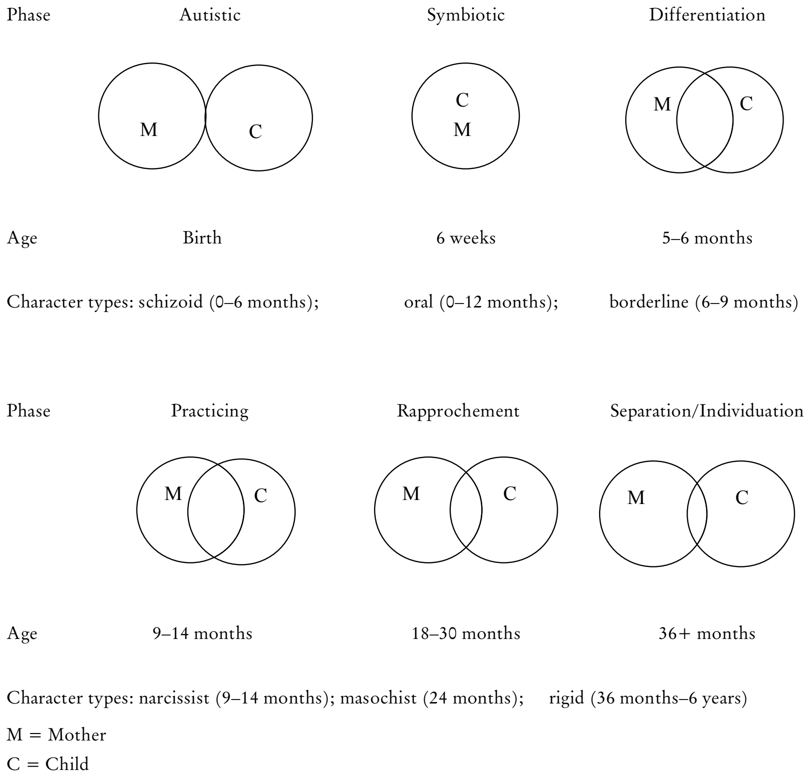

figure 1: Mahler Developmental Chart

Ways to Turn Away Across the Developmental Continuum

We all agree that the parent was threatened by the child's independence and somehow demanded the child stay close, and even clung to the child, in an anxious and/or angry way. It occurs to me that this dynamic could have occurred at any of those above ages, because nescient independence begins at birth with the turning of the head or eyes away from the caretaker, when the baby needs to go inside, and stop engaging with the parent for awhile. That is done at that early age a lot with sleep cycles in the symbiotic stage.

At differentiation (5 months old) the child pulls his head back to get a good look at who is holding him and explores the face, at the beginning of sensing the other as a separate being.

At the practicing stage the energy is to excitedly explore the world ("the world is my oyster"), and feel natural grandiosity and relative imperviousness to pain and failure (e.g. learning to walk and falling and getting right back up, with minimal need for comfort). At this stage a parent who is threatened and demands attention, will curtail the energetic move to explore by holding onto the child longer than the child wants and insisting on less exploration and more closeness to the parent. This is a parent who needs validation of their worthiness by being loved by the child.

In the third age (18 to 36) months of the rapprochement period there is often a crisis where the awareness that "I am little and the world is big" dawns on the previously happily grandiose child, plummeting them into a minor depressive state. Though this is a normal state this rapprochement "crisis" requires that the parent allow the sometimes-torturous ambivalence in the child between their need to be close and their need to be distant. The parent of the borderline, having never worked through this ambivalence herself, cannot hold onto to her separate sense of self in order to bring the needed patience and understanding to the child. She threatens him and hampers his working through of the struggle, successfully contributing to the core borderline issue of a split in the personality. This split becomes an ongoing style of anxious attachment that vacillates between entitled regressive neediness with no sense of the effect on the other and impulsive, rageful acting out when those needs are not met or mirrored precisely. In Horner's schema, at the rapprochement crisis the **borderline fails to create a cohesive individuated self and regresses back to behavior of the symbiotic stage (see Horner chart)**.

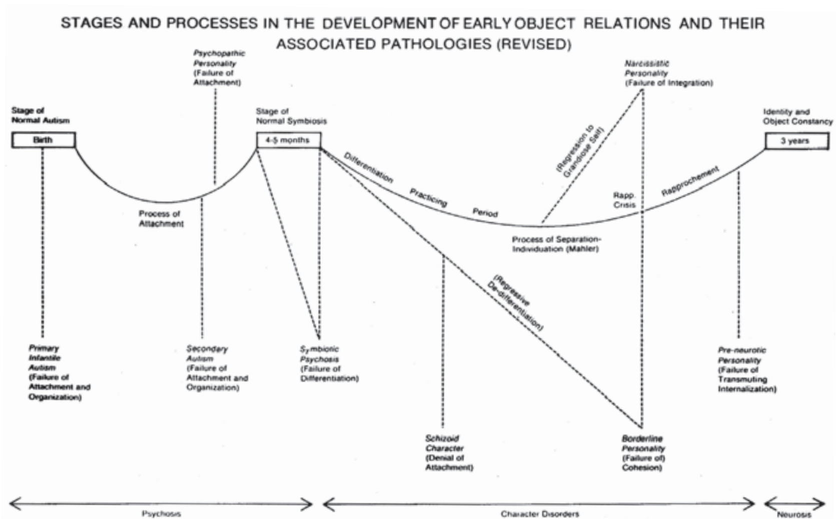

figure 2: Horner chart

So whether this pattern began in infancy and continued through these developmental stages, or primarily occurred in one stage more than the other and was part of a regression, the borderline dynamic becomes a core issue for some people. One can get stuck in a symbiotic phase or regress back to it from a more individuated stage and still become borderline.

Treatment

Regardless of the varying views on the borderline within the bioenergetic community, people agree with the treatment protocol. The client is prone to "dissolusionment panic", feeling they could dissolve without external support. A "failed symbiosis" with mother causes this distress. They feel like their sense of self will disintegrate if they lose the object (caretaker). The borderline will cling to avoid this loss of self, will disorganize at abandonment, lose a cohesive self-sense, and react with rage at a therapist he cannot differentiate from the mother. As Bob Coffman says, "The child merges with the mother and the borderline merges with their therapist. This failed symbiosis is where the work of therapy begins whether you want it

to or not." This is an important warning that the work with the borderline is based on critical aspects in the therapeutic relationship. These critical aspects are that the therapist must be willing to allow the client to merge with them enough to incorporate some abilities the therapist has to manage anxiety and self-soothe, and that all interventions must emerge out of the relationship. It may help to appreciate this if you think of the borderline client as that 6 to 9 month old that I posit they are developmentally. Just like a baby of that age, they will disorganize at abandonment, and cannot function without outside support. Once they attach to you, they will need to lean on you to begin their therapeutic journey.

General Cautions to the Therapist:

1. Do not start with standing, charging or grounding in the legs. The client needs to ground in the relationship with you before they can proceed to this level.
2. Do not react to their rage with your own, but do set limits if they behave abusively toward you.
3. Create a frame within which you create a safe, consistent and clear-boundaried holding environment, that includes all the contracts and expectations around fee, lateness, amount and time of phone calls, etc.
4. Make your limits clear from the beginning on the boundaries of the relationship.
5. Seek consultation if you become overwhelmed with the demands of your client.

Tension Patterns in Breath, Ground and Energy:

1. Breath

The anxious contraction, with difficulty containing in the diaphragm makes the person's breathing tight. They could breathe in the chest with a tight diaphragm, like a snorting bull when rageful; or have the inflated chest of

the narcissist or rigid, when feeling entitled. The split in the middle creates the most constriction, with little capacity (air) to contain feelings. The breathing is mostly contracted laterally (out to the sides), and is not deep. The abdomen may feel diffuse, so breathing will be shallow there also.

Bringing the breathing down to the diaphragm and abdomen will help deepen the breath.

2. Ground

The person can look solidly attached to the ground but quick flares of anger and quick dissipation of energy reveals they are not grounded. They "fly off the handle" easily, so they don't feel safe on the ground or they would be able to contain outbursts better. Grounding work begins by feeling safe in the relationship rather than grounding in the legs. It is useful to create ways to use the body of the therapist in relationship to help ground, such as placing your feet over the feet of the client. Be sure to watch their response to see if they feel more grounded or less so. Adjust your grounding techniques based on the client's response.

3. Energy

Their energy system seems to vary. They can have high energy and be very engaging, but they can't sustain that high energy level and can get rid of it very quickly. Much of their energy is bound by anxiety. There can be major splits in the body, either between the upper and lower halves, with a tense midsection, or between the head and body. Acting out occurs often because the anxiety cannot be contained and gets expressed impulsively to relieve this anxiety by discharging the pain. In the parent-child dilemma, the child was trapped in feeling rage and fear at not being allowed to separate so he or she stays merged with the parent. Expressing this rage can allow a sense of separateness, and perhaps provides an experience of freedom from the incorporation of a rage-filled panicked parent. They need containment work to build their separate self which leads to increased tolerance and trust toward others.

Relationship: Patterns, Research, and Techniques

Relationship Patterns

Borderlines have poor boundaries and very little sense of the other as a separate person with separate needs from them; they act entitled to be taken care of in whatever way they want. They get rageful and don't know they are barraging others with their negativity; they can switch from mean to regressive and needy quickly, with no middle. A rapid fluctuation back and forth often occurs. Once another sets boundaries for them they are often relieved and respond well, as they lack a good internal sense of when to stop. For example they have trouble knowing when to stop reaching, needing, yelling, or pulling. They drain others but do not seem to know it.

Research Reveals Poor Ability to Cooperate

Why don't they seem to know that they are draining for others? A recent study may help shed light on this question. In a research article entitled, "Rupture and Repair of Cooperation in Borderline Personality Disorder" (Science, 2008) the authors reported that, "Individuals with BPD showed profound incapacity to maintain cooperation, and were impaired in their ability to repair broken cooperation …"

In the anterior insula part of the brain the level of cooperation was much reduced in BPD's as compared to healthy individuals. The authors used an economic exchange game and neuroimaging to provide a glimpse into the neural mechanism underlying the breakdown of cooperation in people with BPD. In the psychology section of that same volume of *Science,* in an article called, "Trust Me on This" the author summarizes from the research referenced above that "BPD is associated with abnormal activity in the brain region associated with monitoring trust in relationships." (Science, 2008). They explain that the anterior insula is traditionally associated with sensing the physiological state of the body, but strongly reacts to uncomfortable occurrences in social interactions, such as unfairness, risky choices, frustration, as well as responding to the intentions and emotional states of

others. **This implies that those with BPD may have difficulty cooperating because they lack the "gut feeling" that the relationship is in jeopardy.** The correspondence of these brain findings with current psychotherapeutic practice is remarkable in that therapists sense this lack of skills in interpersonal regulation and work to build these skills in their BPD clients.

A labile, fluctuating, erratic, sometimes rageful, demanding and needy presentation without a sense of cooperation with the other is "normal" for a 6 to 9 month old. The research above may help you appreciate how devoid the person is of trust and cooperation, and therefore how much in need they are of your help in building those skills. Therapists may ask themselves, "What would a baby of this age need from the parent?" This helps you start with empathy and connection, ignore the provocations, understand the anxieties and help move the client from symbiosis to creating their own skills at self-regulation.

Relational Techniques

A. Even though they could not move beyond merger (to establish a healthy individuation), they could never relax within the symbiosis with their mother. Create situations where they can begin to relax with you. Start with a safe, consistent environment, and a solid stance of compassion with firm but calm limit setting.

B. Hold their head and massage the occipital region with them monitoring and making eye contact. The purpose of holding is not to gratify and have them stay there forever, but to soak in some of your goodness, without their needing to panic, so they can move on to incorporate that "goodness" as a part of themselves, and heal the "bad/good" split. Once they are able to feel nurtured they often can move away more toward individuation.

C. Sit on a couch or a mat. Have the client lie down on the couch and curl the front of their body around your back. You cradle their head and feet. (see Figure 3). I had a borderline client who requested this type of holding at the end of every session in order to feel grounded. She was always more organized and insightful after this technique. Notice that the middle of their body, the abdomen, is in direct contact

with the warmth of your back. As you invite them to breathe, you are supporting the abdominal segment, which as I stated earlier in this paper, I think is the major block in the body.

figure 3

D. In dealing with an attack or resistance from the client, I use Martha Stark's technique for dealing with resistance by making a "conflict statement stating both sides of the dilemma, and following whichever one the client responds to" (Stark, 2002). For example, a client attacking could be challenged, "You are really needing me to hear how mad it made you that I went on vacation, even though you know that it isn't realistic to expect me to be here all the time." The reverse order would be, "Even though you know it isn't realistic for me to be available all the time, you really need me to know how angry you are that I was gone on vacation." If they continue to be angry, you mirror the anger. If they respond that it isn't realistic, you mirror that. If they continue attacking and you feel abused, tell them firmly but calmly

and not with a sense of being overwhelmed, "I am feeling abused by you, I need you to stop. I do not allow anyone to treat me like that." Look at them firmly as you set this boundary and maintain eye contact. Breathe slowly in the abdomen and diaphragm and sense your strong back. In this way, you are unlike the rageful panicked parent. You are firm, calm, but with a clear boundary. You have done what they weren't allowed to as a child. They could not create a boundary with a parent, and you have modeled for them a healthier way to respond to distress rather than rage back at the other person.

Summary:

Revisiting the borderline personality reviewed the thinking of various theorists on the general dynamics and etiology of the borderline. Inconsistencies within the IIBA training material were examined. Aspects reconsidered included the parent-child dynamic; the body-type including a new theory about why there is no single body-type agreed upon; the age of the borderline wound, including a new theory about both age and the major block in the body. Fitting the borderline on the continuum of character types was examined using developmental charts from Mahler and Horner. Treatment cautions preceded dealing with breath, grounding and energy in the borderline client. Citing a new research study confirming BPD traits was followed by specific interventions for dealing with the relationship issues in treatment from a bioenergetic point of view.

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