

**In Search of the Lost Core**

*A Beginner's Guide to the Borderline Character*

*Kimo Bachbauer, M.D.*

**Introduction: How It Looks and Feels...**

In the beginning there was trouble. It happened right around the end of my Core Energetics training. I had just started to take on a few clients under supervision. I had a number of clients who frankly drove me nuts, and I did not understand why. These clients did not quite fit into the usual character structures, and worse, they did not respond to the treatment methods in the same way as I expected from my training.

In sessions with these clients, I was often struck by the enormous pressure to “fix” them which was emanating from them as a demand expressed directly and psychically. This often went along with intense restlessness and a strange kind of “active” neediness. When I initiated somatic interventions or interpretations we often ended up in what felt like an argument with no way out. I sensed a lot of covert and overt hostility towards me, but I also felt my own strong affective responses.

I left the sessions quite frequently with a sense of defeat, a sense that “no matter what I did, I could not do it right,” and sometimes I felt I had been annihilated. Quite often I felt really pissed off! And even when I became more seasoned as a therapist, and walked into the session internally prepared to hold my boundaries tight using a variety of techniques before the session to keep my sense of self intact including bodywork, meditation, prayer and the appropriate use of internal objects, most of the time they “got” me anyway.

The challenge for me was discrimination. These clients appeared to me initially to be quite normal; at first glance integrated, professional, usually highly intelligent and able to talk and act quite sophisticated. Little did I know about the chaos and rupture they constantly experience.

On the other hand, there was always this crazy feeling that what was said or felt was not quite right, even though it sounded initially normal and sane. It was like when some one you know calls an “oval” a “circle.” A certain uneasy tension arises. You start wondering whether to insist on your “truth” (=oval) or whether you yourself have a problem with your eyes or perception. Maybe you should look at it from their angle... **the experience of “It sounds sane but feels crazy” became an**

### *Energy & Consciousness*

#### **increasingly reliable diagnostic tool for me.**

Often, I admit, I thought I was the source of this crazy feeling and the only thing that saved me was contrasting experiences with clients or with friends that same day, when I felt quite sane and intact again and that would help me keep things in perspective.

#### **Outlook**

I will present here a situation that is utterly painful and devastating for the person, and I might add, for the sympathetic therapist witnessing it: a condition of no way out, a desolation of unimagined extent, the emotional desert, the dark night of the soul. Average neurotics experience hints of this horror occasionally. It is a persistent nightmare for the borderline. It is the ultimate experience of having been annihilated at the core.

We are discussing here a person who won't quite fit into our categories of "neurotic," a person who frequently moves in and out of psychotic pockets, but is not quite psychotic in a clinical sense either. This person does not fully present with the features of the schizoid, oral or masochistic character structure but exhibits aspects of these character defenses in varying degrees.

Apart from my difficulty in diagnosing, I frequently found that after a positive and hopeful start of the treatment, things rapidly got murky and strange, and interventions and exercises often had exactly the opposite effect from what I expected them to have. Often I felt I was digging myself deeper and deeper into a kind of morass. I frequently felt dejected and rejected in my effort and incompetent as a therapist.

I am presenting my experiences of what it **feels like** to be with a borderline client in such detail because this has turned out to be my tool for understanding what is going on. For me there is a lack of a clear distinction on the body level. There are not as clearly defined and characteristic patterns in the neuro-muscular system as, i.e., a "textbook" oral, masochist or rigid would present with. I observed in what I (often with the help of my supervisor) came to distinguish as a borderline patient, features of various character structures. Their bodies showed aspects of schizoid, oral and masochist defenses and one client I was sure was clearly upwardly displaced. The difference was that these clients behaved atypically and felt different to me.

Another dominating feature in interacting with this kind of client is the sense of black-and-white, either-or, good-and-bad. There is no grey

### *Energy & Consciousness*

zone, no transitional space, no room for metaphor and symbol. Words are literal, count as such, and have only one very concrete meaning. I frequently feel cemented-in when I say something in the session

On the other hand, I have encountered various situations where words had curiously much more intricate implications for the client than for me. I call it "baroque" thinking to describe the curls and innuendos. Their thinking often seemed quite bizarre to me; that's when it starts feeling crazy to be with the person. Because I feel locked in to a particular meaning, or because I can't quite follow them into their intricate world. I feel stressed and frustrated when I attempt to, and they frequently get upset with me because they don't feel met. Sitting there in my struggle to reach and understand. I can feel in my guts their desperate longing for healing and, concurrently, a deep rejection of me and what I have to offer to them.

#### **Historical View**

The first psychological observations of what we now would call borderline issues are found in Reich's description of the "Impulsive Character" (1925). Stern (1938) gave it the formal name as a clinical description for people who were resistant to psychoanalytic treatment (along with four specific criteria). Deutsch coined the term "as-if personality" referring to a person who feels cold and expressionless and is mimicking others out of lack of real feeling, someone else described it as "false self organization," and Zilborg called it "ambulatory schizophrenia" and others "pseudo-neurotic schizophrenia," all describing a basically neurotic-like patient with schizophrenic aspects. I will examine three schools of thought: a psychoanalytic school, a descriptive-eclectic school and a biological-constitutional school of thought, all replete with subtypes and overlaps.

The psychoanalytic school regards borderline as a "stable pathological personality configuration, lacking a concept of self, a person that is somewhere between neurotic and psychotic." The problem is that in spite of this nice formulation, borderline clients have not proven amenable to classic psychoanalytic therapy. Some other approach was needed.

In the 1960's, Melanie Klein's object relations theory took hold. This new direction was not based on drive theory, which is based on energy economy, which is the foundation of psychoanalysis and Neo-Reichian work including Core Energetics. Instead, it focused on the theory of inner relatedness and on the development of self. It evolved out

### *Energy & Consciousness*

of research on how the self is formed during early mother-child relationships by Piaget (1937) and Spitz (1965). It is somewhat distinct from, but formally grounded in, psychoanalytic language.

#### **Borderline: The Forgotten Character Structure?**

Psychopathological classification (DSM IV) puts borderline into the group of "personality disorders" of the dramatic kind, which is a diagnosis based on degrees of behavioral adaption or deviation.

Why is a "borderline character structure" missing from the menu of character structures in almost all of the established body centered therapy schools including Core Energetics and Bioenergetics? Core Energetics is based on Wilhelm Reich's original five characters which he (and Ferenczi) described in the 1930s. The Reichian approaches are based on **drive theory** and on an **energetic model**. We did not describe borderline and narcissistic features until the late sixties along with the evolving fields of object relations therapy and self psychology. Borderline and narcissism are terms coined by the early object relations theorists who focused on ego and self psychology. These approaches center around aspects of **cognition and relatedness**, both to significant others as well as the world within, which constituted a breakthrough in understanding the complex situation of the borderline at the time.

#### **Character Structure as Metaphor**

"Character structure is the configuration of physical, emotional and mental **distortions that compromise a person's defense** against a reality that is perceived as painful and dangerous" suggests John Pierrakos. He also reminds us that character is not written in stone and that clients keep changing the manifestations of their character over time, even within a session (Postgraduate class, April 1994).

"Character" is therefore seen as a metaphor for what is going on energetically in a person. It is also a patient's reality expressed in the body, a tool that gives us an idea of tendencies in a person's psyche and body but never IS the person. If we assume a dynamic "continuum" from the less integrated (extreme: psychotic) to the more integrated structures, borderline and narcissism would be somewhere near the less integrated range of the spectrum of defenses.

I would like to distinguish "character structure" from "character position," as defined by Melanie Klein. A "position" is an acute, reversible defense, which we all know in ourselves and occasionally use

### *Energy <6 Consciousness*

when the situation demands. The term "character structure" would denote the more chronic, fixed state. That explains how each one of us can have moments of schizoid-paranoid experience (i.e. during tax audit, after a car accident) with all the trimmings (splitting, etc. ) without being permanently stuck in this defense as a client with schizoid character typology would be. One is a life-style and the other is a temporary fashion.

#### **The Trauma of the Borderline**

The development of a particular chronic response pattern to early trauma (=character structure) is dependent on age and developmental stage, maturity of the child's nervous system, and ego development, as well as duration and frequency. Given the gravity of the symptoms of the borderline, the source of the trauma must go beyond the more obvious form of violation. The usual neurotic defenses are certainly more frequently elicited by neglect, inability, ignorance, misunderstanding, mismatch and mistake than by malice.

At least one trauma theory claims **malicious** acts of the caretaker as the source of the borderline disturbance. There are many interpretations of what causes the wound of the borderline. I have gained the best understanding from the most radical and creative explanation which I will present below.

As Scott Baum, a Bioenergetic therapist explains it, we have to consider an **ongoing and pernicious form of psychic theft**, in which the victims do not realize that they are stolen from. According to him, borderline people were exposed to a person who wanted to **wipe them out** at a very early stage. They were exposed to **soul murder**, not neglect or mistake but **malice**: a form of possession in which the child is hollowed out to enliven the possessor and to be a receptacle for the possessor's garbage. Scott Baum used the Dracula myth to explain this situation: the monster-parent who uses the child to fill himself with the child's unambivalent love. The child loses its center (core) if it ever had one. We can use the provocative metaphor of the **"One-Person Cult" experience** to describe how the child feels everything is owed to the parent and therefore every thing ought to be given to the parent (god). "Specialness" replaces the core experience. "If you give it all to the parent, you are special."

The parent of the borderline makes the child an extension of herself and thus wipes out the thrust for individuation and self-determination. Self-determination is an anathema for the parent who uses

### *Energy & Consciousness*

the child for his own needs. This is different than in masochism where the overprotective parent has a generally benevolent attitude toward the child, and the organism of the child is already more developed when the trauma sets in. The overprotective parent lives through the child and does not feed from the child's energy as the borderline parent does.

The borderline's experience of the unreal parent is terrifying. Being with this kind of parent feels like being with an alien. And, paradoxically, the child feels alien to the parent, too. Scott Baum notes that the tragic bind is: the parent says "give me all your love, adoration, respect, essence, then I will love you. If you don't do it you become an alien to me, the parent, and I (the parent) will feel invaded by an alien creature (the child)." In this model, the parent thinks that children are monsters, they are destructive and will destroy adults if allowed. This can be related to the Frankenstein myth: parents believe that they made this creature, they cannot control the life they have created and don't understand that they *did* not create that being. In some delusional way, the parent thinks they are both the determiners and the victims of life.

Most object relations therapists base their treatment on the "environmental hypothesis." This theory assumes a disturbance in the "rapprochement" sub-phase of child development. It describes a **failure in the separation-experience**, which normally follows the earlier stage of symbiosis. The borderline response at this stage is characterized by splitting experience (with inner and outer objects) into either all good or all bad and a lack of object constancy (see section on "psychological self").

Others describe a severe personality mis-match between the child and the mother: maybe the child was too temperamental for the depressed or overwhelmed mother to handle. Or, maybe the mother was emotionally not able to allow the child to separate and individuate. James Masterson, a prominent borderline therapist and theorist claims that even, borderline's mother is borderline herself. Of course there is also a genetic theory and a gender pre-disposition theory, based on the fact that statistically many- more women seem to be labeled with this diagnosis than men. Such statistics lead some researchers to an endocrinal theory and others to a comparison to the hysteria of the Freudians. Finally, there is biological evidence of minimal brain damage, EEG abnormalities and a relationship to affective disorders.

**Re-wired Nervous System, Lost Inner Coordinates and Precocious Ego**

Whatever the case may be, the child tries, as a response to trauma, to live from a different nervous system. It could be argued that the "nervous system" (actually the neuro-humoral system, which includes the neuro-transmitters and receptors located all over the body) is the essence of who we are. It mediates between the soul, the psyche, and the body. You could say that the nervous system is (in direct connection with our glands and "chakras") the messenger and organizer of our core. The borderline child somehow re-wires its nervous system in order to survive and so loses its essence and true sense of self.

The child basically invents itself because it cannot draw on the parent as a reference. In lieu of the proper establishment of what could be called "inner coordinates," the child invents its own coordinates. "Inner coordinates" are usually established slowly through the relational experience with a "good-enough" mother on a very primal psychophysical level. In the process of bonding we establish a kind of "emotional zero-point," similar to adjusting our watch to standard time. In our example the borderline child does not have a reliable master clock with standard time available to adjust its watch to. It constantly has to guess what time it is.

The borderline child rebuilds its body for the parent. All experience is thrown into question, and that is the essence of psychosis. Because of the missing "inner coordinates," very simple everyday conventional building blocks of reality are not durable and reliable. (But they are better off than schizophrenics, who do not have coordinates at all!) Because the parent actively distorts the child's reality, the child becomes insulated from reality and reality becomes meaningless. (In our time-example: Somebody intentionally and repeatedly telling you the wrong time.)

Scott Baum thinks that the child develops a precocious ego. The child pretends to have an ego but it is an imitation. (In our time example: The child guesses or makes up and pretends he knows what time it is.) But who is really at that center of this person's life? If you attempt to take away that precocious ego the person is terrified because there is no more source of energy except for the parent they now have to cling to. (Example: You are lost in a big city, you don't speak the local language and you follow a crazy guide who intentionally or because he is crazy leads you to the wrong locations and you have no other reference.) Thus, on some level they truly have lost their core.

**The Body of the Borderline**

I cannot make any statements about characteristic muscular patterns in the borderline. As I described in the introduction, I have seen bodies which fit into almost every character type although there is a predominance of oral, schizoid and masochist defense patterns. However, my most successful client shows features of upward displacement and a currently very challenging female client is an example of the swollen type as described in Stanley Keleman's *Emotional Anatomy*.

I understand that many borderlines have severe blocks in the diaphragm and in their occipital region, and are holding their bodies up with their viscera and not with their backs. What I can say from my touch work is that I often was amazed that superficially the bodies generally feel softer than expected, but there is a deeper level of impenetrable tightness underneath.

**The Core and the Self**

Somatic therapies have not talked much about the issue of the self. That is curious since Freud said that the "self is first and foremost a **body** self."

Wilhelm Reich focused on developmentally later occurring traumata which responded better to character analytic treatment. Neo-Reichian—including Core Energetic - theory adhered to the psychoanalytic model (drive theory, energy economy) which does not help us to understand the very early defenses because it lacks developmental (neurophysiological stages of child development) and relational aspects (self-representation). The latter became a domain of object relations research and self psychology which resulted in an overlap of technical terms, theories and approaches. To confuse matters, there is also a transpersonal meaning for the word "Self" which is closely related to our Higher Self model. The terms "Core," "self," and "Self" therefore need further clarification.

**The Core**

In Core Energetics, the "core" represents the center of all goodness, the source of life energy and the place where we connect with and embody God. It is the source of positive undistorted energy, harmony and love. It is a spiritual concept as well as a psychological function and body concept.

**The Psychological Self (self)**

The term "self" refers to conscious and unconscious mental representations that pertain to one's own person which are experienced in a biologic, fundamental way. "Self" refers to an internal image, a mental representation (idea, feeling or fantasy) and is very private. It is a "felt sense." Again Freud said: "The self is first and foremost a body self."

"Object" in contrast can be an external person, place, thing, concept or an internal image. The main tenets of object relations theory are based on the study of the development of the self.

Inner images are formed in the course of the infant's early relationships to its environment. External objects, when we feel energetically connected to them may become internalized over time. When this happens we call them "internal objects." which are mental representations in the form of a feeling, fantasy, idea, image, memory. External and internal objects start having their own inner life amongst each other and establish "object relations." Object relations concerns the interactions of the self and internal and external objects. It is the study of our heavily affectively charged inner experiences of the outer world (i.e. projection on our caretaker).

Because of the function of the internal representations, we can develop "good" and "bad" objects. The ability to hold a steady internal image of an object, (especially the mother, whether she is present or absent, gratifying or depriving) is called "object constancy" (Hamilton). Thus, neither I nor the environment (mother) is all bad in case of a temporary shortcoming of caretaking essential for continuity in the relationship. Object constancy is usually accomplished during and after the rapprochement-subphase in children of 16 to 24 months of age and completed around 36 months. It is postulated that a traumatic break occurs in this sub-phase in the development of the borderline. It is characterized by splitting and projection, ego weakness, and an inability to modulate anxiety and other feelings, lack of impulse control and a poor ability to assimilate and subliminate. This is what makes the borderline such a volatile client to be with.

**The Spiritual Self (Self)**

In transpersonal literature, the word "Self" in capital letters includes the psychological self but also connotes an extension of the personal aspects of the self towards a spiritual dimension. While "self" gives us a sense of identity ("I am") the spiritual "Self" gives us a sense of presence ("I am") within the whole. Spiritual work seems to be a process

### *Energy & Consciousness*

where we learn to expand our inner image and boundaries into a larger awareness of who we are. It is a stretch into the unknown and takes enormous courage. It is the process of becoming one with the universal life force, God, while still being grounded in our bodily reality.

A H. Almaas has written a lot about this concept of Self (that he calls "essence"), as have many Sufi teachers, and Tantric and Shivaite philosophers, and various contemporary transpersonal psychologists (Ken Wilber, etc.). This concept of the "Self" seems similar to the concept of the "core" in Core Energetics.

#### **The Concept of Self in the Pathwork**

The basic concepts of the Pathwork approach seem to revolve around "consciousness" and the fact that we all can't accept our humanness. By nature, we constantly make mistakes and are flawed and imperfect. In order not to feel the pain of our flaws, we create a "false self," an idealized image of who we think we really should be ("I'm fine." "I'm OK!")—the "mask." Avoiding our true experience of the moment by avoiding our flawed nature, we create inner distortions and misconceptions. That costs a lot of psychic energy and separates us from the full experience of the life force as we contract our bodies.

Being human also means being in touch with the life force, being one in God. Interestingly, we are defenders against harmony with God as we fight acceptance of our flaws for fear of giving up our comfort and the known, and we end up resisting the knowledge that we are more than our personality.

The "observer self" is the place from which we look at ourselves objectively and disidentify from our many disparate aspects. We thus identify negative traits but do not identify with them. This attitude of awareness creates inner freedom.

Using the observer self you can look at the **first map of consciousness: the mask self, the lower self and the higher self.** The mask is similar to the Jungian "persona," a reactive image we show to the world. The lower self connotes our negativity, unconscious dark energy, distortions and misconceptions. It is the center and origin of our destructiveness and long-forgotten choices for separation from the whole. The higher self, our core, is the essence of our spontaneous positive life energy, also called true self in other models. Both the mask and the lower self are defenses which separate us from our core, which is the place of true identity, love and creativity.

There is a **second map of consciousness** which describes four

### *Energy & Consciousness*

levels of experiencing the world. They are: 1) the Child level (positive and negative), 2) the Adult Ego level (positive and negative), 3) the Soul/Transpersonal level (positive and negative) and 4) the Unitive level. The first and second map of consciousness overlap and interact and determine our place in life and have their reflection in the intensity with which our character defenses are acted out. The idea is to move towards the higher self and the unitive level.

My observation is that it is almost impossible for the borderline to take responsibility for the lower self. There is no observer self activated. In Pathwork terms you could say that borderlines stay in the mask and the lower self but have no awareness of it whatsoever. They are so convincing that things are done to them, that they are victims and all the negativity in their lives is happening to them without their participation, that they are good people and do their very best that I am often tempted to collude with their beliefs. With regard to the second map of consciousness, they tend to stay on the negative child level.

There is also the concept of the "modifiers" in the Pathwork teachings. Modifiers function as organizers of negativity in the form of fear, self-will and pride. Fear functions as a refusal to trust and love, self-will as a refusal to surrender and give over, and pride as a refusal to be humble and ordinary. There is negative intentionality behind these refusals and one can sense the negative pleasure and authorship behind these emotional qualities.

The difficulty one may encounter relating these concepts to the already victimized borderline is that they must be conveyed free from blame and further victimization, or else borderlines may not be able to be responsible.

Another difficulty for the therapist is to actually recognize and nurture core qualities against the backdrop of drama, demand and upheaval these clients present.

#### **The Source of Evil: Rage**

Given the high level of negativity exhibited in the borderline condition I am interested in its origin. As with most people, the borderline's lower self is primarily unconscious. Borderlines are in a paranoid position with their lower self. They believe things are done to them.

I think that the borderline unconsciously identifies with the violator. If, as in our model, the violating caretaker perpetrates malicious acts, consciously evil acts, then the internalized evil must be so unthinkable that it is banned from conscious awareness and exposure for

### *Energy & Consciousness*

what it is. By all means, everything has to stay in denial and has to be masked and acted out without the benefit of conscious awareness.

There is enormous rage in the borderline, but it is deeply repressed and it oozes out, not clearly owned as a feeling. That's why it can be so hard to be around them, and the session often feels like a roller coaster ride.

Susan Thesenga writes in *The Undefined Self* (p. 157) "Anger is not, by itself an aspect of the lower self. Anger is a natural human emotion. It is an alarm bell in our psyche that signals that something is wrong in ourselves or in our environment. Anger helps us act, move, change. Without it we might stagnate in situations that are unhealthy for us. ... If anger is owned as a feeling clearly coming from the self, it need not be destructive. It is always better to feel anger than to repress it. Repressed anger will always be acted out in some indirect way. Anger becomes an expression of the lower self **only when it is used to hurt and destroy**."

And we know from our characterological work that somewhere underneath the rage, the pain from the original wound is waiting to be felt and transformed. ..

#### **Core or No Core: The Basic Question**

The premise of Core Energetics is that when we penetrate the mask we uncover and consciously "own" the lower self, we come in touch with the core of the being. From the lower self we can contact and express the original pain which allows us to surrender and reach for the core.

For the borderline person, the core is at least on a psychological level the source of all grief, terror and guilt. They must therefore hold back from their life force at all times. When a borderline reaches the core, he reaches a nightmare and therefore does not want to go there. Our usual understanding in Core Energetics is that behind all the splits, separation and evil caused by our lower self distortions, there infahably waits the higher self, the core, to be reached for to consummate and celebrate as our union with God.

For the etiological reasons mentioned above, where we postulated soul rape by a malicious caretaker, one may argue that borderlines don't have a core in the first place or won't know what the core feels like because they have never experienced it. Furthermore, according to Scott Baum's theory, if they would reach to the core, all they would find is

### *Energy & Consciousness*

absolute terror and devastation. So they won't go there. Period.

Whereas the experience of an "inviolable core" underneath all distortion and terror is a given for neurotic structures, it seems that for the borderline true contact with the life force does not exist. They hold back from the life force on a more intrinsic and insidious level. We might say that their "lower self" is even more ingrained than with other structures. The spiritual implications are clear. No trust in the life force means no trust in God, ultimately no place to surrender to. Emotional boat-people. Refugees with no country to go to...

Borderlines seem to be constantly inventing themselves. They seem to live from the periphery rather than their center.

Identification with that much raw pain may be the reason this kind of client elicits so much of my own pain, compassion, struggle and frustration in a session.

#### **Transference and Counter-transference**

"It takes one to know one..." I strive to discover the aspects in me that resemble borderline issues. This helps me to understand and vibrate better with my client's experience.

The therapist's body always functions as a diagnostic and therapeutic tool. This is especially true in working with borderlines. The therapist may experience a bodily sense of annihilation, rage, desolation, loss and gripping need when present with a borderline client. These feelings have been invaluable guideposts for me in diagnosing and monitoring this condition. Other telltale signals are my own strong responses to the "felt sense" I receive from my clients. One may feel angry when the client rejects the reaction or intervention of the therapist, or have a desire to throw them out of the office or destroy them. One might feel an unbearable void, loss, hopelessness. One might get depressed or urgently want to leave. One might become aware of an "I-have-to-rescue-them" reaction vis-a-vis their restlessness and demanding neediness and pressure to be fixed.

On good days when I am energetically fairly clear and balanced as a therapist, I may assume that what I feel is actually and accurately the client's feelings which are transferred onto me. My strong reaction to them would also be a sign of counter-transference. Both can be used successfully as diagnostic and therapeutic tools.

## *Energy & Consciousness*

### **Treatment**

#### *A) General Principles*

More than with other structures, the therapist herself needs to maintain a continuous and durable sense of self. This can only be guaranteed by unceasing inner work, self reflection, body work, meditation, prayer and creative use of positive introjects by the therapist.

On a psychological level, it is essential to honor the client's pain, validate their experience, and show your own reaction. Show that you are human! (They will get frustrated by you when the image of the "saviour" loses its glamour, which it must.) Since borderlines are used to dealing with monsters and body snatchers, a truly human experience might be conceptually difficult for them to hold and even intimidating, if they trusted at all. Treatment is not about healing but about being in reality! There is no place to go back into for the borderline, only reality to be in and live from. Since they have never had an authentic experience of being themselves, if a therapist says "be yourself." the client is baffled. Do not try to overcome what cannot be overcome. Beware of the possible collusion with therapist's grandiosity as master-fixer. Show faith in the client. Respect their truth and limitations. Be very slow, patient, undemanding and present. And when all fails remember: all you need is love.

#### *B) The Energetics of Relating to the Other: Object-Relations Work and Core Energetics*

The "other" is an essential tool for working with borderlines, for the borderline character is desperately searching for a core. And to a larger extent than other structures, they are under the spell of the evil forces of their lower self, in a state of extreme disunion. Because real bonds between them and their parents never existed and all they received was hostility, the therapist must initiate a "good-enough" bonding experience—provide a bodily felt experience of relatedness, warmth and good will. In the process, the therapist will be part of all the terror, fear of contact, separation, rage and ambivalence this client is capable of. so they must maintain an intact sense of self and be able to return to it when necessary.

The therapist needs to be in his own core as much as possible in order to be a durable, benevolent, good object for this client and to tolerate the extremely strong feelings elicited by the transference and counter-transference. He must be something of a messenger of God, a harbinger of all that is good and real and worthwhile in this world. All this has to be

### *Energy & Consciousness*

"good enough" and not perfect, because we all are human and the client needs to learn about our humanity more than anything else, including the frustrations of it.

#### *(f) Active Interventions*

In doing body interventions with a borderline it may be useful to consider that a baby learns primarily through its body senses. It is therefore not surprising that in adults, movement and touch evoke inner experience in a very powerful and direct way. Touch can invoke transitional space, a trance- or meditation-like state where good and bad can be held energetically. This might be of particular use for the borderline with her characteristic difficulties with object constancy, the capacity to tolerate relatedness in the face of conflict and frustration. Because object relatedness is a direct perceptual non-verbal experience, touch, movement and the direct physical presence of the therapist will have tremendous impact on the client. At the same time we also affect directly and indirectly the person's energy field through touch, breath work and movement.

**Energetic Exercises:** Rosenberg and Rand say that the primary goal of any energetic therapy should not be release but should be the discovery of the Self and identity through exploration of the origin of the block. This is particularly true for the borderline client.

Active bioenergetic-style exercises including standing-up grounding will tend to over-stimulate the borderline and they will fall apart rather quickly. So this client needs to be grounded on the relationship level first, in the therapist's honesty, boundaries and presence. After that relationship is established. K ing down and breath awareness with gentle touch might be just enough to stretch their limits but not overwhelm their system. (Malcolm Brown) Later in the process it might be useful to incorporate some of the assisted stretches from bioenergetic exercises and from yoga to help release tension gently and to discharge feelings safely. (See details in the following section on massage.)

**Bonding, Touch and Movement:** Bonding is ultimately a psychophysical process. I think that some form of touch is absolutely essential. The multitude of information which travels non-verbally in the act of touch between mother and child (client and therapist) is so much larger, faster and deeper than any verbal exchange. The key words here are "holding environment" and "good enough mothering" both connoting a

### *Energy & Consciousness*

mind-body experience of a safe, if not perfect, supportive environment. On the body level. I often touch my client foot to foot or I sit next to them on a couch, lightly touching them. We breathe together. I might hold their shoulder, elbow or wrist. (John Pierrakos teaches that the major chakras are replicated in those areas and you can influence them from there unintrusively .) With more advanced clients I might suggest trust exercises from gently leaning into each other to experiments with contact dance (= more extreme contact and weight transfer exercises) and the Continuum movement work developed by Emilie Conrad which works with gentle unwinding and pulsation.

**Message:** With one client I had extremely good results with an adaption of Gerda Boyesen's method of Biodynamic Massage. This is gentle hands-on vegetative (visceral) release massage using an electronically amplified stethoscope for audible bio-feedback of intestinal (endodermal) release. This approach gave me an ongoing excuse for hands-on touch to facilitate bonding, gave him a sense of accomplishment and participation when he could actually monitor the discharge sounds his own bowels created when he deeply released.

My client's regular jogging exercise had a similar releasing effect on him, helping to clear his head and lessen some of his anxiety and compulsiveness. We later added stretch exercises to the session program like the deep squat position (grounding and discharge through legs) and the yoga plough (to help gently discharge his very tense occipital region and upper spine while giving him full control over the level of intensity). I also used a very powerful neck release technique: with the client in a sitting-up position, I forcefully pushed my thumbs up and forward against his occipital ridge as he resisted the pushing. This released the deep blockage around the upper cervical vertebrae and the occipital ridge and often did wonders for the pressure in his head as well as his anxiety. (Some clients can get very 'dizzy' from the sudden release of energy whereas others have ecstatic experiences). I also gave a lot of verbal support and personal affirmation to strengthen his sense of self.

Borderline clients need a lot of personal attention. If you see your client only once a week it might be helpful for the client to have an additional massage session with a qualified practitioner. In my client's case, this gave him an emergency exit and lowered his anxiety quite a bit because he knew there was someone else caring for him as well, just in case. Forms of adjunctive massage I would recommend are: soft Polarity and gentle Shiatsu which both give contact, release and energy balancing.

### *Energy & Consciousness*

Deep tissue massage methods may be helpful later in treatment, but I definitely would not start out with them. During the time when my client had a Swedish massage therapist concurrently (1x week for 2 years or more). I made sure that this therapist focused on my client's body awareness to help him stay present during the session. Also, there was a lot of communication between therapists so that "splitting" (good parent/bad parent) was limited. For this reason it is important to make clear (to the patient as well as to the body worker) that you are the main therapist because you are working on the characterological and transference aspects and that the massage is to be the secondary, supportive element. I also required my client to report his experience to me after each massage visit.

After about four years of very cautious and repetitive work this client is now getting ready to work on a more characterological level. He is now more physically ready to endure change and to express himself without flooding (i.e. he has a better container). He also is psychologically more mature and able to approach a level of self-responsibility and frustration tolerance where new challenges seem possible. He can now tolerate the challenge of regular upright Core Energetic exercises. We have also begun to discuss certain chapters of *Fear No Evil* (E. Pierrakos, D. Thescnga) in order to lay the conceptual ground for deeper work on the characterological level.

#### *D) Self Defense Training (adjunct)*

Because the trauma of a borderline patient may originate in a situation of abuse, studying self-defense might give a sense of strength and empowerment to this client. The client will feel "You can't hurt me" or "I can defend myself." Many of these systems (aikido, karate, judo, women's self defense classes, etc.) work on centering chi energy in an upright position, and have a high level of integrity and a strong value system in their philosophy.

#### *F) Awareness. Transitional Space. Meditation and the (uru Principle*

The one thing most researchers agree upon in discussing the borderline condition is the loss of self. With loss of self goes a lacking in the objective observer function and an existential locked-in-ness in the material existence. As I described in a chapter above, there is no psychic space available for this person.

Working on making this person's experience more porous is simultaneously highly rewarding and prohibitively difficult. The work

### *Energy & Consciousness*

must happen on three levels: the body, the mental and the trans-personal.

In addition to these described treatments, there are others derived from Eastern and Western mystical traditions (Sufism, Tantra, Christianity, Hassidism, Zen, etc. as well as Gestalt, biofeedback and hypnosis) and there is fascinating work relating these meditative techniques to modern psychological, especially object relations, language. The common denominator is that these traditions all invoke the subtle body, a state in which energy is held on a psychic level. The state arises when we deliberately withdraw from the grip of our personal story and focus on awareness.

**Awareness:** From Eastern to Western traditions to modern Gestalt therapy awareness is surely one of the common denominators for inner work. Many of these traditions found out centuries ago how to utilize the body as a tool for increasing awareness.

**Transitional Space:** As I mentioned in a section above, I consider work on "transitional space" (D. Winnicott) essential to help the client out of the locked-in position they are in and to create psychic space. It's a space where we can hold contradictory experiences and learn to have "object constancy beyond good/bad, right/wrong." Touch could serve such a function, as does meditation in a group, or the silence in the beginning of a therapy session. Art, music, dance, playing with an animal, walking in nature, meditation, prayer and many other activities can evoke this experience.

**Meditation:** Many meditation practices utilize a bodily technique to focus awareness either by concentrating on or relaxing various body parts and by employing specific forms of breathing, counting, repetition of words and gestures, or chanting. The purpose is to slip out of the problems of the past (the story) and away from the vicissitudes of the future and to be unconditionally present in the here and now. The practice of meditation as a tool for relaxation and, even better, for (temporary) liberation from personal history is therefore essential, in spite of the initial difficulties the borderline client will have with these approaches.

For the borderline the challenge and difficulty with meditation comes from the fact that it is a relational experience, with inner and outer objects, and because there is no solid "I am" at their core. At the same time and because of this, I see it as a great therapeutic tool.

### *Energy & Consciousness*

**The Guru Principle:** I mentioned above that the borderline person was member of a One-Person Cult experience with the violating caretaker. Because the client enters into a similar archetypal relationship with his therapist, is useful to be aware of it.

In the right circumstances and under optimal conditions it would be beneficial for some matured borderlines to join a responsibly led therapeutic community, spiritual path or inspirational community to allow a safe community experience and to help evoke soul through the group

#### **Caveat for Body Techniques**

During and right after my Core Energetic training I thought, in my enthusiasm, that even body needed our upright body techniques for grounding, charge and discharge. However, for the borderline, there is a danger of **adverse reactions**, particularly over-charge and flooding. The borderline comes in charged up, tense and angry, with a sense of urgency for release, but what works well for more rigid structures (grounding, hitting, kicking, screaming, expressing, massage) has an aggravating effect on these clients, getting them more into their heads, causing splitting etc We must expect that any intervention may elicit adverse responses, even solely verbal interventions. **Remember that one of the suspected causes for borderline disorder is that the parent could not handle the child's energy.** To be on the safe side, I pace sessions slower, and I use much softer techniques than I usually would.

#### **Caveat for Verbal Interventions**

I also select my words, metaphors, phrases very carefully as they can trigger a whole cascade of meanings (or have no meaning at all for my client).

Borderline clients often cannot relate experientially to words or exercises. In those instances it feels like talking about colors to a blind person This can be quite painful and frustrating for the client as well as the therapist. As an example, I have a client who can't feel me when I am sitting opposite her, and if I touch her, she describes her experiences in a very sterile and unconnected way. If I ask her to go inside the same client gets panicked because she really does not know experientially where inside is. Then she gets more upset and hopeless because I can't explain to her where inside is for her and how she can get there. When I use metaphors out of a lack of other ways to guide her, she gets locked into a particular meaning of a word which further keeps her from the so longed-for

### *Energy & Consciousness*

experience of inferiority.

#### **Conclusion**

On a good day I can give up my illusions. I can relax into the fact that it will never be me who will fix this patient. With growing clinical experience, I find myself talking and doing less in my sessions. I stay in silent communion waiting, getting out of the way. My advice to myself is "Shut up and be present/" the Zen approach to therapy. I continue to charge my own energetic system, make sure that I breathe and hold my own sense of self intact, and I set my intention on personal integrity and on really being there for this client as a positive and benevolent object. And I pray, acknowledging that I am powerless in this situation. Technique alone is ineffective. The real healing arises, as in the bonding process of mother and child, through the uninterrupted, reliable, nonverbal felt connection (bonding, holding environment) and not from doing some intervention or from repeatedly saying "I love you" It comes from me fully holding my own experience of Self; in our language from experiencing my own Core, while riding the roller coaster of life along with my client. More and more, I am committed to trusting the idea that ultimately my own love, trust and deep self-acceptance, which are but an expression of my own core, will indirectly do the healing work for the client. The alchemy is happening when I get out of the way. Soul is invoked. Then sparks of trust and love can fly. My borderline clients have been patiently trying to teach me this all along. It was I who took so long to get it. Bless their hearts.

*Kuno Bachbauer, M.D., received his medical training in Austria. He is on the faculty of the Institute of Core Energetics and has a private practice in Washington, D.C.*

*Energy & Consciousness*

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