This Jungian Life Podcast

Episode 74 - Borderline Personality Disorder

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**Introduction:**

Welcome to This Jungian Life. Three good friends and Jungian analysts, Lisa Marchiano, Deborah Stewart, and Joseph Lee invite you to join them for an intimate and honest conversation that brings a psychological perspective to important issues of the day.

**Lisa Marchiano:**

I'm Lisa Marciano and I'm a Jungian analyst in Philadelphia.

**Joseph Lee:**

I'm Joseph Lee and I'm a Jungian analyst in Virginia Beach, Virginia.

**Deborah Stewart:**

I'm Deborah Stewart, a Jungian analyst in Cape Cod

**Joseph Lee:**

So today we're going to enter into some very sensitive territory as we discuss borderline personality disorder. This was a kind of early initiation for me even when I was going through my social work program. My first internship was in an inpatient psychiatric hospital that specialized in the treatment of borderline disorders, particularly when it became so severe or life threatening that people had to be hospitalized for their own safety. I came into significant knowledge about the magnitude of suffering, the dangerous self-injuring behaviors that sometimes happen, the anguish of early childhood deprivations and how deep in the structure of the psyche that these sufferings and unfortunate structures lay and the very long road to incremental healing. All of us are determined to be sensitive and respectful. We're going to try to grapple with this topic.

**Lisa Marchiano:**

Well I'm wondering if we should just try to define it a little bit maybe in terms of the diagnostic and statistical manual just so that we, for listeners who might not be familiar with it and then of course I'd like to immediately express some reservations about the way the diagnosis is configured. But what are the diagnostic criteria for pro BPD? It's like intense fear of abandonment. Going to extreme measures to avoid abandonment, separation or rejection, a pattern of unstable or intense relationships like idolizing someone one moment and then the next minute totally devaluing them. Kind of rapid changes in a self-identity or self-image. So, you know, one minute you feel this way and have one set of goals and values and another moment you feel totally differently about yourself. So not a strong sense of self. Could include impulsive or risky behavior and that could come along with say drinking or using drugs or participating in kind of compulsive sexual activities, binge eating, cutting, suicidal threats or behavior intense mood swings, intense anger, argumentativeness, extreme argumentativeness, am I capturing it?

**Deborah Stewart:**

You're capturing it and it makes it sound sort of horrifyingly intense and atypical and what I'd like to do to sort of bring it down to earth so that it's not always so extreme is I think of it as overall difficulty managing emotions or affect. And there is a definition too that normalizes it more that says that character pathology borderline personality disorder is an exaggeration of typology. And so, Jung characterized various kinds of basic personality types. And if you are an extroverted feeling type, that would be a normal typological orientation that when exaggerated, could look like a lot of difficulty managing emotions.

**Joseph Lee:**

And I think when it comes down to the DSM diagnosis, after all of those descriptions, there's always a caveat that any of those dynamics or the cluster of them have to create a significant impairment of functioning internally or psycho-socially. You know, the average teenager might evidence a wide majority of those behaviors for several months as they're going through a very intense hormonal and social shift. But it's the longevity of the symptoms and the severity of impact that lets us begin to become concerned that it requires some specialized treatment.

**Lisa Marchiano:**

Yeah, I mean I have a lot of serious reservations about the nature of psychiatric diagnosis generally, and the more time I spend thinking about it and the more experience I have in the consulting room, I would say the more my reservations accumulate. And that is, you know, no less true for borderline personality disorder specifically. It's often considered to be a very stigmatizing diagnosis and is kind of considered one of the worst. It's, you know, it's often applied to women more frequently than men and it can be a way of really dismissing a woman. And it also is a little bit of a wastebasket diagnosis. I mean, I also spent some time interning on a unit and if you couldn't sort of figure out what else was going on with a person, you might just say, Oh, you know, it's sort of borderline, you know, it's a little bit of a toss away in some sense Or it can be.

**Deborah Stewart:**

And that goes to my question about who has the problem? Is it the person on the psychiatric unit or a therapist or a psychiatrist who finds it very difficult in himself or herself to deal with patient X or client Y and therefore turns away, which just replicates the pattern that this person has experienced all his or her life of intense emotion distances him or her from needed and sought others.

**Lisa Marchiano:**

So, you know, I'm not saying that I would never use this term. I think for me personally, psychiatric diagnosis is good in evoking a kind of feeling about the territory we're in. So, I think it feels more accurate for me to say, well, someone might be evidencing sort of borderline traits. That's how I like to think about it myself. That's how I find it helpful.

**Joseph Lee:**

When the current DSM five was being put together, as I understand it, there were debate's behind the scene. There was a movement in the psychiatric Academy to abandon specific diagnosis like borderline or narcissism, et cetera, and move in terms of simply noting the features, noting the specific psychological or behavioral dynamics without having to cluster them together in one title. But as the insurance industry spoke into that process, they would make it almost impossible for insurance companies to pay clinicians for their services without an absolute diagnostic position.

**Lisa Marchiano:**

It's the problem with this medicalized model of mental health treatment, which of course is this whole other can of worms, so we don't want to go too far down that road, although that would make an interesting podcast on its own. But in terms of borderline, one of the ways that I think about it is that people with borderline traits are often really looking for contact. They really have unmet attachment needs, which many of us have. The way that I think about it is that when attachment needs get kind of woken up, because intimacy, the possibility of intimacy is on the table, say in a, let's say a new romantic relationship or a therapeutic relationship, then the wounded child part of that person that's kind of holding these unmet attachment needs starts act up. And that often looks absolutely crazy from the standpoint of an adult kind of conscious personality. But if you think about it, the person in front of you and recognize that this person's, if you think about, well this is the sort of child part that's trying to get an unmet need met, then it suddenly makes sense and it doesn't seem so irrational anymore. Although it may not be adaptive, it may not be serving the person. It has then a certain kind of validity and even a telos.

**Deborah Stewart:**

I'm just still thinking about intensity of affect and how that tends to be kind of condemned and devalued. You know, the famous histrionic woman or the acting out teenager. We have something in us as adults or trying to be adults that that dislikes intensity of emotion. And finds it difficult to hold because emotions are contagious. So, when we have someone, whether it's a client or a neighbor or a relative who has outbursts and intense feeling, that in itself tends to become the problem. I'm not a big one either for these labels. I think we have to go to what is happening for this person in the room with me right now. Either what's actually happening. There may be some intense feeling. Again, it can be a relative or a neighbor or a client, but what do we do with that? When we either hear about an incident or we experience it ourselves, what are we called upon to do in a way of containing it and hopefully lifting something up into consciousness rather than just labeling it or medicating it away or rejecting the person which sets up that whole cycle that started to begin with of when I have strong feelings, I am abandoned.

**Joseph Lee:**

I also don't want to put some kind of cultural rejection on the idea of dysregulated feelings. So yes, we could travel over the world and perhaps in a Mediterranean culture we'd find people that are much more passionate than we are here on the East coast of the United States. In fact, we might even be shocked to see how passionately the whole village communicates. But I think with borderline disorders we're talking about something that is more shocking than something we just find inconvenient - that people can become aroused to the point where they will punch their spouse across the face or they'll throw a child down a flight of stairs, that amount of rage or distress can get so high, where that might lead is often shocking to the person after they calm down. And it's certainly shocking and dangerous to the people who are around them.

**Deborah Stewart:**

I agree with you, Joseph. I'm not trying to sort of minimize the seriousness of these incredibly sometimes intense states of affect. But the question still stands is what is it that we do when we are confronted with this kind of affect? How do we manage a relationship in which this can occur?

**Joseph Lee:**

I want to parse it into two different parts. One is, how would the family respond to having a family member who has a borderline disorder with dysregulation? How might the family help the individual? And the other is, what the individual is going to initiate from within themselves. I think those two interventions can look very different. One of the difficulties actually in both of those scenarios, is when people are in a state of overwhelming hyperarousal, it interferes with the brain's ability to create crisp memories of what they do or say while they are in that state. There's a heartbreaking book called Borderline Mothers which parses out, in an archetypal way, the different styles of behavior that borderline mothers can exhibit. One of the most disturbing phenomena is that in a state of hyper arousal, for instance, a borderline mother may do something very, very outrageous, calm down, come back four hours later and be totally pleasant and continue moving forward as if nothing has happened. The children are devastated and the mother literally has no memory of what she had done, which then makes self-reflection almost impossible.

**Lisa Marchiano:**

Yeah. Well, and it makes it difficult for the children to have their perspective validated, which is really crazy making to have experienced something as a child and then have an adult, you know, deny, or just not acknowledge that it happened. That's quite something to try to deal with. I'm thinking that from a Jungian standpoint, we can think about borderline personality disorder with its incredibly intense affects in terms of having very strong complexes that are filled with archetypal emotion and a relatively weak ego, which is unable to really stand in relationship to these complexes.

**Deborah Stewart:**

And from a developmental point of view, according to Jungian theory, you know, an infant, a toddler, young children don't, we all know that they don't have a developed egos yet, so they are in the archetypal realm where very strong affects, have yet to be mediated by thinking in cognitive or self-reflective functions. And hopefully in the course of growing up with some, what they call optimal frustration of not now, you know, I'll tend to it a little later to a young child and the child is frustrated because you know, I want my drink right now. That child learns to manage the frustration and wait for few minutes to have his need met. And that is the way that we humanize these archetypal affects. Have you wait your turn in line, Mother after mother says to her angry youngster, use your words. Use your words, don't hit your sister or your brother. What we're talking about here are aspects that have not been humanized. They have not been integrated into the ego. And so they just explode in anger or other kinds of impulsive behavior.

**Lisa Marchiano:**

Yeah. And that sort of intensity of affect is one of the hallmarks I think, of what we think of as borderline. And the truth is that it can feel so good to feel something intensely. I mean it does feel like a connection with the archetypal world. It does feel larger than life.

**Deborah Stewart:**

And it feels like a connection with oneself of not holding back. There's kind of a rush. And I think actually we've all felt some of that rush state.

**Joseph Lee:**

I think that has a lot to do with which polarity the energy is in. So, for instance, a borderline person can fall in love and their capacity for an intensity of love can be almost paranormal, incredible amount of focus, incredible amount of devotion and idealization that they'll experience for the beloved - its intoxicating for them and for the object of their love. So that might be something that feels really appealing. But on the other side of it, people will often report agonizing experiences of despair and anguish and depressive pain, which they don't feel exultant about. And they will go to massive lengths to try to avoid it including contemplating or attempting suicide and other kinds of highly destructive ways to escape it that aren’t quite as cathartically appealing. I think it's just really complicated and depends on which side of the pole that it lands on.

**Lisa Marchiano:**

Yeah, I mean I would say that there's kind of an inflation that goes with feeling these really feelings. And although the negative feelings can be, you know, just excruciating, there is a way that that can sort of be like a negative inflation. You know, it's like your feelings are so big that there can be a kind of an identification with that state as well. And it can make it difficult to sort of step away from that intensity and to accept something that feels a little bit more quotidian.

**Deborah Stewart:**

So, it's kind of shades of gray image comes up for me that the positive emotions are bright, bright white and the negative ones are pitch midnight black and we're working toward shades of gray. And I'm thinking about how that happens in therapy or in another relationship is how do we work with the ego of, well tell me more about that and what happened and how you felt and using cognition and frontal cortex functions to go back over an episode or a feeling and start to look at it a little more objectively. And I often use the image of being on the playing field or being up in the sky box of now we're up in the sky box and we're looking down and we're having the rerun of that play and we can think about it together when the heat has turned down.

**Lisa Marchiano:**

Yeah, I mean I think it's through that reflective capacity, Deb that you just described so well that we are able to dis identify from intense emotional States and again, thinking about this in terms of the complex. When we recognize that we have a complex, we're a good portion of the way there, aren't we?

**Deborah Stewart:**

Absolutely because then we can have our feelings instead of our feelings having us.

**Joseph Lee:**

And that first step is probably the trickiest - for somebody who finds it normal to have these very wild swings of feeling and behavior to have that moment of clarity to say, “I think there's something wrong here. I think I'm suffering too much or I'm creating too much suffering around me and there has to be a fix. Something has to be addressed here.” That first moment, deciding that we need an analysis and then showing up, to be able to have, as you said, that process of mentalization, is what the early Freudians used to call it, which is to mix that frontal lobe of the brain into the experiences and to be able to think about what I'm feeling and to think about what I'm doing - it’s the beginning of softening the hard Carapace of the complex and being able to work some rational process into that, which probably now as we're looking at neuro-plasticity, literally reinforces certain neural connections.

**Deborah Stewart:**

Absolutely. Of connecting up the emotional centers of the brain. You know, with the cognitive and sort of frontal cortex functions of the brain. Definitely, there's biology involved and the brain does have plasticity like everything else in the body. And so, I'm practicing a reflective and more rational sort of process makes a big difference of, wow, I really did go off on that guy who kind of ahead of me in line at the grocery store, let's say. And was that really, was that out of proportion to the situation? How else might I have handled it? What really happened inside? Well it reminded me of the time when blah blah blah blah blah. Of all of that kind of thinking about it can make a big difference.

**Lisa Marchiano:**

You know, one of the things that's coming up for me as we talk about this, and this maybe is shifting a little bit, but often how much shame there can be around these big feelings and shame in particular around the diagnosis of borderline personality disorder for some people, not everyone. I recognize that not everyone feels shame, but for many people these behaviors provoke a sense of shame afterwards. And I have found that it can be really helpful to reflect to people the sort of positive telos of their symptoms and to let them know that I feel a sense of acceptance, in other words not to reinforce that shame and that invites the person to accept him or herself a little bit too.

**Joseph Lee:**

In those moments, Lisa, what I'm also looking for is a bit of reality testing and clear thinking. Is the person accurately describing what happened? Are they minimizing it? Are they exaggerating it? If we've kind of hashed it out, and there's something on the table that seems like it's being accurately described, and they really have offended or injured another person, I also find feeling bad about that is corrective. What I'll often tell people is, we should feel bad about the bad stuff we do because that suggests that we have a moral center, and even though we can understand it in terms of our struggle to develop mentally and take hold of a higher arc, we also have to be willing to make repairs.

**Deborah Stewart:**

I think you're both pointing to two sides of something that's so important, which is your feelings aren't bad, whether it's shame or guilt or whatever, but there's a difference between how you feel and you do or what you did. I probably shouldn't have gone off at that hypothetical person who cut me off in line at the grocery store quite to the extent that I did. But that doesn't mean that I am essentially bad and I can have a feeling and think about it and process it. And in many cases I can make a repair. I can acknowledge it and go back and say, I regret this. I am sorry.

**Lisa Marchiano:**

Let's maybe talk about some specific aspects about this. What about what it's like to be a therapist working with someone who's borderline? There's this kind of cruel joke about what do you do with borderline patient and the punch line is you refer them.

**Deborah Stewart:**

I've had quite a lot of experience with people and I don't use the term, but with affect regulation. I always feel especially bad even to, you know, even that reference to that terrible joke of how people who have difficulty with affect regulation get demonized. I think I'm going back to what you said, Lisa, about shame. I think job one is for any therapist, is this within a range of capabilities that a therapist has of tolerating a lot of intense affect? I find myself really moved by this and realizing the humanity and as you also said, Lisa, that the telos of where could this be going into a capacity for relatedness, a capacity for empathy and intuitive sensitivity.

**Lisa Marchiano:**

Yes. I think what you're raising is really true that many people with who carry this diagnosis are incredibly, are often intelligent and very intuitive.

**Deborah Stewart:**

And stigmatized.

**Lisa Marchiano:**

And Stigmatized. There's a lot of sort of rich potential there.

**Joseph Lee:**

Stigmatizing is a tricky word for me. I think that the *diagnosis* can be stigmatizing, but I think that borderline clients who are very intensely emotionally dysregulated, which includes a predisposition towards intense aggression – cause the people in their lives to distance themselves because they find it, at the very least, uncomfortable and at other times downright frightening to be around somebody who is in that kind of a storm. I don't know if I would call that being stigmatized because that sounds like a larger cultural lens. But I think that they often suffer great social isolation, which is quite the opposite of what they want.

**Lisa Marchiano:**

What you're saying Joseph is there are real consequences to their behavior.

**Joseph Lee:**

Yeah. In the social environment and particularly based on the culture that you live in here in the States, we prize a fairly self-regulated culture. We're very British in our hearts and in our heritage. So, having a stiff upper lip and being reasonably self-contained is considered a norm in the culture. So, people are having storms of feeling and not only that, but the storms of feeling tend to land on the people who are around them, which creates a very, very stressful interpersonal dynamic. And just to counterpoint it, because I do so much work with retired and active duty military, and there is often, if not a disabling post-traumatic stress disorder, then generally at least some components of it. I can be working with a vet that has PTSD and they will also become hyper aroused. But the target of the hyper arousal remains in that imaginal sphere. And I don't feel like it has suddenly become this dangerous situation or this dangerous person that they we’re involved in. Therefore, I can still partner with them as they're seeking to manage whatever the trigger was. Often with a borderline client the therapist is the object that the client wants to work at, work on, work towards and work against. And so there's a huge funnel of intensity towards the analyst.

**Lisa Marchiano:**

That's a great distinction that the analyst or the intimate partner too becomes the focus of the intense affect. And I think that it can make it very frightening for some therapists who aren't experienced with this. And Deb, you talked about being able to tolerate the intensity of the affect and I think that that's exactly the realm that we're in. I think that the job, perhaps the first job of a therapist in this situation is functioning as a container for these intense feelings. Yes, it means it comes at you and you have to survive it without retaliation. And at the same time you have to be willing to set limits. You can't be overwhelmed by it.

**Deborah Stewart:**

So I think you're both pointing to something so important of Joseph, you're pointing to the person where the affect is aroused, but the Alliance with the analyst is unimpaired and that makes a huge difference versus how Lisa you're mentioning, you know what happens when it comes straight at you in the room and there's a great image from a British psychoanalyst named Donald [inaudible] who was a pediatrician and then An analyst and he talks about a very young child who goes at his mother with fury and rage and aggression, a three year old let's say, and then he imagines afterwards if the mother has been able to do that withstanding of the aggression, but at the same time contain it and have a limit and not be destroyed by it, that the child says, Oh, I destroyed you and you survived and now I love you. Of handling that aggression in exactly that way that says, I'm not going to get caught up in it, I'm not going to retaliate and I am bigger than it. And yes. Right now, I'm going to maybe sit down and hold you on my lap or have you settled down or tell you to leave my office or tell you to leave my office or right or send you to your room. Another great example is for the wild things are, and the little boy is acting out and his mother sends him to his room where he has a great big fantasy about going to this Island of wild things and then he comes back and his hot dinner is waiting for him in his room. That is a stance that embraces all of those things that I think hopefully, and a therapist or analysts can provide for a client who needs that.

**Joseph Lee:**

Talking about that early childhood dynamic, I wanted to come back to a stance that's fairly classically psychoanalytic as a way of kind of framing some of the dynamics that we're likely to experience. If we imagine the shape and structure of the psyche of the borderline client, images and positions can often help us orient. When I was just starting out and I was getting supervision on this unit that was designed to serve personality disordered individuals who are in-patient, my supervisor said, “I just want to give you a sense of how these borderline individuals probably feel, at least by the time they get here in the hospital. So, just imagine that you're four years old and you're walking onto a subway platform with your mom and you're holding hands. It's crowded, there's teaming people all around. The subway car pulls up, there's a huge rush of people and your mom loses contact with your hand and then in the next moment the train begins to pull away and you see that your mom is in the subway car that's pulling out of the station. Imagine how that feels and then imagine that most of the borderline disordered clients are feeling that most every day.” Wow! That really woke me and woke a level of sensitivity up inside of me.

**Lisa Marchiano:**

That is so wise and compassionate. I'm very impressed with your supervisor, Joseph, that's really helpful.

**Joseph Lee:**

Thank you, Susan. Call out to Susan there for that help! And so, let me take that understanding and then systematize it a little bit. Often in this configuration, a client is desiring a tremendous amount of intimacy, as much intimacy as they can possibly experience, and yet as they move closer psychologically to their analyst or the analyst who's moving psychologically closer to them, at a certain point, they'll begin to feel panicky that they'll begin to feel that they're being engulfed or even begin to feel fragmented by the intensity of emotional closeness.

**Lisa Marchiano:**

And the fear that it will disappear.

**Joseph Lee:**

Well, I think that's the second part. And then often there'll be some kind of a behavior to break the intimacy. There'll be some kind of aggressive lashing out or a strange accusation or some kind of a verbal attack in order to break the sense of intimacy. Then there is a kind of moving away into separate corners because, by the way, your analyst is human. So, your analyst is also capable of feeling stunned by something that happens. There's a retreat of feeling, and then in the other end of the room, the analysand now feels traumatically abandoned and then feels accusatory having been abandoned. This happens in personal as well as professional situations like a healing relationship.

**Lisa Marchiano:**

That's a great Summary, Joseph.

**Deborah Stewart:**

You know, I'm thinking too that I would even amp up your great scene of being abandoned at the, at the subway station of imagine that this four year old was having kind of a spat with mom and mom wants to hold his or her hand and the child doesn't want to do it as little kids often do. I'm going to do it myself. When this child sees mom pulling away from the station, it's also suffused with a link to, it's because I was mad at mom, I was aggressive, I pulled my hand away. I might've even yelled at her and now we have an even more intense affective state. It was my aggression, my anger, my desire to separate, my also wish for autonomy that has resulted in abandonment. So, you get these two horrible polarities of anger, aggression, separation, you know, versus rejection, abandonment, and emotional disaster.

**Joseph Lee:**

Now, the feeling that there must be something wrong with me, holds that tension the early analysts were saying, that this diagnosis lands somewhere between a psychosis and neurosis. I think when a borderline client is in the more neurotic spectrum, which is slightly more healthy, they might experience that and blame themselves. They'll say, “Oh, you know, gosh, you know, I was being a real stinker. I kicked mom in the shins, and then *she* left *me* in the department store.” Something like that, where the response is splitting, but there's a sensibility to it that one can kind of track. But more often I find that if somebody is in a severe state, that everything will accumulate around the archetype of the victim. They have almost no sense that they have co-participated in it, that they are blameless and that they're really just a little lamb in a field and that *mom* is the one who cast *me* aside - and my husband's the one who left me with nothing, or my boss is the one who cast *me* out into the street and I'm a blameless, an angel, and there is often a lack of self-reflection or even a tolerance for, “What was my part in this story?” Often the ability to say, “I have to take some blame around this is”, often a real shift out of what we think of as a psychotic transference towards a more neurotic stance, which is, I think healthier and more optimistic.

**Deborah Stewart:**

Yeah. I think that's a really important distinction that goes back to what we were thinking about and sort of the psychic structure in Jungian theory of how to integrate and start to bring into consciousness some of these archetypical emotions without awareness.

**Joseph Lee:**

And we're talking about splitting, which is intrinsic to the coping structure, by the way. It's not meant as a punishment for the people around them, but it's a way of trying to get through the day, and this idea that ‘I am a blameless victim and then the cast of characters around me are monsters’ is a way that the individual can walk through their lives having some level of functionality.

**Deborah Stewart:**

Wow, this is complicated.

**Lisa Marchiano:**

Yeah. I think one of the things in that splitting dynamic is on the one hand, this desire for sort of oceanic merger and when a relationship is being idealized, there is a tendency to want to collapse any and all boundaries and throw oneself into the deep end. Which I mean, again I think you know, we all can feel like that at times, but it's particularly pronounced with someone with this kind of character structure. And of course, that can really look like in the consulting room that there's a constant pressure to relax boundaries. So, the client may want to know more and more about the analyst's personal life or kind of push the boundaries around contact outside of session or kind of constantly perhaps be seductive with the analyst. And perhaps that's sexually, but it could also just be, you know, sort of let me seduce you into self-disclosure that you didn't intend to share with me. So that I think goes into the category that one of you mentioned before about the analyst needs to be bigger than this. The analyst needs. And that's really difficult, you know, because you have to kind of stay one step ahead And oftentimes you can't because as we said, these are often bright, intuitive people, but you know, you can get tripped up and fall into something and act something out yourself. You can, there can be a kind of induced countertransference where you behave in a way that you ordinarily wouldn't that feeds the borderline dynamic.

**Deborah Stewart:**

Which can include being a little too rigid about boundaries of, you know, no, I never talk about those things. Or oops you know, now it's right smack at the end of our hour. So that that can be an unhelpful Reaction. So, it all goes back to how do we manage it and how do we do the containing function, set limits and be able to stay in relation to the person who's in our room.

**Joseph Lee:**

In terms of some of the clinical studies, particularly the older studies where there was a great admonition for analysts to be blank canvases, to reveal nothing about themselves or their feelings, the analysts were beginning to notice that it’s incredibly distressing and non-therapeutic for borderline clients. A certain percentage of being real in the room is important, because often our clients are incredibly sensitive, and that's part of the suffering they have in their lives. They're tremendously sensitive and perhaps even in this kind of slightly psychic realm. So, sometimes a client will come in and they'll say, “Hey, you seem a little sad”, and gosh darn it, you are a little sad! And you weren't totally sure that it was showing. And then to say nothing, or to deny it, can create a tremendous amount of distress, because they're accurate. So being a little bit real is important. I also wanted to just tell you a story, again from working on the inpatient unit, about splitting. You know, there was this very charming, very intense, and suicidal borderline young woman who was on a unit and comes across as incredibly helpless and vulnerable and self-disclosing and deeply connected to all of them. Then once that happens, she began to convince three or four people that she was being mistreated by the psychiatrist and she actually deserved to be discharged a week earlier. And that the psychiatrist is a monster. And then after several days went by, this little group of people became convinced that the psychiatrist was in fact mistreating this client and wanted to, and in fact did, confront the psychiatrist who had no idea what was going on. And this happened, actually just in the back room on the unit, the psychiatrist and these four other workers on the unit are going at each other, throwing all these accusations back and forth and the client is fiddling while Rome is burning. So often we'll know that there's a borderline dynamic happening in a group because somebody will often be fomenting war making within a group.

**Lisa Marchiano:**

Yeah. When you see that kind of discord in a group around a certain person that can be a sign. Joseph I really appreciate what you said a minute ago about the realness and I wanted to sort of share a story. This was when I was in training and I was working with someone who often devalued me terribly and so we'd gone through another interaction like that where this person was sort of saying, well, you know, I don't know that this is really doing anything for me. I think I'll probably stop coming or something. And I was sort of deer in the headlights. I just sort of said, well, you know, whatever works for you. Or something like that. And then I took it to my supervisor who made that point about just getting very real. And so, I was able to go back the next week and said, you know, I didn't answer right when I said that. And I think it's actually really, you know, it would bother me if you left. You know, I feel like the work we're doing is important and it would not be honoring what we're doing here. And it really turned everything around. So just being able, I think that's so true. I mean it's true. I think that when we're real and authentic, that is containing.

**Deborah Stewart:**

And that is healing. I agree. I have a story to a client who when I was going to be away, really wanted to know where I was going to be and had worked for some years with another therapist who had held a boundary around that and would take a three or four week vacation in the summer and just say that's personal. And I told this person where I was going to be and what I was going to be doing and person just teared up and was able to say that it was so important to be able to envision where in the country I was going to be. He just needed to know where I was and that then he could look at a map and see me, you know, in this place or that place. And when I went to our conferences and various other things, he would always say, where is this one going to be? And I would say, well, it's going to be in Denver or it's going to be in St. Louis or wherever.

**Lisa Marchiano:**

Whatever second rate city we happen to be meeting in.

**Deborah Stewart:**

And that need for the connection was so important and that's all he wanted. And to have been overly rigid about it would not have served the process. So sometimes I think we're so afraid ourselves of what a boundary violation might look like that we don't do what is the real human authentic response that we might have done.

**Joseph Lee:**

And when I think about both your examples, Lisa and Deb, both of them are about signaling to the client that they have the capacity to affect you. Absolutely, yes. And that reciprocity is what I think they, as young children, wished that they had - that it mattered to their caregiver that they loved them or were distressed or were enraged. The proof that some level of effect is happening is important. I remember one of my first early cases with a borderline client, I was kind of coached to remain supernaturally calm, right? - because we're supposed to be the indefatigably calm and good-willed parent. So, I was determined I was going to cultivate that for myself. And, you know, the client would get, very upset, tell me a very upsetting story or be very disturbed about something, and then they would look at me and they were like, “Why aren't you upset? Why aren't you upset?” You know, and I'm thinking to myself, “This is supposed to be therapeutic?” I kind of rode that out for a while - it was kind of a classic psychoanalytic position. But there had to be some kind of feedback loop for the individual. Just kind of containing, benignly, everything that was happening, didn't create what Jungians call a temenos. There was no contact, or she didn't feel it that way. I was imaging things that were stimulated by what she was saying, and I was having body sensations and feelings, but it was all contained inside - something else was needed. So, coming back to this idea of the temenos, this idea that the analyst and the analysand need to come into a kind of conjunction, a kind of deeply intimate sense of connection, the analysand being able to experience that in a sustained way is one of the signs that something is moving very well. It is in a transformational place when the borderline disordered client and I have an overarching sense of sustained friendship; that the general field of energy in the room is that we are friends and we are negotiating bumps as they happen or we're examining this or that; this underlying sense of mutual care in the room is sustained for months and sometimes years - to me that's the sense that something really is healing.

**Deborah Stewart:**

You've restored relational trust, basic trust and that is huge for people who have had very, very early relational disjunctions or even trauma to be able to trust someone's presence, someone's theirness and that we will, then we'll navigate the bumps, we'll figure it out together. But that basic of friendly feeling underlying whatever needs to be worked out is a huge milestone for people who haven't had it early in life when they should have had it.

**Joseph Lee:**

And that external friendliness, sustained friendliness on both sides, by the way it can't just be from the analyst's side, I think begins to model the possibility of a friendship between the ego and the psychic landscape - that the individual can have a friendly relationship to what's happening inside of them, despite the fact that it could still be uncertain…and there could still could be a lot of tension.

**Deborah Stewart:**

That's lovely.

**Lisa Marchiano:**

Yeah, that's really nice. And maybe we should move to a dream.

**Deborah Stewart:**

Let's.

**Joseph Lee:**

Yes.

**Deborah Stewart:**

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**Lisa Marchiano:**

Today's dream. Our dreamer is a woman who is 42 years old and is self-employed and here's the dream.

*"A dog-like creature is climbing on my mother's shoulder, wounding her ribs with its claws. It is trying to hug her shoulder while she is attempting to get rid of it. The brown dog is crying desperately. I am there as well and turn around to avoid seeing the scene. My mother pulls the creature to the floor, violently opens its mouth, and pours poison into it. The brown dog is crying desperately. I am there as well and turn around to avoid seeing the scene."*

**Lisa Marchiano:**

The main feelings were sadness, fear, desperation, and avoidance. And she says, I can feel her triumph and for extra context she says, I'm always in conflict with my mother. I think she despises me and she also says, I tried to help my mother and stop the animal wounding her rib. I managed to hold its legs while it was climbing on her shoulder. I didn't want either of them getting hurt.

**Deborah Stewart:**

Oh, my goodness. This is a very poignant dream that really reflects so much of what we have been talking about.

**Joseph Lee:**

Where I go to rather quickly in the dream, has to do with the complex way that the mother can interact with a child's sometimes rapacious needs. When we think of ourselves as particularly young children, we are totally, completely dependent upon our caretaker, which often is the mother. There's this kind of relentless, almost humorous magnitude of needs. You see these hilarious YouTube videos of moms just trying to get into the bathroom for 30 seconds and literally two seconds after she's in the bathroom, you see these little hands come under the door and the kids are crying at the door, “Mom, mom, mom, mom, mom.” Or as soon as mom picks up the phone, three kids are there wanting to talk with her. There is this overwhelming demand for everything - bottomless. And a mom needs to be, you know of course we can only do what we can do, but a mom has to draw upon some super human capacity to meet needs. If a mother has a hard time with that or feels particularly aggressive or negative about how much her children need, then she can begin to characterize the children as voracious animals that are hurting her because of everything that they need. Then the child begins to get this feeling that their needs are in fact dangerous to other people and must be fought against. I think we're getting that description in this dream.

**Deborah Stewart:**

And I think this is such a vivid and poignant picture of the internal landscape of that relational dynamic that takes place between mothers and children and the external world is here portrayed in this dreamer's internal world with the needy dog like creature part of the dreamer's psyche, the mother part of the dreamer's psyche. And we have the observer in the dream ego. So, we have three players in a way in this intense drama.

**Lisa Marchiano:**

Yes. And the animal, the doglike creature is wounding the mother. Yes. It’s wounding her. And so, I think another thing that kind of comes up for me is to the Extent that this mother is an aspect of the dreamer psyche. I'm curious about the dream ego's relationship with it because this aspect of the psyche that's being out pictured by the mother seems to have access to aggression. And it may be sort of out of control aggression. I mean she's kind of manhandling the dog down to the floor and then pouring poison down its mouth. But my imagination would be that this dreamer may have a lot of unconscious aggression that she feels overwhelmed by and unable to relate to in a constructive way. So, the telos in the dream might be something like, it could be helpful to try to integrate a little bit of the dream mother's ability to be aggressive.

**Joseph Lee:**

To be able to pull the creature to the floor and violently open its mouth. The part that's painful to me is pouring poison into it. If the scene had been to wrestle it and open its mouth, it would have reminded me of tarot key number eight – Strength, where this delicate female figure grabs the red lion and holds its mouth open, which is actually to give it speech, to translate the instinctive to something that can talk…which of course we have to do with our children, and our own instincts. But it doesn't go there, it goes into poisoning it. Now we don't know whether the animal actually dies, but there's a real attempt to injure it.

**Deborah Stewart:**

And the dog part of the dreamer's psyche is also pretty aggressive, right? Because it says wounding her ribs with its claws. And at the same time, you know, I feel as pitiful crying desperately. But to me the hopeful element in this dream is the sentence that says, I am there as well and turn around to avoid seeing the scene. So now we have a dream ego that is present witnessing these two aspects of her Psyche. There's a Brown dog part and there is a very aggressive mother part. And even though the dream ego turns around to avoid seeing it, it has been witnessed and felt as painful. And that to me represents a possible toe hold on and observing ego, the part that goes, you know, up above into the sky box and can look down and say, wow, this is a drama that has been played out inside me. My needy pet part and the rejecting mother part. Those are parts of me.

**Lisa Marchiano:**

Yeah. And the dream ego also is trying to help the mother and stop the animal from wounding her. And she says, I didn't want either of them getting hurt. So, there is an ego that is at least attempting to sort of mediate between these two. And I do think, you know, Joseph, there's something about this dream and your image of the four-year-old that's been left on the subway platform. The dog is wounding her in its attempt to, how is it not? Yeah. So, there is a desperate quality of need here on the part of the dog.

**Joseph Lee:**

What it evokes from me is something I've actually seen. I've heard from clients who experienced this as children, but also I've heard this from some mothers that I've had in my office that knew something was unwell with them - this tremendous aversion to being touched by their children - how painful that is to the mother and confusing…and also to the child. That is a deep and primal wound.

**Deborah Stewart:**

And what it can do, and I think it's out pictured in this dream, is to make a child who wants to express love, feel that his or her love is dangerous because the love is being perceived as aggressive and painful. As if its claws digging into someone's ribs. And it may cast a slightly different light from the one we've previously discussed on this, that it is internally as if my love or the person's love, the love itself is dangerous because when we love, what do we want to do? We want to reach out, we want to climb all over that person. We want to hug them; we want to lie down next to them. And if that is perceived as aggressive and distasteful, it mixes up love and aggression in a way that is just incredibly problematic.

**Joseph Lee:**

And when I think of it being a dog…and I have dogs. I've really enjoyed dog culture. And you know, one of the things that's so wonderful for me about having a dog is this intense way that they love you. They always want to be next to you. They're always happy to see you. It's always difficult for them to be separated. So when I think about the doggish part of her psyche, which is that core mammalian sense of wanting to be in contact with the parent, being in contact with other people, wanting to lay all over, wanting to climb on the shoulders, the way dogs will do it if you'll let them, and that that is such a problem in this dream scape…it’s just heartbreaking.

**Lisa Marchiano:**

But I agree with you Deb, that there is a kind of positive sense here that there is an observing ego who witnesses and seems to want to mediate this.

**Deborah Stewart:**

Yes. And wants the best for both the dog and the mother. That is a very helpful and encouraging telos.

**Joseph Lee:**

The dreamer doesn't split. That's exactly true. That's true. That's a good point. Cause it's easy. It's so seductive in that dream to think, well the dog is a monster and my mother is, you know, this person to be defended against. But they're in that last portion the other way around. She's concerned about both components and doesn't want either of them to get hurt. That is probably really a quite extraordinary attitude for her to hold. Given that she has had such a negative experience with her biological mother, that seems like a tremendously progressive attitude that might actually be nurtured or is being nurtured deep in the psyche, which now is kind of being offered to her as a way of holding this tremendous tension.

**Lisa Marchiano:**

And maybe that's a good place to stop for today.

**Deborah Stewart:**

Okay.

**Joseph Lee:**

I think so.

**Conclusion:**

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