

EGOLESSNESS AND THE “BORDERLINE” EXPERIENCE

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The physician deals with our mishandling of the gaps that occur in our life.

Chogyam Trungpa, Rinpoche

Historically a phrase like “borderline” has been invoked when clinicians noted that a previously neat two-category universe contained, on closer inspection, some “messy” cases that . . . were not precisely one thing and not precisely the other.

Michael H. Stone

The Borderline Syndromes

INTRODUCTION

This article investigates a predicament shared by client and psychotherapist: that is, the flickering, insubstantial quality of our experience of a self, and of the boundaries between one’s self and another. Clients with the diagnosis “Borderline Personality Disorder,” who are said to struggle with “profound identity disturbance,”¹ by definition have difficulty with this type of human experience. My work with one client, Dinah, serves as a vehicle for exploring this predicament as a source of either pathology or health.

Although this article questions the assumptions about identity that underly the diagnosis of “Borderline Personality Disorder,” the focus is not so much on redefining the disorder, as it is on examining borderline experiences,² as they occur for therapist and client.

Just as borderline clients struggle with uncertainty and confusion about how they see themselves and the boundaries between themselves and others, therapists writing about work with borderline clients are uniquely preoccupied with the

challenge of countertransference. This is described by James F. Masterson in the following manner:

Probably the single most difficult skill to acquire in psychotherapy with borderline patients is the ability to recognize and control one's own identification with their projections. . . . It became a real test of my own capacity for self and object differentiation to be able to tell who was doing what.³

Masterson's words here convey a belief implicit in much psychological work: that is, uncertainty and confusion about the experience of self or about the boundaries between self and other are pathological. However, what happens if we drop judgments about loss of a sense of self, and boundaries between self and others? What can occur, besides panic and confusion, when we don't know who is doing what to whom?

Borderline experience need not be purely pathological in expression, or dysfunctional. It only becomes so when attempts are made to cover over experiences of doubt regarding the solidity of a self and the permanence of boundaries between self and other. Paradoxically, acknowledging and tolerating this doubt may enable developmental tasks, such as separation/individuation, to proceed more genuinely and vigorously.

SOME PRINCIPLES OF "CONTEMPLATIVE PSYCHOTHERAPY"

Egolessness

From the perspective of "Contemplative Psychotherapy," ego is neither good nor bad, it is merely a naturally arising sense of self in relation to some context, such as job or family. It is inherently conditional, permeable and subject to change.

Ego only becomes problematic when we attempt to maintain it. Paradoxically, our attempts to maintain ego are based on the inherent awareness that the existence of ego is questionable. This intermittent, flickering sense of self can be very unsettling:

In the Buddhist view, ego is seen as developing out of a basic ground of open awareness, which is beyond personal characteristics or strivings. This open awareness is so groundless that panic arises.⁴

Egolessness, itself, is simply open awareness. Many symptoms and defenses may be neurotic attempts at controlling the panic that arises with the experience of egolessness. The covering and uncovering of this experience of no abiding self, of feelings of shifting identity, was central to Dinah's life. She found her own vocabulary for discussing this. It would be worthwhile to consider fear of egolessness as central to a number of pathological expressions, other than those which amount to a diagnosis of "Borderline Personality Disorder." When a client talks apprehensively about "not knowing," "confusion," "blankness," "boredom," "not behaving like myself," "being at a loss," and feeling chronic "uncertainty," we should be alerted to the experience of egolessness. For some people the most terrifying manifestation of egolessness may be the experience of loss of a distinction between one's self and another.

Exchange

That process by which we consciously or unconsciously experience another person's state of mind, or they experience ours, can be called "exchange." Exchange is not a therapeutic technique, but a constantly recurring moment in which the distinction between self and other flickers. Fundamentally, exchange has two aspects: touching and letting go. Touching is the moment of joining another person's experience, as well as sharing a common ground of openness. There is

dissolution, momentarily at least, of the sense of "me-and-my-problem," or "you-and-your-problem." This touching is what enables accuracy and warmth of communication.

The second aspect of "exchange" is letting go. We could call it the capacity of mind to relax fixation. Fundamentally fixation occurs because we do not trust that we will continue to exist, or that awareness will be ongoing, without effort on our part. As therapists, our capacity for touching, or for accurate empathy, is only the first part of exchange. Both client and therapist can get stuck in exchange or "become fused." We grasp the experience of this shared feeling state as an identity. However, the therapist's ability to repeatedly touch *and let go* of feelings, as they arise in a session, can become the basis for the client to let go.

Exchange goes beyond any concept of the informational value of countertransference. For example, the therapist's awareness of and relaxation with a feeling state need not include any afterthoughts about who originated the feeling. Touching and letting go of that state has direct healing value. To say this in another way, the therapist's relaxation and lack of fixation is directly available to the client.

There is no equivalent term in psychological literature for the experience of exchange. "Empathy," "intuition" and "parallel process" are terms frequently and loosely used to describe aspects of exchange, but in their usage all fall short of any acknowledgement of egolessness as the ground of communication. Always, there is an assumption of separate minds.

The ongoing effort of clinicians to define transference and countertransference is more interesting in this regard. For all intents and purposes, the entire framework of "object relations" psychology—and the notion of "introjects" in particular—rests on a quite outrageous working assumption that actual *incorporation of other*—as person, object, part-object, or felt event—takes place, and determines our sense of self and our behavior in the world.

Harold Searles has stated, with regard to work with borderline clients, that the more healthy the person, "the more consciously does he live in the knowledge that there are myriad 'persons' . . . within him." "I have come to see," he says, "that the healthy individual's sense of identity is far from being monolithic in nature."⁵ Searles perceives some of his most effective work with borderline clients as the result of "no longer needing to shy away from a more therapeutically symbiotic mode of transference relatedness."⁶

Otto Kernberg speaks of the therapist's necessary "empathic regression" with borderline clients. These clients tend, he explains, to "evoke intensive countertransference reactions in the therapist which may at times give the most meaningful understanding of what is central in the patient's chaotic expression."⁷ If the therapist allows himself and the client to "fuse into a unique emotional position involving both of them, [he or she] may provide the basis for a most helpful transmission of emotional security to the patient."⁸ He cites, as precedent for his approach, Fliess' use of "transient trial identification," Spitz' "regression in the service of ego," and Helene Deutsch's use of "complementary identification."⁹ With these statements Kernberg comes remarkably close to delineating the therapeutic potential that arises with the recognition of exchange. He comes close to describing the "touching" aspect of exchange, but does not describe the second aspect, letting go of fixation.

Buddhist meditative disciplines cultivate an open, receptive state—as opposed to the self-absorbed trance state often assumed to be the goal of such disciplines. Most clinicians acknowledge the importance of receptivity and intuition, but few are familiar with the difficulty of cultivating those capacities. Without some ongoing discipline of working with our minds, egolessness and exchange are rejected conceptually, or become too overwhelming for client or therapist to handle. Kernberg warns that the therapist can "get stuck" in the powerful and confusing communication with a borderline client, and "retaliate" or withdraw.¹⁰ From the point of

view of Contemplative Psychotherapy, fusion, retaliation, or disengagement are three basic styles of rejecting the experience of egolessness or exchange.¹¹

THE "BORDERLINE" EXPERIENCE

The history of psychology by and large "reveals that any assertion as to the non-existence of ego has led to an enormous individual and cultural resistance, followed by ignoring and amnesia."¹² Possibly the creation of the diagnostic category, "Borderline Personality Disorder," and the ongoing debate concerning its etiology and treatment, is a focal point of this resistance.

What follows is the introduction to "Borderline Personality Disorder" in the *DSM III*. This gives us a ballpark description of the pathology, and serves to alert us to the confusion surrounding the diagnosis itself, as well as the condition of its sufferers.

The essential feature is a Personality Disorder in which there is instability in a variety of areas, including interpersonal behavior, mood, and self-image. No single feature is invariably present. Interpersonal relations are often intense and unstable, with marked shifts of attitude over time. Frequently there is impulsive and unpredictable behavior that is potentially physically self-damaging. Mood is often unstable, with marked shifts from a normal mood to a dysphoric mood or with inappropriate, intense anger or lack of control of anger. A profound identity disturbance may be manifested by uncertainty about several issues relating to identity, such as self-image, gender identity, or long-term goals or values. There may be problems tolerating being alone, and chronic feelings of emptiness or boredom. Some conceptualize this condition as a level of personality organization, rather than as a specific Personality Disorder.¹³

There is a tremendous range of opinion regarding the etiology and treatment, as well as the clinical manifestation, of this disorder. What follows are some common observations and interpretations of borderline behavior.

One can scarcely hear any discussion of borderline clients without hearing of the necessity, in therapy, for delineation and guarding of boundaries of all kinds—interpersonal, situational and otherwise. Masterson notes the “exquisite sensitivity” of the borderline client to the slightest change in relationship. He provides a beautiful simile for this type of exchange: “It is as if the patient were connected to the object by a set of continuous two-way radar-like emotional impulses.”¹⁴

From the beginning of my work with Dinah, I was intrigued by her paradoxical claims to be both “very intuitive” about others, yet unaware of her own feelings. I came to believe that she was describing her experience of exchange, as well as her defense against it: Dinah’s sensitivity to other people’s states of mind rapidly became her identification with those people. It was impossible for her to see any gap, any choice, between the moment of exchange and the claustrophobia of fusion. To experience a gap would be to experience uncertainty or the letting go which can feel like loss of self. That was too threatening. Worse, she felt it could recur at any moment. The threat of loss of self was real.

The other end of her trap, so to speak, was the inability to rest in any identity for very long. It is “characteristic of the borderline for ego-state fluctuations to occur many times throughout their day,” so that “a large part of their waking life” bears “strong similarity to the sleep-dream life.”¹⁵ Restlessness and vague dissatisfaction are common. Quick, desperate attachment and detachment from people, feelings, and jobs is characteristic. Fusion or alienation can become radical forms of identity, of solidification of a sense of self. They also can be felt as obliteration, loss of self, or death. For Dinah, a central problem in feeling identified with someone or something was that she could no longer fundamentally believe in the reliability of any identity.

Dinah herself spoke of having a “symbiotic relationship” with her mother, a phrase she had garnered from repeated readings of Nancy Friday’s book, *My Mother, Myself*.

Separation/individuation is believed by many therapists to be a primary unresolved developmental stage for the borderline client. Mahler states that at the stage of rapprochement—16-25 months—the child needs *to come and go*, and to have the parent tolerate this natural ambivalence. Instead, the parent rewards the child for symbiotic behavior and withdraws support when the child shows independence. Later, if the grown child “gets ‘too close’ he feels he will be engulfed; if he gets ‘too far’ he will be abandoned.”¹⁶

Ambivalence has an aspect of simple doubt or uncertainty. We are not sure which part of ourselves or the world we identify with. The mother who cannot tolerate her own ambivalence, or who cannot tolerate inner and outer multiplicity, will not tolerate doubt and uncertainty in her child or in their relationship. For Dinah and her mother, rapprochement became a deadly struggle, rather than a playful dance. Once I asked her how she had felt about a particular childhood incident involving her mother. “I don’t remember—I mean, when you’re six you don’t *have* feelings!” she said, without a trace of irony. The natural back and forth, the touch and go of exchange, were amplified to polarities of fusion and alienation, extreme passivity and angry behavior.

Tolerance for uncertainty is missing in the expression of the borderline patient. But chronic ambivalence endures in the very rapidity with which feeling states, relationships, or situations are grasped and discarded. The challenge for the therapist is to enable and help sustain not an identity or decision but the *process* of exchange: touching and letting go. This process is one of acknowledging and tolerating uncertainty and the flickering of interpersonal boundaries.

Winnicott’s observations about normal adolescents are helpful in understanding another aspect of the challenge of separation/individuation for the borderline client. “It is a prime characteristic of adolescents that they do not accept false solutions.” With fierce morality they search for the “real,” and in the process try on and reject “one cure after another because some false element in it is detected.” Feeling

“unreal” leads to alienation or acting-out. Among psychological needs of the adolescent, Winnicott lists “the need to avoid the false solution,” and “the need to feel real or to tolerate not feeling at all.”¹⁷

For Dinah there was a crucial relationship between learning to tolerate and value empty, transitional or confused states—states of not much feeling, or of multiple feelings—and beginning to go beyond false solutions of fusion or alienation. Using her own language—“I feel empty,” “I don’t know what I feel,” “I’m confused”—she attempted to offer her experience of no abiding self as a discovery underlying personal pathology.

DINAH

“I have trouble with eye contact,” Dinah announced in one of our first meetings. She looked down at her lap, where she had bunched her heavy coat. When she did look up, her eyes appeared totally blank and flat. At other times eye contact brought a sense of total vulnerability, but I was never sure whose vulnerability I was sensing. I often found myself averting my own eyes nervously. “Trouble with eye contact” became a shared metaphor for the challenge of exchange.

Dinah was striking in appearance, but only when she chose to draw attention to herself. She didn’t invite attention when I first met her, and I was left with a bland impression. This was quite a feat for Dinah, who was tall, with a willowy figure, and smooth pale skin contrasting with a soft dark cap of hair. Her face was small and heart-shaped. Generally her fine features were impassive.

Dinah was twenty-six when we met. There was a slightly androgynous quality to her appearance, and I soon learned that she considered this observation to be complimentary. She often spoke of wanting to be more like a man, do a man’s work, or be accepted within a group of men as one of the guys. She usually wore jeans, with simply shirts and jackets,

tailored and neat. When she wore a dress, her appearance was simultaneously childlike and seductive, like a little girl in her mother's clothes.

She tended to sit in her chair in a loose, enervated posture, or else with prim brittleness. Often she sat sideways in relation to me, averting her eyes when she spoke. Passive self-effacement, cautious disavowal of any but the most mild opinion or feeling, alternated with sweeping assertions. There was either wholesale adoption or utter repudiation of another person's point of view. Her voice was flat and lacking in modulation, and her breathing appeared shallow and controlled. Her words came slowly or in a rush. A few, vague words were followed by my question or tentative restatement of what I understood her to be saying. This was followed by Dinah's disavowal, as if she were stepping a little to one side out of the frame of my gathering scrutiny; or by Dinah's reversal of her statements, which left me spinning; or by her vague, grudging acknowledgment, as if to say, "*You sort of got it.*" Characteristically she would invite me, and most people in her life, to tell her how she felt, only to then angrily prove me wrong.

When we first met, Dinah showed no awareness of this pattern. She just flatly denied previously expressed feelings. "I have a poor memory," she said, a little coyly. Sharp and subtle observational powers asserted themselves, only to vanish at the brink of her feeling empathy for herself or someone else.

Dinah had never lived in one place for more than three years. Her father's career had dictated numerous moves throughout her childhood. Recently she had moved with increasing frequency. When I met her, she had been in Denver for one month. She had made the move impulsively, from another western state, after a "last straw" fight with her boyfriend, with whom she had lived for one year. Like many decisions in her life, the move was away from, rather than toward, something. She had a sister, Jane, two years older than she was, who also lived in Denver. She had always

followed Jane's moves, although their relationship was fraught with ambivalence.

Dinah reported a history of fitful starts and stops in schooling, jobs, and relationships. On her intake forms, she wrote that she wanted to become a more effective parent, and to learn to "make decisions." Her son, Jeff, was nine and her daughter, Megan, was six. Dinah had become pregnant when she was sixteen and had married the father, whom she divorced four years later. Periodically the children had lived with their father, but plans were often changed quite suddenly and the children were never clear about the duration of their visits.

She said she was disturbed by her children's "fighting" and "talking back." She was especially concerned about Jeff. He had "a chip on his shoulder," she wrote. Jeff's teacher told me that Jeff had failing grades. Though clearly intelligent and capable of sustained concentration, he was distracted, listless, and obstructive in the classroom. He had begun to steal from his mother, as well as from others. Megan had nocturnal enuresis, but Dinah didn't seem particularly concerned about it.

Dinah had taken a parent effectiveness training program a year earlier, but felt it "wasn't helpful." On two other occasions she had begun, and abruptly terminated, therapy. At these times, her relationship with a boyfriend had been deteriorating. Initial interviews with Dinah made it clear that once again she was primarily concerned with a shakey romance. Even though she had just moved to Denver and begun therapy, she was considering a move back to her boyfriend.

Her assessments of this and other relationships fluctuated and contradicted each other wildly from session to session. At one moment she would be planning to marry John, and feeling that they merely had "a few communication problems." All she wanted was marriage and more babies. At another moment, she said she would "have to become a whole

other person" to please John, and experienced him as stifling to her ambitious career plans.

The unhappiness and difficulties of her children were obvious and urgent, but Dinah's identification with them was more characterized by intense splitting and projection than by empathy. Megan held a passive role, anxiously monitoring and pleasing her mother, while Jeff was bitterly angry and rebellious. It didn't take long to see that these two attractive, articulate children were becoming caricatures of their mother's split self-image. In the first family interview, Dinah sat impassively while Jeff miserably told another therapist and myself how much he missed John. Dinah remained impassive as Megan explained how discipline was meted out in their home: "Mom punishes Jeff and Jeff punishes me." Dinah acknowledged that this was the case: "I don't see what *she* does wrong." Bitterly, Jeff recounted how Megan took or broke his toys, and how he became the disciplinarian. Dinah listened with a slight smile. Megan cheerfully described a few incidents of being hit by Jeff. Dinah confirmed that these rather benign incidents were examples of Jeff at his most aggressive with Megan. I began to feel crazy. "Do you think Megan gets hurt by Jeff?" I asked Dinah. "No," she said mildly.

Play therapy with Dinah's children indicated tremendous separation anxiety. Dinah's recollections of childhood, as well as her current dilemmas, also showed preoccupation with the task of separation/individuation. Dinah reported that her mother had wept hysterically when she and her sister, Jane, fought. If Dinah went against her mother's wishes, her mother ignored her, refused contact and, in Dinah's words, made her feel that she "didn't exist." Dinah stuttered when she recollected this. She also stuttered when she described current phone conversations with her mother, during which some slight disagreements occurred. Dinah had been able to terrorize her mother by holding her breath. I saw Dinah also have difficulty with breathing when she was angry with me, or unable to hide her vulnerability.

Dinah's earliest memory was of *either* her sister *or* herself swallowing a penny, panicking, and attempting to gain her mother's attention. Anxiety was Dinah's experience; who had swallowed the penny or become anxious for the other was no longer clear. At the age of three or four, such undifferentiated identification is common. However, Dinah continued to experience this fusion/confusion with Jane through their adolescence and into the present. She first told me that Jane had become pregnant at age sixteen, before she herself had. Later it became clear, from the ages of their respective children, that Dinah's pregnancy had preceded Jane's. Frequently Dinah stopped in the middle of some account, embarrassed by her uncertainty as to whether *she* had done something or watched her sister do it.

The above introduction to Dinah touches on some of her borderline characteristics, and predisposing history. In terms of *DSM III* diagnostic criteria, Dinah was mildly to moderately impaired in all of the categories, except for number seven; that is, there were no suicidal gestures or physically self-damaging acts. Although she did not show "inappropriate, intense anger or lack of control of anger" (category three) with much frequency, her passive-aggressive style was chronic, and particularly destructive to her children. Dinah's style included dependent, narcissistic, and passive-aggressive features, but "profound identity disturbance" and labile affect were the most striking and chronic borderline features.

What follows is a closer look at how this manifested in the therapeutic relationship. Since the attempt is to document the expressions of *egolessness* and *exchange*, a great many important aspects of the work are not described.

Dinah and I saw each other once a week for nine months. After a break of three months, we had a follow-up of several sessions. There was a small component of family and individual work with the children, and Jeff was placed in a group play therapy situation as well. However, the working assumption of the supervising psychologist and myself was

that individual psychotherapy with Dinah might afford the greatest benefit to the children.

UNCOVERING CONFUSION

Confusion is rarely experienced directly. Instead, we experience struggle: for example, the struggle with what we perceive to be choices in our lives. We feel confused, but our focus is on various alternatives, and our mind rushes from one to the other. Often this escalates into feelings of numbness, or mental exhaustion, and we say something like, "I can't even think anymore." This is experienced as a problem or defeat. Like a boxer who goes briefly to the corner of the ring in order to gather strength for the next round, we sleep, distract ourselves, do whatever we characteristically do, so as to be able to return to the mental struggle. It may be helpful to consider the borderline client as someone who is especially skilled at avoiding feelings of confusion and uncertainty by means of intense polarization and nearly constant maintenance of struggle.

Dinah rapidly enlisted me in her struggle to "be more decisive." For a while I became caught up in scrutinizing choices with her, or shopping for and trying on the feeling state which most exactly expressed her in a particular context. Should she move back to her boyfriend, marry, return to school here or there, talk with or disown her sister, confront her boss, quit work, find work? She said she wanted "counseling," but, of course, she was resistant to all suggestions. Only when the struggle became a struggle between us, which it rapidly did, was I able to look at the nature of the exchange.

The most striking quality of the first weeks of therapy was my relative inability to examine my *own* process as anything other than a series of reactions to Dinah. I too became caught up with choices, between therapeutic modalities, for example. I noticed how rapidly I came to and dropped

conclusions, or how rapidly I formed strong likes and dislikes for the children, or how easily I felt provoked by Dinah. Generally I felt exhausted, irritable, and on guard. I had a sense that I needed to find the right track, and fast! I needed to be doing something, but instead I felt panicked by not knowing what was going on. The feeling of *not knowing* was much more disturbing in this therapeutic relationship than in any other which I had undertaken.

I noted, in replaying tapes of sessions, that I conspired with Dinah to allow very few silences or awkwardly unfocused moments. Early on, Dinah had said that she was afraid that I might let her flounder in silence. She said she “would be at a loss” if I didn’t ask her questions.

Tapes from that time show that Dinah frequently responded to inquiries by saying in a flat voice, “I don’t know,” or, “I don’t feel anything.” Then she would return to wrestling with some decision, or I would feel that she had been withholding.

“You remind me of my mother, my sister, and John. They’re always after me to express my *feelings*,” she said once, giving the last word an intrusive, insinuating slur. She smiled her thin half-smile, and looked at me challengingly. She was right. I was absorbed in a hopeless effort to locate and identify her “true” feelings or self.

Finally, during the fifth session, I told Dinah that I felt bewildered, totally confused as to what she wanted or what I should do. I pointed to some of the conflicting messages I heard from her, and to some of the blind alleys we had been down. Instantly she became tearful, angry, and her voice and hands shook as she cast about for some reply. I asked her what the tears were about. “I don’t know,” she said with genuine frustration. For the first time I felt Dinah’s panic, and heard her “I don’t know” as a very basic communication. “Are you crying,” I asked, “because of how it feels, how it has always felt, to be pursued, expected to know how you feel, when you just don’t?” She nodded with her head down, and wept quietly. I felt she was ashamed. For the first time we sat

together with some relaxation, joined together by the frustration of *not knowing*, and appreciating the shame and fear that evoked. Perhaps more important was the fact that I was no longer trying to help *her* fix it.

Previously, I had not recognized the usefulness of my own process. In this case, the discomfort of not knowing, of confusion and uncertainty, was my exchange with Dinah.

Exchange was terrifyingly real for Dinah. Most simply put, it had been used against her. Eventually, she had learned to use it against others. A shared feeling state could be experienced as a powerful extension of self, or as loss of self, as an opportunity for manipulation or loss of control, as a flood of information or as sudden disorientation. A moment of exchange between myself and Dinah was almost always followed by her "forgetting" what we had talked about, or a dramatic return to a reactive, struggling style of communication, fraught with nonsequiturs.

For brief moments Dinah would acknowledge confusion, only to return to polarizing her experience. The following is a discussion of Dinah's possible return to John:

M.L.: . . . living with a strong person like that, who always seems to know his plans and feelings—do you ever get confused about your own feelings?

Dinah: The only time I have a change from loving him is when we're fighting, and I don't love him, I *hate* him! But what's confusing is him saying exactly what he wants—about everything—and I'm just kind of hmmm. [Dinah makes vague, dreamy gesture.]

M.L.: Uh-huh. Not sure what you want.

Dinah: Right. He'll ask me what I want and he can't . . . he says how can he please me until he knows what I like and, uh, he'll ask me my five-year-plan.

M.L.: You feel pressured to make up your mind?

Dinah: Everybody's supposed to know what they want!

M.L.: They are?

Dinah: Because I sure don't know.

Dinah's bottom-line explanation for why she left John was: "He wanted me to be like him." Her explanation for why she longed for him was that he was so sure of himself, and sure of what their life together could be. That illusive symbiotic entity, *them*, both attracted and repelled her.

UNCERTAINTY IS CONFUSING . . . OR IS IT?

Symbiosis versus alienation, love versus hate, is the language of polarization. Gradually we came to some understanding of its history and of its impact on Dinah's life. If I directly intuited Dinah's state of mind, she pushed me away. Moments of direct communication were followed by Dinah's vigorous return to defenses of projection, denial, splitting, and undoing. Dinah said that "intuition," our word for directly joining and touching another person's experience, was a situation in which one might take control of another person's feelings. She expected people close to her to figure out how she felt, and yet she was extremely ambivalent about that possibility.

In our sessions, my own projective processes, as well as Dinah's, were intense and constantly had to be examined. I felt crazed and disoriented in a maze of switchbacks and doubletalk. I became interested in the quality of this craziness. Fundamentally, it was a sense of losing track, of uncertainty as to what was going on and who was doing what to whom. As time went on, Dinah gradually began to tolerate discussion of these processes.

In sitting meditation, I had become familiar with the relationship between mental struggle and uncertainty. I knew that in the presence of doubt or uncertainty my mind escalated its struggle to find a point of view. Sometimes that struggle intensified and became a rapid blur of alternating thoughts, a raw confusion without particular content. That seemed to mark the point where mental struggle could relax into a simpler state of uncertainty, or else reescalate its craziness. I began to notice that after Dinah said, "I've gone blank," or, "I don't know how I feel," she leapt to one of her more extreme solutions:

He asked me on the phone what I wanted to do. I went blank. I don't really know . . . but if I don't know where I'm going I could as well be out there as here. Why *not* let him define a life for me!

The longer I watched Dinah touch her uncertainty, only to become polarized and then force a decision which she could not maintain, the more I learned to relax with my own feeling of craziness. I believed that Dinah was on that edge where confusion could give way to uncertainty. Working with the principle of exchange, if one of us could stop trying to sort out the struggle, then perhaps the other could as well.

VARIATIONS ON LOSS OF SELF

Dinah's labile behavior became an increasingly transparent expression of her underlying hope and fear regarding loss of self. She told me about a phone conversation with an old friend who had a very jealous boyfriend: "She doesn't know who she is anymore. I'm afraid that could happen to me." After a long silence, Dinah's face contorted with angry tears as she said, "There are so many things I *could* talk about. How am I supposed to know what to say if you don't ask questions?" I answered that I didn't know: "First, maybe you can get comfortable with not knowing what to say."

After many months of encouraging Dinah to hold that edge of uncertainty or blankness for just a moment, it seemed to me that Dinah was going into deeper and deeper depression. However, I saw no pathology in it. She was functioning quite smoothly at home and at work. At times she spoke of enjoying her children. When I inquired about them, she told me that Megan had stopped wetting her bed at night. Jeff was doing better at school, and he seemed “to have less of a chip on his shoulder.”

Part of Dinah’s depression arose from her new perceptions of self-interest, or manipulative behavior in herself and others. She wept in a way I hadn’t seen before. Tears came steadily and quietly without words. Along with her depression, there was simple, yet far-reaching, mourning. During a session in which she was quietly weeping, she laughed and told me that she had flashed on the image of a therapist telling her that Santa Claus did not exist. She saw that she was losing an entire way of seeing the world in terms of intense dramas and absolutes of symbiosis or alienation. She said that her life was unglamorous and flat, but she also said, “It’s enough.” Simple loneliness was a new sensation. It included moments of well-being and wholeness. She went to work, came home to the children, went to bed. She didn’t call her sister, her mother, or her friends.

Dinah’s sister called her. “I just wanted to see if you were still alive,” she said. John warned on the phone, “Sounds like you’ve lost your lust for life.” Her mother wrote, “It’s killing your sister that you don’t call.” The life and death imagery of the language was striking to me. Nothing could have been better calculated to resonate with Dinah’s deepest fears.

Dinah felt unfamiliar to herself. Others found her unfamiliar as well. This was a time of great reliance on her therapy for ongoing confidence and courage. “I don’t know why I’m crying now,” she said in one session.

“That’s okay.”

“Do you?” she asked, looking up at me shyly.

"I don't think you really want that anymore, Dinah—for someone else to tell you how you feel. Who cares? Feeling uncertain *is* a feeling—you don't have to apologize for that to anyone."

Masterson writes: "The sense of void . . . springs partially from introjection of the mother's negative attitudes that leave the patient devoid, or empty, of positive supportive introjects."¹⁸ My perspective was different. The etiology of Dinah's emptiness did not reduce it to a developmental deficit alone. Emptiness was a ground of experience that she was learning to trust. The more I acted on this assumption, the more Dinah appeared to relax, and the less reactive she became to moments of shared understanding. For example, she began to say that she was afraid, but that she didn't know why: "I don't know why I'm feeling this. . . . I don't know how I feel, I don't know. . . ." I suggested that the fear was the not-knowing, the new lack of definition that she was feeling. "You used to jump for some solution to that feeling." "Yeah," she said quietly, and then, looking up at me through her tears, "You make me feel good." This was the first time that Dinah gave me the simple acknowledgement that I had been helpful to her. In a follow-up session almost a year later, she told me, "What helped the most [in the course of therapy] was when you said, 'Not knowing how you feel *is* a feeling.'"

Dinah was going beyond what Donald Rinsley calls the borderline client's "self-depreciative use of such terms as 'empty,' 'confused,' 'fake.'"¹⁹ Paradoxically, in supporting her loss of self, I gave Dinah a sense of being met. I was joining her in a place she had been afraid to be in and yet was unable to escape from for a long time.

Before, inner or outer conflicts had intensified Dinah's defenses, as she struggled to establish some "true" self. Now she began to let herself experience shifts in her feelings, without clutching onto one or another as *the* feeling.

SUSTAINING UNCERTAINTY

I was struck by something new in Dinah: the gentle feeling-out of her experience. She began one session, after four months of therapy, by saying, "I don't want you to leave before I'm cured." We both laughed, because she knew I was uncomfortable when she talked about being "cured." I asked her what she meant by that. "I don't know if I'd be telling you what I think, or what other people've told me," she said. I laughed, saying, "Your ability to make that distinction tells me how much more 'cured' you are!" We sat in comfortable silence for a moment. "Maybe you can find your own word. Maybe 'cured' isn't your word." Dinah was silent, looking off to one side of me. "I wonder if a big part of therapy is just being aware," she said, as if speaking to herself. "Like you asking me questions that make me think about certain things that are just everyday . . . like the difference between other people's and my own . . . [here she made a gesture where that word she hated to hear or use, *feeling*, seemed to come] . . . and then it works," she continued, "inside out, or inside in. I don't know. I find myself now thinking about . . . well, what do I want, and if maybe I find myself acting in some way I feel awkward about, I'll stop and say, well, how do I really want to act in this situation?"

On another day we were sitting in a large office flooded with wintry light. Dinah was feeling quite low. "It used to be I would ask, no matter how minor the decision, I would ask a million people, 'What should I do?' I figured their advice. . . ." She paused and I felt a sadness in her. Then she returned to the present tense: "But I usually don't take it anyway."

Dinah extended her tolerance for uncertainty and ambiguity with breathtaking honesty and courage. As she did so, the subtlety of her observations deepened. John, she noted, was:

always talking about his *feelings*. He insists on how open and honest he's being . . . but I keep feeling that [pause] he's not quite straight with himself, and that he's saying that because it *sounds* good and that is what he *should* want, or wants to want. It's real subtle. But then again, I don't know if it's me picking up something that isn't there. [Pause.] He says he's one-hundred-percent trustworthy. Gosh! Do I trust him?

Later she said that her mother was the only person she'd ever trusted one-hundred-percent. There was a pause in which I felt a jolt, and reminded myself of Dinah's ongoing capacity for sudden splitting and idealization. "But as I think about it more," she continued, "I think trust means loyalty." Again she faltered, then continued, "But actually . . . probably pure loyalty is not thinking those things."

"That would be like having the same mind, one mind. Is that what you want?"

"I don't think so. But then they'd know what not to do," she said thoughtfully.

"Does it always make you happy, having someone know just what you want?"

Dinah smiled cynically and described how claustrophobic she was feeling during John's current visit. He had asked her to tell him exactly what made her feel romantic. "Boy, is that a stupid question!" she had retorted. "If I tell you what's romantic and I get it every Saturday night, I won't think it's romantic anymore!" We both laughed. Dinah was beginning to understand how uncertainty was the basis of spontaneity.

The strain of sustaining this open, inquisitive state was tremendous. The flood of new awareness, the disorientation of being with old patterns, became overwhelming. Dinah went through several months of destructive and worrisome behavior. She began picking up men at bars for one-night stands. She would call at the last moment to cancel appointments, saying on one occasion that she was "going drinking" instead. She became careless at her job and missed work without calling in. She was told that perhaps she should look elsewhere for work. She talked about moving

back East, to be near her parents and an old girlfriend. She talked about going back to school and wrote away to universities and colleges in other states. She talked about moving to another city where she could train to be a carpenter. She was angry or dully sullen with me.

Finally there came a day on which we discovered her assumption that eventually she would have to choose one part of her experience against another. She could recognize splitting and polarization, but what could replace them? "I'm afraid of giving up too much," she said. She began flipping through a sequence of old alternatives. Her voice was thin and tight with panic. In the middle of a sentence she stopped and said, "I'm really not sure of anything." She began to cry angrily. "I get pissed at myself when I see other people doing something *they* like . . . like John and his stupid five-year-plan. He knows exactly . . . people at work . . . and here I am, it seems like years. . . ." She trailed off despairingly.

"There's nothing wrong with not knowing what you want, as long as you don't pretend," I ventured. This was the first time Dinah had acknowledged the breadth of her uncertainty.

"But going back [to John] . . . it's one thing that I *do* know I want."

"You do? You sure you aren't pushing yourself?"

After an angry denial of this and a large sigh, Dinah said, "When I think of myself, I think of a confused person. It's been a really horrible winter that way."

"I hear your frustration."

"Yeah."

Dinah seemed less frantic. I didn't feel that she was expecting anything from me at this moment. "What have you done in the past?" I asked.

"My mother fished me out. [Pause.] I don't know if I've ever been this confused."

"I think it's great, what you're saying. You know you don't have a mother to fish you out. You saw the problem with John taking on your problems. Now you're facing the fact that you have a lot of different feelings. . . ."

"People out there," she gestured vaguely away from her body, "they don't like their jobs, but they go to work anyway . . . how come I have to be so special and find something. . . ." She tapered off. I guessed she was going to say, "something I care about."

"I don't know. Why do you? It's a good question: how the hell *do* people make choices?"

Dinah said she'd always assumed it was a tradeoff, job versus relationship, for example.

"Is that the choice that faces you?" I asked.

She didn't answer. I said that I didn't think she had to make that kind of choice, or give up on some part of herself. She listened but said nothing.

Simply acknowledging the extent of her confusion brought temporary relief from the struggle to figure things out. I attempted to take the focus off major decisions, encouraging her to examine her small daily interactions. Nevertheless, Dinah broke up with John. This time it was final, which once again threw her son, Jeff, into deep depression.

Her destructive behavior subsided gradually. We returned to examining the uncertainty that she had so totally acknowledged. At last Dinah was able to feel the difference between struggling to sort out confusion, which led to splitting or "giving up too much," and raw uncertainty. She understood her avoidance of uncertainty, of "being at a loss." She began to say, "I don't know," with simple dignity instead of panic and defensiveness.

I would describe the cycle by which she avoided uncertainty in the following way:

Uncertainty: experiences of loss of self or other; Panic; Splitting: gravitation toward a compelling, one-sided feeling state; Claustrophobia or alienation and attendant feelings of phoniness or incompleteness arising from "false solutions"; Uncertainty, etc.

In a sense, the quality of uncertainty was available to her at any moment when one state of being was disintegrating and another had not yet arisen. But the openness of such a moment was difficult to recognize or tolerate.

RELAXATION WITH UNCERTAINTY LEADS TO GENUINE SOLUTIONS

Until Dinah could relax with uncertainty, multiplicity, and transitional moments, she could not make meaningful choices in her life, nor develop the equanimity to sustain her choices.

In March, close to the end of my work with her, Dinah was forced to shift her attention to her job situation, which was falling apart as a result of her desultory participation. How could she leave that job before being forced to leave? She despised her boss, but she needed his recommendation. It was a dilemma made to order for the moment. She loathed “kissing ass,” she said. She saw clearly that her behavior veered from “being wimpy” to being totally rebellious or inflexible. Dinah said she didn’t want to remain on that seesaw, but how could she get off it?

We spent two sessions exploring this dilemma. It was extremely touching to see Dinah’s excitement over the possibility that she could act wholeheartedly as well as realistically. She struggled to realize that being true to herself, and aware of her different feelings and perceptions, didn’t necessarily involve blurting them all out. We practiced different possible dialogues with her boss, trying to find the words and attitude that were true to Dinah and her goal.

She had to use all of her intuitive powers in laying her plan; powers which previously had been crippled and obscured by splitting. In the end, Dinah got another job she wanted within the same company. Thus a seemingly directive stage of our work was an avenue for her discovery of personal style and power.

Dinah had a new boyfriend, Larry. She cared about him as more than a casual conquest. Interestingly, Larry was more wary of becoming engulfed in a relationship than Dinah was, but only Dinah was able to recognize his fear and ambivalence. Rather than confronting him about his ambivalence, she joked about her own. She worked hard not to fall into old patterns of symbiosis.

In May, she spoke to her mother on the phone, letting her know she was calling from her boyfriend's house. Dinah reported the following conversation to me. Her mother asked her if she "was being a good girl." "By your standards or by mine?" Dinah replied. "I don't think there's any difference," her mother said. "Well, Mother, I think there might be a difference, but I'm being good by *my* standards."

Her sense of humor blossomed as appreciation for the absurdity of human predicaments. Once, when I complimented her for her sharp observational powers, she smiled and said, "We have my mother to thank for that."

As we came to the end of our work, exchange often took the form of simultaneous awareness, or sudden mutual perception. Naturally her ambivalence and defenses still functioned. She was still capable of artistic application of the doublebind. I felt sure that, in Masterson's words about the borderline client, Dinah would always remain "uniquely dependent upon precipitating events." She would not achieve what he perceives to be a goal of therapy with borderline clients: continuity of self-image.²⁰ From my experience in working with my own mind, as well as with Dinah, I don't feel this is a problem. It could even be a cause for celebration.

SUMMARY

Egolessness and exchange, two principles of Contemplative Psychotherapy, offer fresh perspectives for understanding the predicaments with which borderline clients and their therapists struggle. Developmental crises in our lives may

uncover awareness of egolessness and exchange. A reaction of panic can lead to false solutions, which are themselves symptomatic of obsession with loss of self and loss of boundaries between self and other. The identity disturbance of borderline clients is not in itself pathological. Acute sensitivity to experiences of egolessness and exchange needs to be acknowledged within the therapeutic relationship. Appreciation for uncertain, transitional states can be cultivated in the therapist and the client. This enables our capacity for intimacy and intuition to unfold.

NOTES

1. American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*. Washington, D.C.: The American Psychiatric Association, 1980, p. 321.
2. Although the word *borderline* will not continue to appear in quotation marks, the ambiguity and range of its usages are acknowledged.
3. Masterson, James F., *Psychotherapy of the Borderline Adult*. New York: Brunner/Mazel, 1976, pp. 342 & 344.
4. Wellwood, John, & Wilbur, Ken, "On Ego Strength and Egolessness," in *The Meeting of the Ways*, ed. J. Wellwood. New York: Schocken, 1979, p. 106. The use of the word *ego* in this and other quotations from Buddhist or Contemplative Psychotherapy sources, is not the same as the use of that word in psychoanalytic literature. The article by John Wellwood and Ken Wilbur is an excellent introduction to differences in useage.
5. Searles, Harold, "Dual- and Multiple-Identity Processes in Borderline Ego Functioning," *Borderline Personality Disorders*, ed. P. Hortocollis. New York: International Universities Press, 1977, p. 441.
6. *Ibid.*, p. 452.
7. Kernberg, Otto, *Borderline Conditions and Pathological Narcissism*. New York: Jason Aronson, Inc., 1975, p. 51.
8. *Ibid.*, p. 57.
9. *Ibid.*, pp. 55-59.
10. *Ibid.*, p. 55.
11. In Buddhism these styles of attachment to the experience of a *self* and an *other* are known as the "Three Poisons:" passion, aggression, and ignorance.
12. Board of Editors, "Brilliant Sanity," *Naropa Institute Journal of Psychology*, I, 1980.
13. American Psychiatric Association, *op. cit.*, p. 321.

14. Masterson, *op. cit.*, p. 51.
15. Masterson, *op. cit.*, pp. 16-17.
16. Masterson, *op. cit.*, p. 75.
17. Winnicott, Donald W., "Adolescence: Struggling Through the Doldrums," *Adolescent Psychology*, 1. New York: Basic Books, Inc., 1971, p. 45.
18. Masterson, *op. cit.*, p. 42.
19. Rinsley, Donald B., *Borderline and Other Self Disorders*. New York: Jason Aronson, Inc., 1982, p. 230.
20. Masterson, *op. cit.*, p. 49.