Response to the Richard Erskine's article Balancing on the "Borderline" of Early Affect-Confusion - Part 2 of a Case Study Trilogy

Ray Little, Grover E. Criswell, James Allen, & Maša Žvelc

Abstract:
This article provides four responses from senior psychotherapists and supervisors to Erskine's article Balancing on the "Borderline" of Early Affect-Confusion. The authors approach the second part of case study trilogy from their particular perspective and provide both challenge and respect for the author's work.

Key Words: borderline personality disorder, integrative psychotherapy, case study, supervision

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Response from Ray Little

Returning after the summer break, Theresa has missed her therapist. Erskine engages in re-contracting; he suggests that 2 sessions per week will help to eliminate the extra phone calls. Managing boundaries with clients who have these kinds of structures can put pressure on therapists to be 'open all hours', that is, being available 24/7 (Little, 2011). The management of boundaries is critical in these cases.

The therapist goes on to describe the client's reluctance to talk about her childhood. Again this highlights different approaches and therapeutic stances. Where I would focus on the here-and-now, Erskine's focus is on historical inquiry. I would stay in the present moment, in the transference-countertransference matrix, honouring the defences, and possibly talking with the client about how she needs to keep me away.

Theresa mentions being disliked and criticized at university, I would also use the story as a guide to my understanding and interpretations. The client increasingly recalls her mother's criticism. At this point I would be again looking for the relevant ego state relational unit in the dyad and draw it towards me. I believe

that a part of me will be similar to the projection and this will give us an opportunity to address and begin to work through the relevant issue.
When Theresa tells her stories of her mother's criticism and ridicule of her, Erskine reiterates that she did not deserve a 'scornful look' etc. This therapeutic response raises questions about where to locate ourselves as therapists, and the stance we take, whether to stand opposite the client or alongside. There are advantages and disadvantages to both positions.
Theresa begins to recall many memories of her childhood. The 'opening' up of memories can be re-traumatizing, and make integration more difficult, particularly if the client does not yet have sufficient internal security.
Erskine seems to be located as an alternative good parent/object. This may be important at this stage of the therapeutic work, but at some future stage I believe I would need to be seen and experienced as a bad object to enable the client to work through her grief and separate from me.
When Erskine discusses the acknowledgement of his errors, I would agree that this is a significant therapeutic process. However, in my view it is important to not only acknowledge them, but also to slow this process down and allow the client space for the impact and reaction to emerge and be responded to. If we apologize too soon to the clients, we may foreclose on an opportunity for the client to express her rage and disappointment *with* the therapist, and the impact the mistake has had on them. We may in effect lose an opportunity to hear her protests, and Erskine stresses that this woman has difficulty protesting. I would listen out for any hint of a protest from the client towards me and I would want to support the client to 'protest' at me.
Theresa describes a certain safety in being in a relationship where she is being criticized, she knows where she stands (I guess it is painfully familiar). Kindness on the other hand is equated to seductiveness. At this point she seems frightened to be close and dependent upon a caring other. It may be that the therapist is endeavoring to demonstrate a relationship in which kindness is not seductive therefore attempting to help her sort out some of her confusion.
Erskine's 'bifurcated question' puts the process back to the client. These types of questions often uncover what is below the defense contained in the client's questions, which is explored when he says, 'let's talk more about what is central to both of your answers'.
I think that the impasses that I am referring to are described by Erskine as a 'juxtaposition reaction'. When Erskine writes of Theresa's 'borderline' between neediness and rage and self-reliance, I wouldn't disagree, and I would describe the process as an emerging impasse between the relationship seeking self and the anti-relationship self.

Response from Grover E. Criswell

A second and longer phase of the therapy begins after a five month summer recess. The therapist is pleasantly surprised that she calls for an appointment not

being certain of the lasting gain of their work in the previous seven months. He then sets with her an explicit contract for their therapeutic work and clear boundaries to contain late night calls.

My surprise is not that she returns to engage in further therapy rather that the dependency issues are so muted. When at the end of their seven months, the therapist detailed for her his view of remaining issues it would have been difficult for her not to return. Her dependence is in her complacency and lack of challenging of his diagnosis. In many of her other relationships this would have brought a defensive reaction. She seems compliantly dependent and this is an issue to which we will come back. Not so much in the content, but in the process of the initial therapy the building of this positive transference would seem to be the major accomplishment. Leaving this dynamic out of an analysis of the case is hard to understand.

The clinical picture refers back to more disturbed behavior than was evident in the first description. The late night phone calls are not mentioned and I wonder why boundaries were not set earlier? Could it be that the anticipated five-month break exerted an influence on the clinical decisions that were made? This might especially be true if the therapist was aware of a fragility that needed support and reassurance. The term “borderline” might be more descriptively accurate than we at first surmised. I wonder whether with this level of disturbance and the attachment needs in this client, the therapist ever considered not working with her because of his anticipated absence?

Given the turmoil in her background his client would need a therapy relationship where it would feel safe to be dependent. So I see the allowing of this kind of positive transference not as a negative, especially in the early stages of the therapy, but as the ground in which the healing could take root. Maintaining a therapeutic presence where her discovery of herself is encouraged and supported becomes the focus of the work in the variety of ways described by the therapist. What is also important, of course, is the maintaining of appropriate boundaries to contain her neediness, to build a more stable personality structure and to develop relational skills. The basis is also provided to use the therapeutic relationship as an interactional laboratory. The numerous discussions about clinical issues are useful but more descriptive episodes both from her history and in the therapy itself would have been valuable. The stories the client relates about her first year at university and in conflict with her mother give important insights. Themes in the therapy seem more explained than depicted. Using one of the therapist’s own terms, I would have liked him to be a bit more phenomenological.

A dynamic in this therapeutic case study that is hard to grasp has to do with “timing.” My understanding of “interpretation” in psychotherapy is that the therapist gives explanations only when the client is on the verge of making that discovery or insight himself or herself. We want them to take existential ownership in the search for meaning. We are helping them take the next step rather than expecting them to

leap in response to our expectations. This would seem to be an important part of attunement. Otherwise, we may be experienced as giving them our version of the truth or to be imposing expectations of how they should view issues or be acting. This can place the client into the paradoxical dilemma of either being overly compliant or defiant. The working through of dependency issues becomes more complicated.

As the therapist in this situation engages with the client by inquiry and observation, carefulness with the issues of timing seems evident. There are other places when he makes normalizing comments or repeatedly gives explanations where he asserts a rather firm control over the interactions, or so it would seem. It is not clear why he makes these choices, if in fact this is an accurate reading of the case. In those particular moments he seems to be relying on the powers of persuasion to deal with the client's defensive structures. There are occasions where the client takes exception to his observations and his acknowledging of having missed her becomes significant in the therapy. He doesn't share much of his own experiential data that caused those moments. That might have been helpful to her and to us. In fact, if he has any counter transference responses during the course of this therapeutic relationship they are not acknowledged.

What I found to be a particular strength in the case is the movement between current difficulties with self image and relationships, on the one hand, and the early experiences and decisions, on the other. The affect confusions coming from that history is the dynamic focus and the flow seems appropriate in long-term psychotherapy. A key concept in the work is that of *juxtaposition* where the client is getting what she wants and needs but she is afraid to trust it. This was the springboard for much valuable work. While the work related to the mother's criticalness was one level, simultaneously the therapist is relating with her in sensitivity and affirmation. Her relational disturbances are being healed even as she has trouble trusting it. This is where I see the client moving from dependence toward interdependence, from affect confusion into self-acceptance. Again, using the word "borderline" to describe these interconnections seems confusing. The forces at work seem much more fluid and less clearly defined. Instead of describing the process as "balancing on the borderline," I might have used words like "awareness," "connection," and "grounding." We probably agree however concerning the over-lapping confusions between the past as those are played out in the present. The client seems to have grown more in her acceptance of herself and in relational maturity than the word "borderline" would seem to validate.

After this two year period of work, the therapy is suspended for a significant five month break. Again, I wonder how this plan was presented and whether the client felt any empowerment to protest or voice any feelings of abandonment. If the client felt none of this, given her history, that might also have meaning. My interest here is not with the fact of the interruption, that can't always be avoided for a number of reasons, rather with the important psychodynamic issues.

Response from James Allen

The second paragraph of this section is a concise summary of the previous year's work, describing it beautifully in terms of Erskine's relational approach.

Now, Theresa is able gradually to tolerate the integration of historical and phenomenological data and her relationship with her mother. We might speculate that by being a container for her troublesome projections, and an observing caring presence, Erskine was a regulating process for her. By internalizing him, she contributed to her own self-regulating processes, a nurturing and protective Parent.

I was somewhat surprised that Erskine did not deal more directly with the internalized mother but only with the shamed, fearful, compliant Child – I was not in the room and able to pick up Theresa's signals, but wonder if not dealing more directly with the introjects might have given them more power. I suspect I would have done more direct work with the internalized other.

It is important to admit to our patients when we make errors. Yet, how few real parents ever do this? Perhaps doing so, as Erskine does, was even more important for Theresa than it is for many patients: There is some developmental work by Allan Schore suggesting that the earliest physiological anlage of shame is simultaneous parasympathetic/sympathetic activation of the infant caused by parental misattunement.

Response from Maša Žvelc

In this part we can see how the psychotherapy of Theresa was progressing well. The psychotherapeutic alliance grew stronger and was more stable. Psychotherapy went deeper. The client started to come in the contact with some of the memories she was not allowed to know, thoughts and fantasies she was not allowed to think and emotions she was not allowed to feel. Her progression can be convincingly seen also in her behavioral changes.

The therapist presents himself for the client as a good object. *"…my consistent empathy, attunement to her relational-needs and a sustained non-criticizing presence".* Through this a safe and trusting relationship can be established. The relationship can melt the defenses and enable the client to discover herself more and to come into contact with her lost and forgotten parts. Along with the relationship, full of care, respect and nurturance, the client starts to remember and feel what she has missed in previous (early) relationships. In this way the process of discovering herself is catalyzed. And it takes her into *juxtaposition*; it brings a lot of emotional pain of experiencing:

- what she has now, what is possible
- and what she had missed and was lost forever.

Erskine in this article describes this process clearly and effectively. I would like to stress some concrete examples from Erskine's work where we can see the therapist's skillful involvement:
"As Theresa repeated this story in several sessions, I reiterated that she did not deserve a "scornful look" or being told that she was 'just a piece of shit'. I explained that it was normal for a young child to believe his or her mother and that Theresa had been an ordinary child who needed to be treated with caring respect.", "You were a precious child who needed to be loved for who she was, never to be ridiculed, but instead to be treasured and cherished."

I also appreciate the therapist sense of the client combined with his theoretical knowledge- when he was concerned that it is not time yet for Theresa to go to deeper regressive work. From my experience as a supervisor, many young therapists are seduced with the idea to work fast and make quick progress and they misread the signs that the clients aren't ready yet. Besides, with a good alliance, the client should have enough Adult integrative capacity (affect regulation skills and others resources) to proceed in deeper work.

I also found the process of phenomenological inquiry very skillful - what the client felt just before the anger. In this case Theresa could come in contact with an underlying emotion which was more intolerable than the anger. Being angry was the emotion she was aware of and which she used to help her face the obstacles in life. Underneath the anger she was covering and protecting other dissociated emotions.

The following passage shows us the inner tragedy of the client and therapist excellent capacity to deeply understand this hurt:
"…then she suddenly turned and asked me if I believed her story. I answered with a bifurcated question, "What does it mean if I don't believe your story about your mother hitting you, and what does it mean if I do believe you?",
"It seems that in either situation, if I do believe you or if I don't, in the end, you experience that you are 'shit' and that you will neither be understood nor will anyone really be there for you. That must hurt".

I also find useful the explanations - why the therapist decides to see Theresa twice a week and even more if needed.
I appreciated the things which Theresa was working on such as discovering mother's psychological abuse. At the same time I felt like something was missing. I stopped a little and curiously explored my sense of missing… And questions started to emerge: "What else happened to her? Is she avoiding something? What about her sexual experiences and development?"

If we look at therapy from the relational point of view we can say that the client's avoidance is reflected, resonating in the therapeutic relationship, in the transference and countertransference phenomena. In the second part of the

article there are no signs of uncovering and verbalizing transference-countertransference matrix. Slight questions arise in my head: ”Was both the client and the therapist avoiding something?” Erskine told us about the client’s anger towards him (and his anger, too). He understood it as remnants from the past. I agree this is an important side of transference, too. And the anger towards Richard was turned into the primal scene - to the mother. On the other hand, the anger was for Theresa more or less the response she was used to. The problems are being mostly created from the unconscious; from the things we don’t know. What else doesn’t’ Theresa yet know? For instance - let’s stop for a while and analyze the following paragraph:
“For example, I arranged for her to have an extra session on a Sunday morning. As she arrived she thanked me for the ‘emergency session’. I responded with a sincere, It’s my pleasure to be here for you”. She scoffed, with a disgusted look on her face, and said, You do it for the money”.

As I understand Erskine sees his response as sincere and caring, and that the client is in *juxtaposition* because she cannot tolerate his caring.
I think that this kind of answer on a Sunday morning *“It’s my pleasure to be here for you”* can provoke a lot of fantasies in the client. It may provoke the false hope that the client means something more to the therapist and that he is willing to give her more than as a therapist with the limitations of his professional role he can give.
I know there is a cultural difference between the United States and Slovenia. In Slovenia it would be quite unusual and rare that a therapist would offer a Sunday session- so I may be now speaking also through my cultural (and personal) lenses. My guess is that meeting on Sunday morning may trigger fantasies in the client; for example that she means a lot to the therapist, that she is something special for him, that he may be in love with her etc. These phantasies and hopes directly fill the empty hole she carries inside. Interestingly Theresa’s inner hole indeed lessened during the therapy. She may fill it with the phantasies of the therapist’s love of her and her love for the therapist. According to her emotional confusion this may be also mixed with sexual desires and fantasies. And this could be too much to bear, because these kinds of thoughts and desires provide inner conflict. They are internally forbidden, or even disgusting. And she responded *“with a disgusted look on her face, and said, You do it for the money”.* Disgusted look? What does it mean? From my experience disgust in the clients is often connected with sexual issues and conflict. After all - Erskine reports that early in their sessions the client found his kindness as seductive.

So I am asking myself if the client developed erotic transference toward the therapist. I would explore it and work with it, if that was the case. It may be carrying a very important story. So these are the themes I missed in this part of the case study; I am curios if they will show in the last part of the trilogy.

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