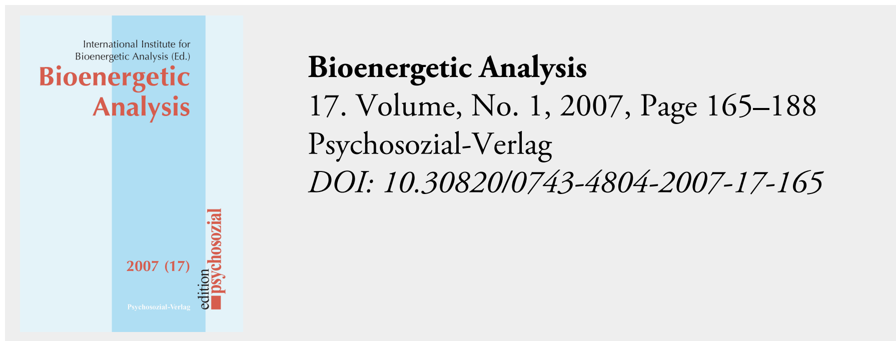
Scott Baum

Living On Purpose: Reality, Unreality and the Life of the Body



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Living on Purpose: Reality, Unreality and the Life of the Body

Scott Baum

Summary

This article is the author's account of the experience of choosing to live the life of his body, even when that means entering a soulless truth of being. The forces which generate such a state are examined, as well as the dynamics which emerge from and maintain such a state of being. This paper attempts to provide a framework for understanding, in an immediate felt way, the experience of the person living in this reality, one common in people organized as a borderline personality. It also attempts to illuminate some of the grave difficulties faced by the therapist trying to work with people so afflicted.

Keywords: borderline personality organization; soul-murder; unreality; psychosis.

Introduction

For some people in psychotherapy, myself included, it turns out that the outcome of therapy that can be hoped for may be ultimately to live in some contact with what is real, even though that contact may be agonizing, terrifying, and so disturbing as to make life hardly livable. There is little relief available in such cases from the dysphoria, the distress and the despair, that we experience, in contact with our own internal process. This may be true even after many, many years of hard work on the part of both patient and therapist. In such cases,

what is available that makes psychotherapy a worthwhile endeavor? In my case it is the decision and commitment to living in reality, and to living on purpose which provides the answer to that question.

It is by no means an obvious decision. Faced, as I am, and some of my patients are, with a state of being so pain-filled, so immersed in horror, and so limited in positivity, it is not at all obvious that the choice to remain defended against the knowledge of one's reality is a bad one. So what does it mean when someone chooses in the full awareness of the implications of the choice, to live in reality and to live on purpose, that is, to choose actively to encounter an unbearable inner reality? And having made that choice what are people in this position likely to encounter? And what of the therapist, what is her or his role, and what can she or he do?

This paper is an exploration of these and related questions. It has been my experience that it is very hard to convey the felt experience of someone living in these states of being, and also of the therapeutic process with someone organized in this way. But if I speak of my own experience and process, I am able to convey it with an immediacy and depth which otherwise would elude me. Doing so enables me to illuminate for the reader difficult painful spaces of experience in the therapeutic process. And it enables me to speak my truth, which is a matter of urgency to me.

Furthermore, there is a long tradition in psychotherapy research of using the fruits of self-analysis in the explication of clinical practice. In the area of borderline personality organization, which this paper focuses on, any illumination of the complexity of the internal process and structure, as well as the therapeutic process, is likely to be useful to therapists faced with the daunting challenge of working with people organized that way. So much of my understanding and knowledge about both the internal experience and the clinical process comes from self-analysis. To leave out the source for my insights may cause them to seem arrived at mysteriously, or leave the reader wondering how I can assert conclusions with such confidence or fervency.

Finally, I know how hard it is for therapists to face and be with this material in their patients, even if it is not strongly present in the therapist herself or himself. In the development of this personality organi-

zation, the parent of the child who will be organized in a borderline personality structure is deeply threatened by the life force of the child. Any persistent need, or autonomous movement, by the child creates terror and rage in the parent. The vulnerable, empathic infant sees the terror and the rage in the parent, and turns against her or his own life force to annihilate the developing self within. The infant learns to be repulsed by her or his own life energy. In this vulnerable dependency relationship with the parent, merger with the parent, smothering psychic death and acceptance of blame for the parent's dysphoria calms the parent. This is accomplished by providing the parent with an extension of herself or himself in which to deposit negative feelings, or to supply love and admiration as needed by the parent regardless of the child's needs. Allowing this, the infant or child reinstates the attachment necessary for his or her survival.

In the therapy the therapist will have to experience this process the patient underwent as an infant and child. First as a witness and a validator of experience, later the therapist will be seen and experienced as a perpetrator of the same kind of destructive attack on the patient. And finally (although these do not inevitably happen in this order), the therapist will experience the same victimization the patient did as an infant, face the ways the patient perpetrates that victimization on others in the present, and challenge the patient to face it as well. It is a daunting task, and the therapist must do it without succumbing himself or herself to despair, demoralization, or defeat. I hope in this paper to support those who attempt this kind of a therapy with more information, insight, and a greater sense of the value of being real than they may have had before.

The Body as Guide

I originally wrote this paper in preparation for a presentation whose theme was: Living on Purpose: The Body as Guide. Bioenergetic Analysis affords us a unique discipline for following and understanding processes which are nonverbal in the most basic sense. This refers to experience that cannot be organized in language both because the ex-

perience occurred before language and cognition were sufficiently developed to enable the experiencer to render the experience into language. And, also, because the experience itself was overwhelming in the reactions it engendered in oneself, and in others. This inability to organize and convey experience in language means that the person having the experience cannot share it with another adequately, and it means that the person cannot memorialize – cannot bear witness to – her or his experience.

Without the capacity to bear witness to one's experience, it is impossible to create the intrapersonal and interpersonal structures and processes to validate experience and feel seen and understood by others. Faced with this reality, people memorialize their experience, and especially their traumatic, damaging experience, in their bodies. In the body's shape, habitual form, chronic habits of action, and the person's modes of experiencing, is the record of their suffering. Inaccessible to language and unavailable for self-reflection, the suffering appears in the unconscious communication of the living statue. A statue, in the case of people organized around devastating early life experiences, which undergoes constant shatter, fragmentation, blowing up into a million pieces, only to be desperately reassembled each time, an infinite number of times. But the glue necessary to hold the statue together, a cohesive sense of self, the capacity, to feel real to oneself, the ability to <u>feel</u> the realness of another, has been totally, or nearly totally, destroyed in its nascent form in early childhood. And then the structures and processes which create and maintain that glue – loving connection, a feeling of safety, positive self-regard, for example – continue to be destroyed as they emerge, both by the force of the ongoing emotional and interpersonal tsunami the person lives in, and by the systematic, if often unconscious, predations of those on whom the child in this excruciating drama is most dependant for physical, psychic, and spiritual survival.

Specifically, the damage done to the personality in these situations is so severe that basic human functions are deranged. For example in my case, I think about food all the time. It is so pervasive a process, it cannot be broken down into discrete elements for analysis. Although it is far less powerful as a force in my life than it was, the anxiety, the

craving, the desperation around the consumption, the effects, both experientially and concretely in weight, is continuous and ever pressing. It is intrinsically related to a thoroughgoing and unyielding self-loathing, one part of which is a hate for my own body – its appearance and experience. One part of this was undoubtedly engendered by my mother's relationship to me. In one of the only photos I have of her, she can be seen looking up at the camera, smiling, with me on her lap laid out stiff as a board in obvious distress. And I know from my father, who left her when I was one-and-a-half, that she was often in an alcoholic stupor when he came to pick me up for his twice-weekly visits.

One thing bioenergetic theory and practice should teach us, is that the appearance of functioning is not the fact of it. Although I appear to maintain adequate oral (in both the nutritive and characterological senses of the term) functioning, in my eating and self-sustaining habits, my perspective as a bioenergetic therapist tells me that, if we could study it, we would find the undeveloped and deranged aspects of basic processes of digestion, on cellular and systemic levels, as well as in the psychic representations of those processes (for example, characteristic neediness or clinginess; or an experience of oneself as depleted, and unable to be fed). In fact, my ability to feed and nurture myself, and to metabolize nutritive elements of the environment, both physically (food) and emotionally (love and support) is severely limited, dysfunctional, and in some respects there is atrophy of metabolic function.

The forces, the treatment, which initiated the development of these phenomena, began to afflict me in infancy. Before language could organize and communicate what was happening. Still now, language barely serves. I have to struggle to embody language as meaningful, finding that no language exists for the sensations, the feelings, the states, to convey them adequately – or at all. What would language reveal, could it be employed? It would reveal the toxic forces that create this state of affairs, in me and people like me. The malevolent, soul-murdering treatment, the vampirish theft of life energy from the infant, and then ever onward, the destruction of any capacity for pleasure, life left in a state of living deadness.

Reality versus Unreality

One of the deleterious effects of being raised in this toxic stew of parental hatred, murderous envy, desperate clinging, and profound manipulation of reality covering it all up, is to leave the child in a state of existence that can only be described as unreality. Unmoored from basic contact with what is real. The basic contact with internal reality – sensation – has been destroyed. Terror of annihilation, unendurable grief at continuous ruptures in attachment, utter uncomprehending confusion as the reality portrayed by authorities, parents and often others, shifts and morphs to suit the exploitive and security needs of the authorities. The total effect of these interpersonal processes is to create a zombie state in the dependant, making him or her a compliant partner, who will function as an extension of the personality of the authority, rather than as an autonomous self.

Unreality turns out to be unbelievably painful in its own right. It represents contact with the emptiness, the void, the black-hole which exists at the core of the person so organized. It is made up of contact with the parents' emptiness and coldness, it is the effect of the hate and hostility directed at the child, and it is inevitable because the child has been cut off from contact with the life force in the universe, and in particular from connection to the reality of benevolence, of goodness, as manifest in the experience of pleasure. Often, an experience of ecstatic merger or fusion with the parent takes the place of a centered, grounded self. The merger, and hoped for continuation of it, become the only relief for the patient from the annihilating death of the soul necessitated by the demanded merger from the parent. The therapist, in representing and supporting reality, becomes the agent of a process felt by the patient as prying her or him out of the body of the parent. This is the only way an autonomous self can even begin to develop, and it is an excruciatingly painful process. This process entails an almost Sisyphean struggle with the compulsion to succumb to the merger, bringing with it the state of living-death it entails.

After quite a few years of anguished wandering in the wilderness, and with many yet to come, I remember finally saying to my therapist of those years, Vivian Guze, that I realized that I preferred reality,

however painful, over unreality. I said that unreality was the most painful thing of all. In a rare moment of connection in reality, with her, I could feel her process of deliberating, perhaps unconsciously, about whether to tell me her feeling and position on this, finally saying she too felt the same way. The decision to live in reality, given the daunting experiences attendant on that choice is momentous. It has to be made progressively, and over and over again, because the awareness of the dire straits one is in, the awareness of the damage sustained creeps up slowly. It is appalling, and terrifying to become aware of the irreparability of that damage.

Artie, who has been in therapy with me now for some 15 years, batters me with his futile rage at being so damaged. He hates me for not having faith in him – which is inaccurate, I do have faith in his commitment, his insistence on struggling. But he demands that I assure him, as other therapists have done, that if he works hard enough, digs deep enough, expresses himself forcefully enough, he will pass through his vale of death and darkness. When I fail to do so, he hammers me with criticism of my passivity, my inability – or unwillingness – to guide him to the shores of serenity. Transferentially, he hopes to convert his mother who held him tight, then told him he would amount to nothing, into the loving admiring woman he needs. He wants to extract the reassurance from me, and I hate having anything extracted. I realize finally that this is how he felt when his mother flaunted her sexuality and taunted him with her unavailability. She extracted from him his longing, his hunger for her. When he stops pounding me he is faced with the truth of his situation, alone on the black sea, in a hurricane, occasionally able to reach his hand out and know I am there.

I cannot reassure Artie because, of course, I don't know how far he can make it out of the desperate hole he is in. He has changed greatly in the time we have worked together; more, probably, than either of us thought likely. But I also cannot reassure him because I don't know for myself. That is, I don't know for anyone how much of this very deep damage is reparable. When I tell him what I tell myself, that I can help him become more self-possessed, more in contact with himself, he scoffs at me. What kind of wimpy drivel is this from a

bioenergetic therapist who should be proclaiming the virtues and possibilities of a life of assertive pleasure? And what is the point of being more aware and being more self-possessed, if it means endless defeat, darkness, unrealness, rage and despair? Indeed what is the point?

I do not reassure Artie because I am not there to assure him, as others have, that nothing is really wrong with him that cannot be cured. I bear witness to the realness and value of his truth, and I share his commitment to that truth and its meaning. When his demandingness activates my impulse to withhold out of my own oral hostility, I enter with him the place in which the truth of his trauma can be enacted. I am his mother, the sadistic withholder; I am him who tried to free himself from her by refusing to give her everything she demanded; I am myself, the rigid, sadistic withholder I am; and I am the victim of his sadistic violent attempt to wrest from me an untruth which will comfort him at the cost of my integrity, as his mother did to him. This is the transaction we live out again and again, each of us trying to see the truth to be seen in the other's experience, surviving it each time with slightly more capacity to be in the present reality.

Following the Body to Realness

Before taking up the question of the intrinsic value of living in this devastating reality further, let me say that a body-oriented approach to the issues raised here has certain distinct advantages. One is that the course of following raw, unmediated sensation allows a person to follow internal realness without language. Since these states of being stem from experiences taking place initially in a time before language is available to mediate and communicate what is happening, having sensation allows for the possibility of communicating with oneself and another. When language does develop in such a toxic interpersonal environment, as being described here, it is unhinged from the felt meaning of experience. Language thus severed from sensory, visceral experience can be easily used for purposes of manipulation and mind-control. Working in therapy directly with felt sensory experi-

ence, however dimly apprehended, however truncated or undeveloped, allows the patient to connect with meaning and realness. This has to be done while fighting off – and assists in the fight with – the internalized attempts to render the truth empty of meaning, or twist it into other meanings derived from outside (i.e. from introjected parental communications) not inside.

The thing about choosing to follow my body experience that I discovered is that I have to decide to go where it leads. Not where I would like to go, or wish I could go, but where it does go, to where I truly am.

One of the central functions of therapy with people so profoundly traumatized, broken, and eviscerated, as I am, is to develop skills by which the life of the body can be lived truly. Meaning that distortions in the understanding and direct experience of experience are sufficiently recognized and comprehended to allow for as full an immediate experience as possible. The therapeutic relationship acts as a holding environment for the truth to emerge. When the truth is like mine – as characterized once by my therapist as my mother having torn out my psychic heart and guts, and my father having decimated me – it becomes a challenge also for the therapist to stay in her or his body and follow the experience where it may lead.

What I mean here might be best exemplified by a quote from the writing of my current therapist, Mike Eigen (2001), who has written about our work together.

> There were periods of little distinction between shattered self and shattered / shattering object. Milton [my assigned pseudonym] would try to »ground« (his term) himself in the face of shatter, but often the ground shattered too. Yet each session he started at square one, aiming at ground zero, the point of cataclysm. Whatever he saw and felt, was a taste of what he could not see and feel, he kept stretching – a snake with infinite elasticity expanding around infinitely expanding shatter. Can the infinitely shattering self- and -object ever be encompassed? (p.73)

It has turned out that for me to live in reality at all, and to have any hope of modifying its most painful and most destructive elements, which I experienced as a small child, I have had to throw myself against this wall again and again.

Embedded in this truth is one of a number of very painful paradoxes I encounter in living in my body. My body is the only memorial to the truth of my devastation that I have. In the continuous pain, the unending terror, the brokenness, the immaturity, the collapse, the dread, the confusion, the panic about food and weight, the disorientation, the unending rage, the body states and body structures, are written the truths of my history. This reality confounds every one of us whose early history was so devastating to the body, mind, and soul. So as I, and my patients who are like me, seek to modify our experience, to release long-held pain and tension, to soften rigidity, to breathe and expand, to heal and straighten out, every effort, every second, brings the threat of the dissolution of the only testament to the truth of our experience there is – our bodies, in their broken, collapsed, fragmented truth. If all remnants of the holocaust disappear, how does one challenge the charge that it never happened, that it is just a made up story (a phrase my father used on me repeatedly)?

On top of that, part of the affliction imposed on us is a brainwashing so profound it affects the intelligence of the very cells of the body, the most basic self-information available, ridiculing and vitiating knowing, killing truth, rendering language meaningless. But, while the body may not lie, it can tell a story. And while the story is true, it may not be what is happening right now. And so, I have to be the body that memorializes the truth of my story; tells it as it unfolds even now; and still allows for experience that is new and may contradict or modify the story as embodied in the memorial.

Therapeutic interventions based on bioenergetic principles are very useful to people like me because of their capacity to return to, and amplify felt experience. But there are limitations to their use. In the somatopsychic structure of people with borderline personality organization the capacity for integration of meaningful experience in all domains has been severely damaged. Also, dynamically, any development of autonomy threatened both child and parent powerfully. Thus interventions that should leave behind potent residua of self feeling, and self-identification, instead are experienced as if the internal process runs out of the body and mind like the sandcastle washed away by a wave. Years of active work, in sessions and out, hitting,

twisting things, striving to feel and express the immense rage in me, yielded moments when my hands felt engorged with energy and alive, powerful. Not long ago, more than 30 years into my own therapeutic process, the feeling of power and energy stays more durably in my hands. Or my neck, where the scalene muscle on the right side was chronically tense and enlarged enough to cause a chiropractor I consulted to remark on it. Years of screaming and biting have reduced the enlargement substantially, but stimulation of that area by virtue of a thought, a feeling, or a contact with another sends powerful sensations through me, which require that I go and find a place to scream again. Now it happens less often, and the urgency of the need for expression is less, but it is still palpably present, and can disrupt my state of being at any time.

Artie speaks of the active, cathartic work as giving him a moment of contact with the possibility of feeling good, and of goodness in the world. But the window closes in a few seconds, and he has to contend with a return to the dark void of his existence. Ilene uses my work on her shoulders to awaken herself yet again to the predations of her narcissistically self-preoccupied parents, but quickly falls back into trance. Over the many years each of us has used our bodies to return to reality, we have all made progress at building structure on a cellular level, laying down minute sediments of changed patterns of experience and organization.

Anhedonia

For many people the incentive to soften and modify the memorial to one's suffering is pleasure. Here we come to a bedrock reality for me that is crushing as patient and therapist alike. The basic belief in pleasure in Bioenergetics as the wellspring of meaning and life energy, a kind of basic law of psychophysics, does not apply here; so that cannot be the incentive to change, although it usually takes a while to realize that. One of the earliest elements of understanding people with borderline personality disorder, like me, is that people organized this way experience anhedonia, that is the inability to experience pleasure.

I am using pleasure here in a very complex way to mean an experience of the basic connection to the goodness and benevolence of the universe. Feeling good in the most elemental sense of the term. I am not talking about relief, or gratification. These may be related to pleasure, but they are different functions, and have different meanings and significances.

And I am talking about inability, not about limitation. This is one of the hardest things to come to terms with. Most therapists come from the groups in society whose lives have been compromised and disturbed by emotional trauma. But the majority have not come from backgrounds wherein such severe damage was done that basic life forces – body processes – have been so severely devastated as to be non-existent. We like to believe that human beings and their bodies are nearly infinitely plastic. Only in the case of the most dramatic and observable conditions do we accept damage that devastates so. The reality that the damage is so great that access to pleasure is impossible, is a piece of reality that can be devastating and profoundly demoralizing for both the patient and the therapist.

Years of clinical work, with raised consciousness, tells us now that this is so. As Harold Searles (1951) said, starting in the 1950's in his seminal works on psychoanalysis of the very disturbed, soul murder is all around us. In devastation like this, the damage can be such that no soul is left. That is, there is no connection for that person with the benevolence and goodness in the universe. An inner attachment and deep knowledge of what is safe, healthy, and positive is unavailable. That connection was destroyed for me by both the gross, and the insidious treatment by my parents, who psychotically believed that everyone is ultimately actuated by the need and desire for self-aggrandizement, self-gratification, and superiority. They focused that paranoid belief, and its contingent contempt, ridicule, and rage on me.

My parents taught me to be repulsed by my own soul. In their relationship to me, they taught me every day that I, like everyone else, was solely motivated to deviously manipulate them for my own self-aggrandizement. They projected this on to me, brainwashed me with this ideology, and got me to attack my own insides, to add to their assault on my integrity. They did this, especially in my father's case,

while proclaiming themselves, and seeming to be, progressive forward thinking persons, who could have, and claimed to, in my father's case, raise an emotionally mature son. And I, eager and disposed to merge with him, to please him, took it in, believed it, and became the image he desired.

My parents were, and are, of course, correct in their indictment. Having had the connection to goodness torn away from me, left only with a sense of superiority with which to console myself, I am in fact the monster they consciously or unconsciously made me out to be. The soul was destroyed, development and growth into soulfulness not an option. My attachment to what humans understand as the grounded moral underpinning for positive self-regard, love, and empathy for others was twisted and smashed – obliterated.

Soul Murder

A number of forces converge to murder a soul. The first is the direct effect of terror. The terror is engendered by the experience of the immediate threat of annihilation. The annihilation occurs on two levels. On the first, the integrity of the person's body, mind, and spirit are threatened by overwhelming physical and mental abuse approaching death. The person feels himself or herself threatened with death, and that is accompanied by the unbearable experience of impotent rage, since it is clear the victim cannot protect herself or himself from harm. The second is a persistent, pernicious manipulation of reality. In this psychotic version of reality, the child is a monster threatening to overwhelm, possess, and consume the parent. In fact, it is the other way around. But any accurate perception of the predation the child is actually experiencing at the hands of the parents is systematically deprecated and psychopathically converted into something other than that which corresponds to the victim's sensory-based data.

In my own life experience, these dynamics are concretized in: my mother's alcoholic stupors when I was an infant which rendered her insensate; the overwhelming stimulation of her internal deadness; the paranoid delusions of me as a dangerous invasive entity; my represen-

tation to her of my hated father; and my father's denied, but palpable, hatred of my mother; his denial of his own perception of the danger I was in from her; his willingness to rupture connection when he was narcissistically offended; his contempt for my weakness and fear; and his willingness and ability to insist on my conformance to a version of reality emerging almost entirely from his fantasies; all even as he was saving my life.

Facing one's terror and victimization are hard enough. Feeling the horror of seeing oneself viewed as a monster by those one loves terrible enough; the horror and despair of acknowledging oneself as a monster unbearable. The truth of this monsterousness is validated by the somatopsychic experience of hateful, implacable, murderous rage. The total effect of all these dynamics is to shatter the emerging soul, the unique person developing in that body. As a way to cope with this toxic, psychotically organized environment the child enters a *state of living death*. This state is the result of exposure to death and annihilation, and the terror that ensues. It is also demanded by the relational dynamics; that is to say, my parents required that my soul die, that I develop no positive connection to my own life force, or any real capacity for autonomy. Living in this state is the unrealness that I, and others, find so unbearable. In this state things look real, but they are empty, hollowed of their truth and meaning. It is a place of ultimate confusion, despair, and emptiness colder than the void of outer space, but it exists inside the body. A person in this state sweeps the attentive therapist into a maelstrom of deadness, emptiness, despair, and terror with no exit.

This is also the place the therapist has to live through with the patient, without any certainty of returning to sanity. The underlying dynamic of paranoia is that if the soul of the child lives, the parent must die. The child's autonomy terrorizes the parent, evoking her or his traumatization as a child. The parent sees and takes the opportunity for revenge against her or his abusers. She or he also feeds off the child's desperate clinging for protection, as well as the perverse adoration the child feels for a predator, who alternately terrorizes and soothes her or him. The child empathically sees the parent's terror, even if the parent is unconscious of it, and the child must submit,

through his own psychic and emotional suicide in order to comfort and contain the parent's overwhelm of terror and murderous rage. The demand for death, that is, the turning against self and autonomy is made early, from birth and consistently onward. If that demand is not met, then the infant perpetrates terror on the parent. The infant is the monster who takes away the life force of the parent, an untenable intrusion in an exquisitely vulnerable dependency.

This is the space that the therapist must occupy with the patient. It requires that the therapist accept the reality of this place and be able to tolerate long stretches of time in it. But it also requires that the therapist maintain her or his hold on the reality that exists outside this space. Often the therapist has to insist on the validity of that reality, even at the risk of engendering the rage of a person being told once again that her or his truth is no truth at all. In order to know and facilitate the revelation of all the aspects of this toxic, deathly, twisted reality, the therapist has to make herself or himself available for immersion in it, and be subject to the attempted perpetrations of the patient. It is in this way that hope is maintained; the therapist survives it all, not as the patient did, broken, hollowed out, twisted, but rather, the therapist survives, stays alive, with vitality and integrity intact, and with a deep empathy and sympathy for the patient's struggle.

Ilene tries to claw her way back to awakeness after feeling herself succumb to the gravitational pull her parents exert on her. They demand, and expect her to re-enter their orbit, to take care of them physically and emotionally. She is to ignore the alarms in her own body that remind her of her mother's hatred of her, and her father's narcissistic exploitiveness. She loves them, although after these many years of therapy she knows so much about the damage done her. But she cannot separate from them, and declare her own true, unique identity. She feels she would die emotionally and spiritually without them. They have signaled her they would judge her as evil were she to assert herself fully, and the guilt would kill her. As she swoons in the auto-hypnotic surrender to their embrace, she asks me to work on her shoulders. I work hard, digging into muscle. She uses the stimulation to feel and express some of the rage she feels. She struggles to wake up from the trance. Often she does, and collects more awareness of the

truth of her past, and present. But the knowing leaves behind little sediment, most of it running out of her body like the disappearance of a wave as the water runs down into the sand at the beach. Often enough, she staggers out of the session reeling from her own awareness, trying to organize herself for the very responsible job she has, taking care of others.

Ilene leaves me trying to recover, to regain my own energy, and to wonder at the place I hold in her life. I am a representative of life, of the possibility of benevolence, of acceptance and adherence to truth. She depends on me profoundly. Even to represent the truth of her reality when she denies, or discards, or disdains it. And I am who I am; able to stay in the morass of death, depravity, and despair. But I wonder at the impact of my truth on our relationship, and how it enters the space we both occupy.

What is a Therapist to Do?

Odila Weigand (1987) tells us, rightly, I believe, from her own experience that the first step is unhinging the therapist's need for the patient to recover and be well, from the actual situation the patient is in. This may not go far enough, however, or be enough. The challenge to the therapist is to join the patient in the decision to live on purpose, to choose to encounter the destruction and explore its unique nature for that person. It requires that the therapist openly encounter and bear witness to the person's damage and suffering, but also to the ways the person has become a perpetrator of the same atrocities perpetrated on them. This way of being permits the building-up of body and ego. But it does not require that build-up to lead to anything more than the capacity to be more in reality, to choose integrity and truthfulness, and active restraint of negativity as soul functions which can be autonomously chosen and pursued. This even though the soul itself, the emotional seat of truth, love, empathy, honor, compassion, and integrity has been obliterated, or at the very least, shattered to smithereens. It is the choice for autonomy, the choice to live on purpose, that is left to the person whose soul has been murdered.

Bioenergetic therapists offer a very precious set of techniques to people whose insides are in deep disrepair. In my case, years of gagging and throwing-up, although occasionally put to destructive uses, has on the whole helped me to mobilize internal sensation and touch affective processes. Artie uses breath and contraction to move him to literally shake himself out of the grasp of his symbiotic-parasitic tie to his mother.

My own body abandons me, unable to sustain charge and organization. For years my hands felt puerile and weak. Endless episodes of hitting, twisting things would fill them briefly with energy, and the tissue would swell, only to have it all run out moments later. That has changed; my hands feel full most of the time. But my voice, sometimes resonant can shift in a moment to a high-in-the-chest phlegmmy tightness. As I lose the resonance I lose myself, the connection to inner process shifts, again I have to mourn the loss of identity, of integrity, of cohesion. Similar things happen fifty times a day, or more. What does a therapist do with a client like me in this swirling, fragmenting mix of despair, terror, disintegration, and toxic energy and emotion?

If we could investigate cellular and organ function at the deepest levels, I believe we would find the organic changes and destruction that the kind of early in life treatment I am describing here causes. These are most certainly not ›in your head‹; as if the basic underlying physiology is intact and attitudes and emotions are disrupting it. It is very difficult for us as a society to accept that emotional and interpersonal trauma can cause this kind of deep, psychic and physical damage, and that it is the kind of trauma one sees all around us in everyday life. It is daunting to a therapist that her or his patient not only cannot attain an ideal life, but that even a good-enough life may not be available. This means that the therapist, no matter the effort put in, cannot heal the patient by being the good-enough parent most therapists strive to be, and from which they derive so much meaning and satisfaction.

Ilene's, and my, choice to go again and again to the place of truth despite the disorganization and anguish that brings, after all these years of work, can take a person to some terrible places. I remember

quite well the night I realized how crazy I am, that is, how the disturbance in me would not yield to self-exploration, catharsis, and self-renovation. I had been on a scouting trip to locate a site for what was then a three-week workshop each summer for the Bioenergetic Institute, which I had been asked to direct. I was accompanied by my companion then, now for many years my wife. We had fought, as we would many times, over what was in truth the combination of my narcissistic vulnerability and irritability, my transferential rage, and the embodiment of my identifications, especially with my father's superiority and contempt for others. Finally, I broke down, as I always eventually did, and in my despair I had a moment of perspective on myself, and I remember saying: »I can't be this crazy.« I saw, however vaguely, the essential truth that I was damaged in ways that could not be repaired simply by recognizing the damage and working it through.

This recognition is something I have had to come to again and again, day-to-day. It is hard to characterize the depth of the disturbance in being and function. Even interventions at a body level, which have an enormous potential to restore life to nearly dead psychic and physical processes, and which provide a vehicle for ever-deepening experience, do not hold.

It is essential that the therapist be willing to enter the space of damage and deadness that created the person so afflicted. At the very least the therapist is charged with validating – and often insisting on the truth of – the depths of agony, despair, hatred, emptiness, abandonment, and grief the borderline person experiences, even if unconsciously so. In the beginning it is the therapist's choice to be real and value truth that creates the space in which the patient can agonizingly emerge from the state of living death that the relationship with her or his parents engendered in her or him.

Artie tells me now, after these many years of therapy, that he feels himself coming out of a cocoon. He sees, he says, that the cocoon is the result of his mother's demand for merger with him. His terror of her, and his rage at her, facilitated a state in which she could use him for her own needs and he could make no protest. Now he wants out; out of the cocoon, out of the altered state of consciousness that ac-

companies and facilitates its continuation. Out of the worshipful, adoring, sexually-charged, demeaning, intimidated state he is in when he relates to his mother – which he does all the time, as she is omnipresent in his internal life.

Facing the Perpetrator

Occupying and maintaining this space is only one of the important constituents of working with people with borderline personality, and it is not enough by itself. Another critical element in the treatment is the requirement that the therapist face and deal with the deadly negativity that is an integral part of the personality structure of someone organized this way. Much is made, for example, of the way borderline people split up helpers and get them to fight with each other. One well-understood formulation (Kernberg 1975) attributes this behavior, at least in some significant measure, to the fact that borderline people have been unable to successfully traverse the developmental phases needed to integrate their experience of others as having elements of good and bad in their personality. That split is then enacted in the person's relationships with others, including the therapist.

It is less well understood that the borderline person is also enacting another experience. In that one the unendurable craving for attachment drives the person into a clinging, desperate, often parasitic connection to another. Finding herself or himself well inside the boundary system of the other person, the borderline person starts to panic, fearing complete annihilatory engulfment. In a panic the person starts to push away doing anything he or she can to get free. Like a drowning person, out of mind with fear, the borderline person will now do anything, even to the lifesaver who came to the rescue, to assure her or his own survival. This dance of merger, then paranoid fear and rage, followed by attack, followed by merger again, happens repeatedly as the person tries to have a different experience with the therapist than he or she had with a parent.

The patient's negativity often comes to awareness when she or he has this repetitive process brought to her or his attention, by the ap-

propriate and necessary boundary-making of the therapist. The patient's thrust to merge is thwarted, an attempt is made to subvert the therapist's autonomy using the same tactics which have been used on the patient. Failure to dominate and control the therapist threatens the patient with abandonment, and demonstrates the therapist's separateness. This activates the patient's sadistic, murderous rage, and the desperation to possess the soul of the therapist in the same way his or hers was possessed. In this state of desperate inflamed narcissistic and oral rage, and without an internal connection to benevolence, the patient can and will believe, and do, anything required to get what she or he needs. In this internal environment of unrestricted negativity there is no empathic awareness possible of the impact the person is having on another.

In this reality, where there is no sensibility for the innate goodness in people, hate, contempt, disdain, self-justifying abusiveness and exploitiveness run unconstrained, at least internally and unconsciously. Can the therapist stay in this space with the same openness to acknowledging the truth of the patient's experience, without the agenda to change her or him? Can the therapist endure assault after assault, hate, derogation, annihilation, disrespect, manipulation, contempt, superiority, and dismissiveness, and still bear witness to the patient's experience? If the therapist can make the choice to live consciously, purposely in that truth, then the patient has the possibility of doing so also (the techniques necessary to sustain the therapist in this context is for another paper).

Because of the constraints and limitations, and protection of the therapeutic arrangement, it is not easy to see the pervasiveness, the depth, and the ferocity of the negativity embodied and expressed by people with borderline personality. It is often seen much more clearly in the relationship between the borderline person and her or his dependants, spouse or partner, and children. Although sometimes, of course, it is such a constant pernicious aspect of the transference relationship that the therapist knows all too well the toxicity of the patient's interpersonal process.

In my case, until very recently, I confined the expression of the feelings of deadly hate, contempt, derision, and superiority to my im-

mediate family. I largely spared my therapists because of my fear of lacerating ridicule which was a feature of my family's interpersonal style, and because the threat of abandonment, were I to behave that way with the therapist, evoked the terror of being left by my father with my mother as a small child.

I raise this here because the prevailing view of people with borderline personality organization is that they present with acute and persistent hostility. In fact, the negativity may be very well concealed behind a psychopathic defensive organization, which also serves to disarm people in preparation for their being manipulated and exploited. It may be a serious failing in my first effective therapy, that the extent and severity of acted-out negativity was not addressed – even though the therapy saved my life, in no small measure because of my therapist's commitment to felt experience, wherever it took us.

I discovered the extent of my negativity in my relationship with my wife first, and my children after. My wife's refusal to be treated dismissively and derisively, and her ability and willingness to fight, forced me, over a very long time of defense and denial on my part, to face the truth of the destructiveness that is born out of the same processes which have destroyed me. The therapist facing this, lives with someone in the throes of excruciating pain, having been poisoned through and through, who then strikes others. It poses especially difficult problems for the therapist watching a patient acting out this process with a vulnerable dependant, like a child, who cannot make the same autonomous choice the therapist makes to stay with the person as they writhe and twist seeking a moment to attack.

Thus it becomes necessary for the therapist to seek out the negativity inevitably present in the borderline person, however it is concealed. It is not easy to do. When I began to understand the depth of my animosity and destructiveness through my interactions with my wife, I began also to seek to understand the manifestations of the poison in my attitudes and feelings to my children, my son in particular. I sought help from therapists and friends, to little avail. It is beyond the scope of this paper to investigate the reasons for the dearth of information on the intricacies of murderous hostility between fathers and our children. But I believe further study and con-

frontation with the truth of the matter, will lead to a recognition of the prevalence and the significant social effects of these interpersonal processes.

So it falls to the therapist to smell out, bring into the foreground, and, ultimately, feel the sting of the toxicity coursing through the veins of someone who has been threatened with annihilation. Someone who has been sadistically twisted, whose ability to feel pleasure, love, joy – the connection with benevolence which creates a buffer for, and an amelioration of the horrors in human life – has been destroyed.

The Therapist Lives on Purpose

In this context of despair, desperation, anguish, death and emptiness, and the toxic brew of negativity – hate, contempt, annihilatory coldness and devaluation, the therapist lives a life on purpose with her or his patient. It is this commitment to a life of felt experience, reality in other words, which the therapist offers to a patient, to whatever extent the patient chooses to live in that space. This living reality, nourished and supported in the therapeutic space of the psychotherapy encounter, wherein no one can be harmed (permanently damaged, that is), is what offers hope to someone like me, for whom often the pain is too much to bear.

Nothing would make that agony disappear – well, perhaps narcotics, but I have chosen not to go that route. Living my life on purpose has become the touchstone of my existence. Living-death, unreality, are all too common in this world. The conditions that engender them, the way people treat each other all too prevalent. I have decided, and decide every moment, not to live in that state when I can do otherwise. I fail, because I can do no more, or because I cling to my unfinished business, or because I have to memorialize the harm done me, or because I am in the throes of a perpetration. Every day I re-commit myself to living in reality. I stretch to feel the warmth of those around me even when it causes agony, even when I despise, envy, and want to ridicule them. I am gratified by my ability to help others live in reality,

and often to feel and do things which I cannot. I have become an expert in living in my immediate internal reality, and knowing when it does not correspond to outside reality. I have become a bit of an expert at the process of bringing the two states, my internal truth, so divergent from much of what is happening to me and around me right now, and that reality around me more into convergence at least in my capacity to recognize the truth. Psychotherapy is the crucible wherein I push the edge of this way of experiencing, it is the undiluted medium for the work. It happens everywhere else as well, of course.

For the therapist not organized as I am, who has a more grounded, organized, and cohesive self, the commitment is somewhat different, but no less crucial. That person has to seek and find ways to enter and reside in a version of reality and the world it would be far easier to avoid. In that space, with a borderline person, the therapist cannot expect, or need, the gratifications that come from working with patients organized differently. To enable the patient partner in the relationship to live on purpose, in the reality that is true to them, the therapist must make a similar decision to live in that reality with her or him. The therapist's struggle to apprehend, feel, and contain that reality becomes the infrastructure for work that confronts, examines, and even, in time, modifies the tragedy and trauma of a life lived in the darkness.

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