Borderline: A Diagnostic Straitjacket?*[1]
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Women have been plagued by a history of being read and misread by the male gaze, invisible under the rubric of an enigmatic collective mystery behind which the individual disappeared. Paternalistic structures in some ways protected her but at the price of her ability to define herself and her values. As we look back over the last half century of struggle against discrimination and unfair practices, we can locate pivotal milestones, such as the incorporation of the National Organization of Women (NOW) in the United States in 1967. By 1968, local groups were forming and the second feminist wave had been launched. Women were fighting for equal rights, abortion rights, and pay equality; rights that today remain under question in spite of all the effort invested over the past 50 years.

I would like to contextualize my discussion of the term *borderline* within the framework of a psychiatric – and psychoanalytic - system that must become 'part of the terrain to be analyzed, rather than the medium through which analysis is conducted' (Angel, 2012: 5). Notably, Borderline Personality Disorder was not even formally recognized within the DSM system until 1980. Until then, the term was used to refer to an ostensible borderline between psychosis and neurosis or to individuals who were presumed to have an underlying psychotic vulnerability that had not yet surfaced (Silk, 2002). In 1967, Kernberg described a personality organization marking characteristics linked to unstable or impaired object relations. At the same time, Grinker (1968) was developing a model specifically characterized as a personality disorder.

From the vantage point of our current day, we can contextualize the term *borderline* in relation to the psychoanalytic demarcation of a line between the neurotic and psychotic levels of functioning. That stance alerts us to the complexity of working with someone with such intense affective instability that cognitive function can become profoundly impaired or inaccessible in a moment of heightened emotional intensity. In my current practice, I have come to see this designation as marking, not so much the extent of psychopathology, but rather a developmental dilemma such that affective self-regulatory processes have not been sufficiently internalized to afford the individual the capacity to sustain cognitive engagement at crucial moments. The difficulty of finding oneself incapacitated in an interpersonal encounter is complicated by the ways in which the term *Borderline* has been used over time as an epithet that invites derision and disrespect. In that way, those so-designated are devalued, and it has been easy for mental health professionals to presume authority over meanings rather than trying to aid the person in developing sufficient wherewithal to lodge and advocate for their own. In turn,

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those who are devalued legitimately try to avoid being seen in precisely the dilemma in which they are caught, leaving shame both a symptom and an adjunct to most 'treatment'.

In *The Four Fundamentals of Psychoanalysis,* Lacan talks about this paradox that '*you never look at me from the place I see you*' (1978: 91). Beyond the problem of transference, as originally conceived, lies the more fundamental question regarding 'the relation between appearance and being' (1978: 94) that Lacan discusses through his metaphors of the *sinthome* and the *oblique angle*, the view from the side. I find these notions intriguing because of the inherent mystery entailed in seeing beyond our limits, and also because they recognize the complexity of meaning itself and the relationship between meaning and power. Lacan recognized the complex relationship between seeking assistance and the possibility of one's *becoming* being subverted precisely because of the encounter with the *subject who is supposed to know*. Marginalized groups, in particular, have been placed as the object of a gaze that is not their own. From that perspective, it is difficult to advocate for oneself directly without becoming caught in the glare of a light that distorts and distends one's very being, as one is spoken *for* rather than spoken *to*.

We learn who we are from how we are treated, in line with the values shaping meanings within the culture. To the extent that we can find ourselves within that discourse, we are left relatively free to flourish but, for those who do not fit, there is a terrible tension between becoming oneself and feeling valued. I find it crucial to face this dilemma head on because of the ease with which our perceptions can become skewed so that we lose sight of precisely that which we had been holding on to, such that we can become further oppressed by our very oppression.

We are living in a time of increasing pressures and decreasing opportunities for reflection. As political self-interest merchandizes meanings, fear increasingly drives group behavior. Might makes right, and the enjoyment driving social oppression, collectively disavowed, is left free to flourish (Hook, 2017), while culturally sanctioned othering breaks the moral imperative marked by the suffering in the human face (Lévinas, 1999). We seem to have lost sight of the fact that democracy depends on not just an *informed* citizenry but rather a citizenry with the capacity *to think through* the various facts at their disposal. Truth, as an inherent value guiding civilized societies, is itself under fire, inviting us to revisit the work of Hannah Arendt (2003), who reminds us of the perils posed as ideological forces drive behavior over reason, highlighting our dependence on our collective capacities to make use of reflective functions.

At precisely such a moment, we need the lens of psychoanalysis, which marks *reflective function* as likely the singular most important achievement in human development. Reflective capacities are built on the early relationships with caregivers through which identity is built, along with the capacity to actively make and interchange meanings with others, to learn from difference rather than merely being oppressed by it. Klein's (1946) work with children deficient in these capacities illustrates the type of primitive defenses often employed by those we call *Borderline*. We can see in her work ways in which such symptoms mark developmental failures, which invites us to turn our attention to the contexts within which such developmental failures occur and how those failures might be ameliorated.

Winnicott (1971), too, invites a developmental view, marking the price of sustaining an idealized illusion at the price of growth. His delineation of the *capacity to use an object* helps us more actively recognize the price of imposing information rather than providing an environment in which learning might occur. Bion's (1977) call for *learning* rather than the accumulation of knowledge, along with his attempt to stand aside so that his patients did not get caught in his shadow; Lacan's (1977) recognition of the problem of the Authority who is supposed to know; all of these metaphors highlight the urgency of providing spaces in which one might become more firmly oneself amongst others who may be similar *and* different in important ways.

Ironically, in spite of the close tracking of human being and meaning that has informed psychoanalytic theory, hard on the heels has been a shadow that has been both glaring and almost imperceptible because of the devaluing of women and of emotionality that are also part of the heritage of this socially-constructed practice. Freud's valorization of reason through his overt attention to words in some ways belied the very truths he was trying to get to, that were marked in the expressive symptoms of his patients and also in his own dream imagery. We now recognize that there are many truths that are more accessible through the nonverbal channels, particularly those that relate to embodied meanings, early experience, and to trauma.

We also recognize increasingly that one voice cannot speak for another; that when oppressed groups are spoken for, abjection is further entrenched (e.g. Charles, 2019; Kristeva, 1982). Prejudice, intolerance, and stigma can be relatively invisible. When obscured by social convention, they become what LaCapra (1999) terms *structural traumas* that are experienced as internal deficits, thereby impeding their resolution and inviting, rather, a sadomasochistic surrender.

In North American culture, the illusion of gender equality masks real differences of development, expectations, and societal practice between men and women, casting knowledge as universally objective and rational. Failing to recognize ways in which patriarchy imposes itself increases the divide between reason and feeling, and between conscious and less conscious ways of knowing. The gendering of these functions, each so crucial to adaptive capacity and ongoing development, invites disrespect for the more primary ways of knowing associated with the feminine. This internalized disrespect threatens to leave us disenfranchised from sensory aspects of awareness, including the affective signals so crucial to social development.

The denial of the power of structural trauma can exacerbate the impact by personalizing socially constructed oppression, leaving us further entangled. For example, in a seminar in which we were reading a chapter by Shoshana Felman (1993)*,* I was relieved by her struggles to speak - not to a *male* authority - but to her *own* authority. I was impressed by her attempt to offer an opposing view that did not seek to drown out the other, but rather to hold both perspectives in mind and value each as part of a greater whole. Pivotal in her argument was the affirmation of *difference between* men and women such that the woman as subject inevitably adds something to the conversation in a way that cannot be superceded by the male voice. The title of the book under discussion – *What Does a Woman Want?* – made the reinsertion of the omitted woman's voice into the conversation particularly noteworthy (Charles, 2011).

And yet, in striking contrast to my own experience, a young female colleague had a very different reaction, saying, 'It seems to me that this book need not have been written by a woman; It could just as easily have been written by a man.' Her position was then affirmed by a senior male voice. I felt mobilized to speak against this closing down of reflective space. 'No,' I insisted, 'this could not have been written by a man. Even if a man could have known all of the things Felman is saying, he could not speak as a subject in the same way. It is her position as the subject of the inquiry that gives her voice its authority and its authenticity.'

I imagine that my stridency was a bit off-putting, because it was not spoken to but rather disappeared silently, as though participants were politely ignoring a social gaffe. It stayed in my mind, however, as an illustration of the difficulty of opening up and speaking to inconvenient truths. In the absence of any acknowledgement of or interest in the point I was making, I was relieved to have Felman's text to turn back to, a welcome oasis in a very dry desert. That moment also put me up against the difficulty in knowing one's own truths in the face of disconfirmation, and made me aware of my own tendency to turn towards a male authority for confirmatory reassurance.

It is always easier to analyze others than to face ourselves, and it can be very difficult for any of us to speak from our own authority, particularly when other voices of Authority are in the room, a problem that is confounded for young women, who at times seem to have a relative blindness to aspects of oppression that still exist. One young colleague, who had reliably seen me as tilting at windmills, recently acknowledged, with a smile: 'I get it now,' during a moment when she was faced with her own participation in devaluing herself to ensure the comfort of a male peer. The line between accommodation and self-abnegation can be massively unclear. Perhaps, when times are good, we can afford to let things slip, but current times demand our best thinking and our active efforts to speak our own truths and listen to one another, to try to hear what we might be missing. Such a stand is particularly important for those who bear responsibility for the growth and development of others.

For me, that moment in the seminar was a pivotal one, helping me to find my way in systems in which there is the voice of Authority and the voice of the Other, and the ostensible Authority can carry such conviction that potentially useful information from the other can be trivialized and discarded without reflection or consideration (see, for example, Huffington et al., 2004; Obholzer and Roberts, 1994). This Voice of Authority easily becomes a conjectured projection that cannot be located *or* disconfirmed in actual discourse (Bion, 1961). These projective processes not only impede our ability to hear voices from the margin, but also flatten and hollow out the discourse of those in authority, making it difficult to speak *with* another rather than speaking *for* the other.

Although the female voice has become in many ways *the problem* in psychoanalysis, it is also a potential solution, as the language of emotionality gains respect and articulation. Human experience is more complex than we can truly comprehend and so we develop myths, metaphors, and models; ways of trying to hold the complexity and also understand the parts and the ways they fit together (Charles, 2010). There is always a tension between whatever models we develop, and the need to break into those models so that *inconvenient facts* can be integrated into them.

Bion (1977) notes the tension between the *Establishment* and the *New Idea* that is essential to vitality and to growth. The clinician who can recognize the conversation that is difficult to break into *because it makes sense* is in a good position to *disrupt* the sense, inviting further exploration (Lacan, 1978). This tension, between whatever is established and the need to break into it so that development can occur, keeps us always off balance, precisely the place where a new perspective might be taken and creativity might emerge.

We can see in current times how a lack of accountability and a lack of shame can carry even the most bald-faced lie forward in ways that are hard to grab hold of. Power does tend to corrupt to the extent that there is no accountability, making the ethics of the analyst likely his or her most crucial function, as we peer through the layers of our own deceits.

Those we call borderline help us out in that enterprise; they seem to have an uncanny resonance to tension or error, instantly drawn to the places where we hide or obfuscate. The sense of transparency thus invited, along with their own reactivity, easily strains the clinician. I can well relate to that sense of strain and recognize my own reactivity, my desire to push back against it.

Psychoanalysis gives us useful metaphors for this type of process, so that we can better recognize the press of chaotic and unformulated emotions coming at us and find ways to think about the feelings thus engendered and to regain an empathic connection with the individual thus tormented. Although projective identification is sometimes spoken of as though something was unjustly being done to us, it is also a way of recognizing that we are offered, through the transference/countertransference matrix, an experience-near sense of what it might be like to live in the other person's skin. And, as Winnicott (1949) notes, *we* get to leave at the end of the hour.

Even those with psychoanalytic tools, however, can turn to diagnosis as a barrier to engagement rather than a means for furthering it. There is always our own desire to contend with (Wilson, 2013). I worked with one young woman, for example, during my early years of training, who was profoundly lost in relation to herself but seemed to have great creative potential. Her role in the family was to be used by her parents and brothers as an emotional outlet and sexual object, a pattern she then played out in later relationships as well. My supervisor saw her as 'borderline' in a way that evoked such disparagement and disregard from him that I soon found it difficult to keep her in mind as a whole human being. Fortunately for her, it was clear to me quite quickly that I could not present this case to this supervisor without losing sight of the woman seeking my assistance.

This dilemma haunted her. Like many women, each time she sought refuge in a psychiatric institution, she was re-diagnosed with what seemed to be the 'flavour of the month'; borderline, bipolar, histrionic; the diagnoses seemed to cohere more largely as a chronicle of evolving conceptions of the disparagement of bright, creative, struggling young women than affording any useful assistance to the patient. To the contrary, at a certain point, when she had been diagnosed with the then-popular Multiple Personality Disorder and put into a group of MPD patients, she conformed to the expectation and began to organize her understanding of herself along the lines offered. She returned to my

consulting room looking more like an aged bag lady than a young woman in her mid-20's.

At that point, I drew a line. If she wanted to continue our work together, she could no longer check herself into the hospital when she was desperately longing for home. She had to recognize that this 'home' afforded greater destruction than comfort. I think that she needed someone to stand up for her and say 'This is not all you are. You are more than this. Please stop torturing yourself in this way and let's try to find respite during difficult times that does not leave you further depleted and estranged from yourself.'

Kate had originally introduced herself at the clinic where I worked as a creative person. That characterization was met with more disdain than respect. And yet, it was true. Unfortunately, her early life had left her making use of her creativity in ways that undermined her development rather than furthering it, showing the troubles she was unable to more fully articulate. Part of this difficulty was that the story she had been offered was so centred on others' needs and feelings rather than her own, that she felt illicit and inauthentic in trying to meet or advocate for her own needs or desires. It took many years of hard work for us to make room for Kate to begin to re-discover her potency and potential (see Charles, 2001, for further details of this case). As it turned out, she *was* a creative person, something she was able to bring into fruition in ways that eventually brought her enjoyment, satisfaction, and public recognition.

As I think back on those difficult years of our work together, I am most aware of the determination in me that helped me to tolerate what needed to be tolerated in order for Kate to begin to get her bearings and find her own way. That is what I try to impart to young people who I supervise, that our crazy faith in another's potential is often the only bedrock on which a life can be built. Often, that faith requires our ability to face and come to terms with the borderline qualities in ourselves.

The invitation to override and repudiate our own emotionality is countered in the psychoanalytic canon by Bion's (1977) crucial (albeit ambivalent) recognition of *passion* as a marker of importance, a theme also taken up by Green (1999). That recognition helps to position us so that our reactivity can invite our interest rather than merely being suppressed or overridden. In my own family, my passion, my inherent emotionality, was read as a sign of a somewhat despicable vulnerability; at best a concerning lack of the manners that, for me, marked a constraining and inhibiting conventionality. There was always a 'too-much' to me that invited censure in ways that made it hard for me to advocate for what I valued, over time inviting self-disrespect, not only for my being but also for my cowardice, making it hard to know what was, indeed, true about me, or how I might take a stand that could, indeed, stand.

I sense that difficulty in many of those we would term borderline: there is at times a lack of a sense of authenticity that can make it difficult to register the legitimacy of any fact or feeling. I recall one young woman who came to me because she had been raped and I knew she had, indeed, been raped but I never believed her when she told me about it. Such moments are critical in reminding us of our uneasy relationships with facts and with feelings, making the psychoanalytic lens, with its relative comfort with the

kaleidoscopic nature of psychic reality, a welcome resting place, a place where we can take seriously the psychic reality with which the other person is contending.

I also encounter that type of difficulty in finding common ground with colleagues who, at times, wonder whether I 'care too much' about my patients. That stance, at worst, invites them to turn away from my questions about the integrity of our work, subverting questions of ethical behavior into loyalty issues. This troubling turn away from ethics towards ideology can obscure ways in which even our analytic sensibilities can be turned towards self-protection rather than the pursuit of knowledge or a willingness to learn. From that position, we talk more easily about others' projections rather than noticing our own and cloak ourselves in self-protective standards in the absence of a more reflective ethic. Such a stance invites us to favour the individualistic, rational standards of patriarchy at the expense of more relational, communal values, through which lens emotions are seen as legitimate aspects of human interaction rather than a mark of failure.

We are all capable of turning on others who are lost and vulnerable as a way of distancing ourselves from their distress. Such distancing is particularly complicated with marginalized social groups, in relation to whose suffering one might otherwise feel oneself implicated. There is a splitting at the level of culture that invites us to not-see, not only patriarchy and misogyny but also the legacies of slavery, the destruction of native cultures, or the demonization of immigrants, to name just a few instances of ways in which cultural blind spots can allow atrocities to occur, as we fail to recognize the sequelae.

Because of my own difficulties in speaking or even knowing my own mind under pressure, I am sensitive to the plight of marginalized groups whose truths are countered by the majority culture. Such marginalization invites abjection at the group level, which, at the individual level, is experienced as shame, impeding the ability to speak or to advocate effectively for oneself. This de-legitimization of individuals as the primary knowers of their experience has been called *epistemic injustice* and is a powerful force in human relations (Fricker, 2007). We then call those with no power to speak directly 'manipulative' and delegitimize their efforts to be heard. Such entrenched systems of oppression can be relentless, inhibiting development and even driving people mad. The borderline resolution, from one perspective, can be seen as a stand against madness, in that the splitting enables some relationship with the nascent potential self.

In many ways, 'borderline' can be seen as the modern-day equivalent of 'hysteria'; a deprecating devaluing of subverted truths that speak of both women's suffering and also of the ways in which they have become silenced. Current culture, with its less finely drawn gender lines, lets us see that hysteria and borderline were never so much about women but rather about a devalued place in the social structure afforded to feelings. When I got married, the one promise I wanted from my husband was that he never allow me to be locked up. Such was the uncertainty in the early 70's as to whether a woman might or might not be in charge of her own being.

Times have changed; I have become one of the doctors who can make such decisions, and I work in a psychoanalytic psychiatric hospital where there is profound appreciation for the complexities of human experience. And yet, the term *borderline* is still often uttered in a way that marks, not just the reciprocal difficulty of trying to work

with someone so waylaid in their development, but also that subtler underbelly, a lack of respect for the sufferer, herself.

On my treatment team, I work very hard, as do others, to reposition the story when it has gone awry, to remind ourselves of the developmental difficulties of whoever is most exasperating us. Otherwise, the 'truth' of *our* experience can belie the other's. The power imbalance in such situations makes it imperative to be most interested in the messages that are hardest to hear, particularly as we move towards increasingly simplistic ideas of diagnosis and 'cure' that threaten to make human experience irrelevant.

In this era of increasingly constricting 'standards,' it is easy for those standards to become loosed from their moorings, making them, paradoxically, harder and harder to attain because the foundations have fallen into disuse or gone missing. We are at such a crossroads in western culture, where cultural pressures and values push parents away from providing the basic, moment by moment interactions with their young children through which a secure identity might be built (see Charles and Bellinson, 2019). More and more, our institutions are moving towards demanding standards of *accomplishment* rather than making sure that our children are able to learn, building the reflective functions so crucial to well-being and effective action. Sleight of hand is everywhere.

It is in those early interactions that the capacities for self-regulation are built, the very capacities that, when underdeveloped, result in diagnoses such as Borderline. We seem to be moving towards systems of diagnosis and treatment that bypass any in-depth understanding of human development, rather treating people as though disorder and disease must be inherent parts of an individual's physiology. Locating deficiency in the wrong place makes it difficult to work with, resulting in more and more extreme efforts at so-called solutions. At the extreme, individuals who are diagnosed Borderline and fail to respond to traditional treatments are given ECT, even though such treatment is explicitly countermanded in medical texts, and therefore becomes, in effect, a punishment for failing to benefit from what has been offered.

Psychoanalysis reminds us that we *all* are, inevitably, ambivalent, driven by both conscious and unconscious forces. Having that lens invites us to look more closely at *ourselves*, rather than locating problems in others, and to try to catch ourselves in a moment of impulsive action so that we might, then, think about what is motivating us, including the social forces and other group pressures that can drive group behavior invisibly and virulently.

Those we call borderline have had their development thwarted and subverted such that their power erupts indirectly in ways that invite intense reactivity. The developmental need to assert oneself as the proper subject of the conversation is thus opposed and the tension mounts. That was certainly the case with Val, who found herself recurrently at the border of what she and the hospital could manage. If you think about child development, and the need for the child to be able to come up against the edges and feel safe but also recognized, then it is hardly surprising that Val would have tested us at every turn. What staff saw as their own efforts to safeguard her well-being, Val saw as outrageous intrusions into her privacy. Her terror, which we read as contempt, made it difficult to have conversations in which two sides could be heard and reflected on.

Although there was always truth in her perspective, in moments of strain, that truth was so embedded in her own needs, without sufficient recognition of whatever might also be true from another perspective, that attempts at conversation often ended in massive failures. Inevitably, we found ourselves reenacting the family drama in which the parents were unable to register her distress, reflect on it, and ease it. In retrospect, I see many of the crises that occurred during her treatment as somewhat blind attempts to hold Val to standards that she was not yet capable of meeting, rather than meeting her more empathically, from the place where she was actually functioning.

Winnicott (1971) helps to mark this dilemma in his suggestion that recognition of difficult truths requires what he terms a *faciliative environment*. In order to imagine what such an environment might look like for someone like Val, we need to be able to consider mentalization and reflective function in relation to the process of becoming a self. Many of the people we work with have the *appearance* of proper selves but underneath, there is no there there, no real ground on which to stand. In working with people who present the appearance of a self in order to avoid falling into the chasm that always awaits – the empty space where the self would be – we cannot encounter them directly. Rather, they stave us off at any cost, in desperate attempts to not be located in the place they fear to be found, the place that marks, for them, their essential vulnerability that would invite contempt, disdain, and disparagement. That fear puts us in the paradoxical position that Winnicott (1971) describes in terms of a false versus true-self dilemma, and that Lacan points to in his encouragement to accept our stumbling, to allow ourselves to move into the gaps so that we might 'arrive at the paradox of conceiving that the discourse in an analytic session is valuable only in so far as it stumbles or is interrupted . . . when there is a cut in false discourse' (1978: 299).

Although my psychoanalytic home has been in object relations, the theories and metaphors offered by Winnicott, Klein, and Bion were not sufficient to help me find my way with many of my patients, particularly as I began to work with those who were so profoundly lost in relation to themselves. Most crucial, then, has been the centrality of the Subject in Lacan's thinking, such that our efforts must always be in relation to inviting the other person more fully and truly into being. In those efforts, we must be particularly attentive for the social conventions that too easily pass as truths without inviting pause for reflection, so that we might discern where the person is caught in a developmental impasse that could not be broken through but rather had been foreclosed and then avoided.

For those children who encounter interest in their own particularity, self-development can proceed, but there is a collision that occurs when the child cannot break through the idiosyncracies of parental apperception; when the child cannot be recognized because he is not the child the parent had hoped to see. If we are caught by the gaze that directs and misdirects us – the parent who is looking in a different direction for the person who is not-us, the person she had hoped to find – then, as Winnicott (1971) puts it, the baby looks in the mirror but cannot find himself there.

If we think of what we know about the ways in which unresolved mourning impedes the development of a coherent identity in the child because the parent's attentive face cannot regularly be found, then we can imagine the plight of those who use their intelligence and resiliency in trying to put together a package that can be received. Val,

for example, is an extremely bright young woman who comes to a standstill in her late teens because of her inability to continue to thrive in the face of massive losses. Her object world is split between the devalued mother who is ostensibly available but emotionally remote and does not understand her intense emotionality, and the idealized father who is rarely present but can become affectively engaged. The daughter's solution is to be like the father and unlike the mother. Neither parent, however, is sufficiently emotionally engageable to be useful as an object with whom to test herself and grow.

Val's identification with her contemptuous father leaves her critical and deprecating towards the very emotions in which she becomes caught. Her attempts to have no needs and no emotions have failed. She finds herself sufficiently at a standstill that she works diligently to try to learn about what she is missing rather than disdainfully rejecting what she is offered. In the transference, however, I easily become the 'stupid mother' who is distraught and immobilized in relation to Val's contempt. To meet her, I must tolerate the countertransference experience of being the deprecated other and insist that even though I may be all of those things she finds in me, I also am more than that. I potentially have something useful to offer if she can listen without rejecting all of my words out of hand. That stance can be extremely difficult to sustain.

When I can manage to keep my bearings, at times Val becomes angry and reactive at what she experiences as *my* contempt and lack of empathy. At other times, however, she is relieved by her inability to utterly destroy and immobilize me, and we are able to re-find one another and continue our work together. We can see in this latter engagement the work towards object usage described by Winnicott (1971), which helps us to recognize how early the developmental impasse must have occurred for this young woman. Having a sense of where development has gone awry can help us respectfully engage with adults who have missed important milestones and need to catch up with themselves in order to make use of their capacities more fully.

When maternal containment, or reverie, has been insufficient, the lack of integration of good and bad aspects into a coherent whole lends itself to impoverished relations with self and others: *as-if* relationships that do not evolve, develop, enrich or grow. This is the type of constricted imprisoning cocoon in which Val finds herself, compounded by the ways in which her anxieties can supersede her desires for relationship.

Confronting such difficulties can be extremely intense, as the analyst weighs out the relative risks of remaining silent (and thus leaving the impasse to play out once again) versus speaking up (and thereby overriding the patient's defenses). In such moments, when we find ourselves inevitably caught up in enactments as the affective intensities play themselves out, speaking to the dynamic being played out, as best we can, asserts our role as analyst in spite of whatever else is occurring. Interpretations that mark the functional elements of the problematic interchanges can lead to reactivity, anger or depression in the short term, but can also lead to greater integration and tolerance of the recursive phases of fragmentation and integration that occur, not only during the psychotherapy, but also across the life span.

Klein's metaphors help us to position ourselves in these odd engagements in which a battle is being played out for psychic survival and the sides can change quite

rapidly. She links persecutory anxiety to fears of psychic annihilation, and depressive anxiety to guilt in relation to injury of the good object (Klein, 1946). Whereas persecutory anxieties provide a means for avoiding guilt and despair, the reparative tendency is a more adaptive function of the sense of guilt. Notably, however, as with Val, what may appear to be guilt can represent an attempt to bypass the shame experienced in relation to failures in omnipotence. From this framework, progress is presaged by Val's growing awareness that she is not merely a helpless victim or an omnipotent saviour but rather a complicit actor, playing out a role in the drama in which she feels imprisoned.

This growing awareness helps to bring Val out of the dichotomized experience of self versus other, which gives us a bit more room for reflection rather than being so overwhelmed by the affect of the moment. Her increasing recognition of her own splitting, over time, helps us to better tolerate moments of extreme disregulation so that we can look together at the patterns, not only of relationships or characteristics, but also of modes of being and of defense, reactivity and adaptation that are being repeated. At times, all I can do is to recognize, out loud, that a pattern is being replayed, in this way insisting that whatever feels impossible is something that can and should be looked at together. Words such as these serve to break into – and help us to tolerate – the direness of the affect, so that we can move back towards the ability to know and to link (Bion, 1967), to recognize patterns and make use of that knowledge, always also considering ways in which our own defensive denial and projective processes are also at play (Feldman, 1997; Joseph, 1997).

Val pushes me to the edges of my capacities. Her certainty of her own position makes it difficult to hold another view and to offer it without attack or intrusion. She is both trying desperately to hold on to her own sensibilities and also to learn enough to stand on firmer ground. That journey has been rocky for both of us, and also within the hospital milieu, where her defensive stance made it difficult for others to join with her.

Staff attempts to understand were often met with such reactivity that it was difficult to feel any empathy for her at all. Her extreme reactivity to nuances in word or tone could make an offering absolutely indigestible. Back in the safety of her own mind, however, she could calm down and begin to think about what had distressed her. As time went by, I was able to offer the treatment team a view of Val as a young, cornered child, trying to fend off annihilation, which helped them to approach Val less fearfully and more empathically, standing to the side of her reactivity rather than being hit full force.

Over time, rather than merely coasting on the grandiose edge she had been riding, Val could recognize ways in which she is imprisoned by the need to do so. She could speak of her longing to be accepted for her whole self, to feel real. She could see how shame had been imposed on her, sequestering off aspects of self and identity in ways that she could not publicly work through because of the danger of having those negative readings further imposed and entrenched.

Offering to Val ideas regarding ways in which her development had been foreclosed, helped her to recognize her plight as a sensitive, bright, and highly emotional child who had needed more containment from her parents. If we can recognize the ambivalent efforts of those who have been trapped by experience, in whatever ways, then we are in a better position to support and validate their efforts, and to also call them on

the ways in which they undermine their own efforts. It is not only women who get caught at the borderline. Recently, I have been working with a young man who experienced such massive failures that at age 14 he gave up and hid out in substance use and videogames until he drove himself psychotic. That experience marked a limiting edge for him and he sought treatment as a way of trying to get out of the box he was in. He acclaimed loudly and at length how important the treatment is to him and how committed he is to it. I found his affirmations repetitive and irritating, which suggested that there were two levels of communication occurring.

We cannot help but be ourselves, and so, Josh soon was using substances to ease his distressing feelings and justifying his actions – and his deceit – by my failure to ease his distress, requiring him to take matters into his own hands. As people increasingly suspected that he was both using and lying, the pressure mounted, and eventually he acknowledged his actions. Once again, however, he hoped to hide and not have to face whatever consequences accrued.

I have had to work very hard to reflect on my intense countertransference to Josh, so that I could recognize how desperately he was fending off assumptions about his lack of value and fears that he would be despised and dismissed as worthless and beneath contempt. Much like Val, his own sense of himself as just that was so strong that he invited precisely that reaction from others.

Working diligently to imagine what it must be like to be him helped me to move past that complementary countertransference, and to be able to empathize with how desperately lonely and valueless he felt. Speaking from that more empathic place helped provide a bridge where I had some room to interpret what I saw him doing in ways that he *might* be able to reflect on rather than fend off. That is the narrow margin we are often working in, in which people come to us to learn precisely what they most virulently fend off encountering. How we offer such painful information in ways that are not too aversive to be thought about is an ongoing challenge.

To open up that potential space with those for whom hope has been an unrelenting trap, and home a place of dangerously empty eyes, I find it useful to be able to bring in the greater complexity of Lacan's (1974-1975) Borromean knot, the ways in which experience, mind, and culture, the Real, the Imaginary, and the Symbolic, have conditioned meanings for that individual. In order to begin to answer that question, I try to hear the story as it courses through, as I also try to watch, from the side, the story as it is being told through the *intention* of the storyteller. Through the vantage point of the oblique angle, I try to catch glimpses of the person in motion as he or she directs *and* misdirects my attention *towards and away from* whatever it is we are ambivalently seeking.

Bion (1977) locates the Oedipal dilemma in the desire to turn a blind eye, in this way directing our attention towards that essential choice between growth and evasion that is always in play. Although I am often frightened of inviting her contempt and reactivity, Val is delighted to find someone who can see her, even though she might wince at times or even become overwhelmed by dysphoric emotion at what has been revealed. The desire for connection is so strong that she works to tolerate the dysregulation that accompanies greater self-knowledge.

In the face of this multiplicity, we work to cohere a usable sense of agency and identity, and offer the world a view of ourselves that is in line with how we would like to be seen. We then stumble over the gaps between what we offer and the other perspective that is inevitably not one's own. Although she finds it difficult to have me know something she does not yet know, Val suspects that my perspective can open up her own, if only she can tolerate it. She reaches for it, to hold it side by side with whatever is already known. In putting the fragments together, there is the possibility of growth. Josh, in contrast, was so busy hiding and pretending that he was unable to take in the story I was telling him regarding his own failed development, and the hard work that real growth would entail, until he had pushed past the point where he was able to continue his work with me. At that point, he was able to recognize what he had lost and tried desperately to hold on to our work. I told him that what was important was not holding on to me or this treatment but rather holding on to what he had learned, and investing in his own development rather than in avoiding it. At last report, he was doing well.

These stories are merely two of a multitude of individuals who try to grow up without sufficient wherewithal to make the transition from child to adult. Affective self-regulation and reflective function are built upon interactions with responsive, caring others, who model to us the means for developing resilience in the face of a turbulent world. Those who suffer from that primary developmental failure speak to us through their symptoms of distress. Their potential is lost behind these struggles.

I think we need be very cautious in this medicalized and increasingly rigid, constricting, and dichotomizing world, in which we might cut off precisely the nascent creativity that might, ultimately, save us from ourselves, if we can set our fear to the side and try to stand on the side of hope and possibility, and listen to the voices that are hardest for us to hear. It is hard to face the suffering of another, harder than facing our own, because we cannot invoke our defenses without violating that sacred trust that binds one human to another. Levinas (1999) reminds us, not merely of the ethical imperative in the call of suffering in the human face, but also the price of failing to heed that call.

I speak, inevitably, as a clinician, hoping that what I have learned through that particular lens will be useful to others in thinking through the various challenges faced, whether as clinicians, teachers, parents or, most centrally, as fellow human beings. Those caught in the borderline dilemma most need their worth to be held by others so that, in a moment of dysregulation, they can recover their reflective functions and once more enter into dialogue. With Val, my ability to hold steady in moments of dysregulation helps us find our way back into the dance in which we continue to integrate her reality with mine, in her continual efforts to assert her own truth, and her need to be able to put that truth into context so that she can live in a world with people with varying capacities and viewpoints.

I think of these moments as movements into a more mature adulthood, where we are faced, once again, as we were in childhood, with the problem and the promise of other people's minds. From this perspective, the borderline we are traversing is one that marks, not psychopathology but rather our progress on a developmental journey. If we are to provide assistance on that journey, we need to be able to recognize the legitimacy of the place from which each individual speaks, that marks the challenges still needing to be faced on that long, winding road.

Much as my patient must find her way on her developmental journey, so, too, must we all. Thinking back on the course we have been traversing since the late 1960's, we can recognize ways in which much changes and much remains the same. The borderline appellation is still used as an epithet; a way of marking a sociocultural dis-ease with the affective lability that has been devalued and projected into women. And yet, as more women find their way and claim their right to inhabit and enjoy the affective, embodied, and relational aspects of our shared humanity, perhaps the path from lability to greater equilibrium becomes a bit less precarious, as we find esteemed companions along the way.

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