

Gianni Francesetti, Michela Gecele, Jan Roubal, and Leslie Greenberg

loc: 14,150	Ch30 Borderline: The Wound of the Boundary
loc: 14,158	1. Borderline Personality Disturbance and Society
loc: 14,171	Borderline personality disorder faces a human drama
loc: 14,172	It pertains to a more delicate experiential field, in which uttering one's emotions leads to an expansion of the self which is always dramatically conflictual: a profound sense of split leads the sufferer to desire and at the same time loathe contact with the other.
loc: 14,176	the difficulty of defining oneself solidly
loc: 14,176	of defining the movement of the self in relation to the environment,
loc: 14,176	I in relation to the You.
loc: 14,190	The strong boundary, in which "I am I and you are you", is the soul of Gestalt therapy but it is also the most delicate point for the borderline experience.
loc: 14,196	Yontef (1993, p. 456 ff.) the first significant study.
loc: 14,197	Yontef
loc: 14,197	clarifies the differing styles of personality
loc: 14,199	he compares the borderline style with the narcissistic style,
loc: 14,199	Yontef's openness to diagnosis and to psychopathology marks the beginning of a series of studies
loc: 14,211	1.1. BPD in Post-Modern Society Going back to the generation that grew up between 1970 and 1990, on the one hand they nourished the illusion (brought on by parents from the narcissistic society) that they were exceptional; on the other they concealed the sense that they were a bluff. Unable to grow up in the concreteness of their mistakes, they developed a borderline relational modality: ambivalent, dissatisfied, incapable of separating themselves in order to affirm their value.
loc: 14,222	In the first years of the new century, up to the present day, this need to feel oneself in solitude through the body has been transformed into a still more radical search, almost a cry provoked in the body as a sign of nonexistence, of non-relationship. We may say that, in some respects, today cutting has taken the place of drugs: a form of self-harming more inherent in the body, in the flesh
loc: 14,233	the globalization of communications and the desensitization of the body, have influenced and caused to develop the borderline

Gianni Francesetti, Michela Gecele, Jan Roubal, and Leslie Greenberg

- disorder, in which the “liquidity” of social feeling and the absence of a primary relationship are declined as angry demand for concreteness, for bodily containment,
- loc: 14,243 This peculiarity of the diagnosis and treatment of the BPD patient is also linked to the development of the social feeling.
- loc: 14,255 Vaillant (1992) actually maintains that this diagnosis is substantially adopted by the clinicians in order to label the patients they do not like. This reflection not only alerts us to the risks of not questioning ourselves about ourselves in the case of unpleasant reactions (and on the importance of doing supervision),
- loc: 14,260 2. The Diagnosis of BPD
- loc: 14,262 appeared in 1980, with the DSM III (APA 1980).
- loc: 14,263 in 1994, it was perfected,
- loc: 14,268 Kernberg (cf. Clarkin et al., 2000, p. 5 ff.) speaks of “borderline personality organization” (BPO) (distinguishing it from true borderline “disorder”),
- loc: 14,270 He distinguishes three macro-types of personality organization:
- loc: 14,270 borderline organization, psychotic organization and neurotic organization
- loc: 14,271 especially useful for us Gestalt therapists, because it considers the patient’s experience (rather than simply the behavioural manifestation)
- loc: 14,272 a cluster that includes both the inner representations of the primary relationships
- loc: 14,273 and the specific character
- loc: 14,274 the socio-environmental conditions
- loc: 14,275 as well as the relational patterns the patient puts into effect.
- loc: 14,276 borderline experience is characterized, according to Kernberg, by three features
- loc: 14,277 1) the syndrome of diffusion of identity; 2) primitive defense mechanisms centered on the split; 3) continuity of the examination of reality.
- loc: 14,279 neurotic experience is
- loc: 14,279 1) solid identity of the ego; 2) defense mechanisms centered on removal; 3) excellent examination of reality.

Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact
(Gestalt Therapy Book Series 2)

Gianni Francesetti, Michela Gecele, Jan Roubal, and Leslie Greenberg

loc: 14,280	structure of the psychotic experience is
loc: 14,281	an examination of reality that is constantly disturbed.
loc: 14,284	1. By syndrome of the diffusion of identity
loc: 14,285	means the lack, in the patient's experience, of an integrated concept of the self and of an integrated concept of the significant others.
loc: 14,286	patient's reflective ability is damaged
loc: 14,287	what is missing in these patients is the ability to integrate the satisfactory with the frustrating experiences, maintaining an experiential continuity between the good and the bad.
loc: 14,288	for the borderline patient it is impossible to forgive the bad other or to consider that the good other may have moments of badness.
loc: 14,292	2. The primitive defenses,
loc: 14,292	split and projective identification.
loc: 14,293	the child's experiences of satisfaction and frustration are linked to the caregiver: when this person is able and willing to satisfy the need, s/he nourishes a bond of love,
loc: 14,294	at other times this willingness is absent, the frustration of the need generates anger and hatred in the infant.
loc: 14,295	gratifying other and the frustrating other are experienced as separate and distinct,
loc: 14,297	The borderline patient may pass from the feeling of omnipotence and omnipotent control and of idealization of the other, to her/his devaluation and painful rejection.
loc: 14,302	3. The examination of reality
loc: 14,303	the borderline
loc: 14,304	is often impulsive, chaotic, affectively unstable, and in stressful conditions experiences relationships in paranoid manner.
loc: 14,304	lack of perceptive stability, united with impulsiveness, may lead to the risk of suicidal behaviors, or of serious eating disorders, predisposition to abuse, addiction to drugs and/or alcohol and antisocial behavior.
loc: 14,308	Kernberg (Clarkin et al., 2000, p. 6), places the various possibilities of borderline experience along two relational dimensions,

Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact
(Gestalt Therapy Book Series 2)

Gianni Francesetti, Michela Gecele, Jan Roubal, and Leslie Greenberg

- loc: 14,309 the borderline patient may relate to others in a more or less introverted manner
- loc: 14,311 and to a greater or lesser degree damaged by the infusion of aggressiveness:
- loc: 14,315 3. The Contribution of Gestalt Therapy to the BPD Construct and its Treatment: the Reading of Isadore From
- loc: 14,320 Isadore From,
- loc: 14,320 read borderline suffering in the key of the primary relationships, but framed by Gestalt epistemology.
- loc: 14,322 the borderline's primary intentionality in contact is to preserve a laboriously constructed sketch of the self.
- loc: 14,323 the behavior of borderline patients and their "now-for-next". Isadore brought out the borderline patient's tension towards an anxiety developed in the primary relationships,
- loc: 14,324 faced by the adult's attempt to define it in intrusive/abusing terms
- loc: 14,325 In order to define her/himself against the invasion of the adult in her/his (fragile) boundaries
- loc: 14,326 the person develops an incomprehensible language.
- loc: 14,327 "The moon is made of cheese", is the example he gave in his teaching,
- loc: 14,328 the language of the person with borderline suffering
- loc: 14,328 misleading for the adult.
- loc: 14,329 the therapist
- loc: 14,329 must read the misleading language
- loc: 14,329 with such profound interest, free from evaluations that would objectivize (and so cool) the vitality that animates it,
- loc: 14,330 with such lucidity of the boundary that he will be able not to feel attacked
- loc: 14,331 This therapeutic operation can give the patient with BPD the experience s/he desires of the "I am I and you are you".
- loc: 14,334 Here is an example I often use (Spagnuolo Lobb 2011a, p. 152). Faced with the patient who – angry with the therapist because she did not answer when he called her several times in the middle of the night, after a session that had

Gestalt Therapy in Clinical Practice: From Psychopathology to the Aesthetics of Contact
(Gestalt Therapy Book Series 2)

Gianni Francesetti, Michela Gecele, Jan Roubal, and Leslie Greenberg

loc: 14,336	been particularly full of human closeness – says to the therapist: “I’ll never trust you again”; the therapist – more attentive to the way he says this than to what he says, and bearing in mind the patient’s attempt to maintain a sketch of the self – answers: “I’m touched by the dignity with which you say that”.
loc: 14,339	Isadore From provides a phenomenological reading of contact,
loc: 14,341	brings out two fundamental aspects of the borderline
loc: 14,341	the sense of having built up a sketch of the self,
loc: 14,343	object-relation theoreticians link borderline behavior to failures of the process of attachment
loc: 14,345	and to the impossibility of introjecting secure relationships and figures of reliable nurturing.
loc: 14,345	result is the lack of a self perceived as trustworthy,
loc: 14,346	confusion as to whom the experiences belong to (they might belong to someone else too), anger at what one has not had, recourse to primitive defenses such as split (in order not to feel the anxiety of the loss of the other) and anger, the alternation of opposing states of mind, relational ambivalence, momentary distortion of reality (yet without ever losing the sense of reality,
loc: 14,352	As Gestalt therapists, we find ourselves perfectly in line with the reading of the object-relation theoreticians
loc: 14,355	Gestalt therapy, however, adds a further value,
loc: 14,356	The intentionality to maintain a sketch of the self
loc: 14,356	enables the therapist to focus attention on the next of the borderline experience,
loc: 14,358	This Gestalt perspective, with the relative therapeutic strategy, makes it possible to fulfill the processes of individuation needed by the borderline patient in order to emerge from the painful mechanisms of split, of insecurity and ambivalence,
