Early Affect-Confusion:
The "Borderline" Between Despair and Rage
Part 1 of a Case Study Trilogy

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Abstract:

This three part case study illustrates the principles, theoretical concepts, and relational methods of Integrative Psychotherapy in the treatment of a client who continually experienced early affect-confusion and lived on a "borderline" between intense neediness and rage, despair and self-reliance, impulsivity and manipulation. Part 1 describes the behavioral dynamics of a 38 year old female client who required a two-part treatment approach that emphasized an inter-subjective relationship, consistency, and respect while helping her to acknowledge and value her relational-needs and to engage in a relationally contactful form of anger.

***Key Words**:* integrative psychotherapy, affect-confusion, phenomenological inquiry, borderline, affective attunement, relational psychotherapy, transference, disorganized narrative, therapeutic relationship, empathy, vulnerability, core beliefs, behavioral management

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First Impressions and Uncertainties

The woman's voice on the phone was brusque. She launched into saying that she had been referred by a colleague because she was "depressed over relational difficulties" with her lover and she was searching for a new psychotherapist. Before I had an opportunity to ask her name, she told me that she had previously seen four psychotherapists; she shouted, "None of them were any good. They did not understand me". She proceeded to tell me why the therapy had not been beneficial to her. I tried to slow down the rush of information by asking her name and why she had chosen to call me. She was urgent to tell me more about the "cold" male psychoanalyst who she had worked with for "two long years" and two other female psychotherapists who were always

criticizing her and wanting her to change her behavior. I wondered to myself if she was unconsciously communicating the relational qualities she needed in a psychotherapist.

In the first three minutes on the phone I could hear her anger and despair, her blame of others, and her sense of neediness. I asked more about her reasons for seeking psychotherapy. Instead, Theresa told me about a “good therapist” that she had worked with when she was in her mid-twenties. That therapist had been “kind and understanding” but the therapist abruptly ended their sessions after a year and a half. Theresa did not know why the therapist insisted that she terminate; she was confused and didn’t know whether to blame herself or the therapist. Theresa said that she was telephoning me in the hopes of finding a new psychotherapist who would understand her, be “kind”, and “help fix” her relationships. Someone at work had told her that she needed group therapy; she was calling about whether I had an opening in one of my groups.

In those first few minutes I sensed that Theresa was going to require a sensitive and firm therapeutic relationship -- a relationship that would be attuned to her affect and reflect an understanding of her internal struggle while also setting some necessary therapeutic parameters. Such a relationship would take a considerable amount of time to develop if I was going to be therapeutically effective. I suspected that she required a much more careful attention to her needs than I could provide in a group therapy. I offered her three individual sessions as a period of mutual evaluation. I told her I needed to know much more about who she was before I could recommend group therapy or, perhaps more importantly, commit to the long-term therapy that I suspected she required. She had already mentioned several difficult relationships that I surmised were transferentially expressing previous, and perhaps early, childhood relational conflicts. Many questions rushed through my mind. If she became my client was I too going to be defined by her as criticizing or cold? Originally, who had been cold and criticizing? Could I build a therapeutic relationship with this yet unseen woman that may have a positive effect in resolving her relational difficulties?

For her first series of appointments Theresa arrived a few minutes early. She was well dressed and coquettish and articulate and factual when we discussed appointment times and payment. She commented on the beautiful early October weather and made several compliments to me about the office décor. Theresa was certainly much more charming than she had been on the telephone and was quite willing to answer factual questions about her life; inquiries about her affect and physical sensations or early life were repeatedly deflected. She wanted to tell me about all the problems she was encountering with her boyfriend and with some women at work. I wanted to hear how she organized her story and realized that any inquiries at this point distracted her from what she had planned to say.

She proudly announced that she was a highly paid legal assistant in a large law firm. She adored her boss whom she described in idealizing terms, adding that he had defended her “once or twice”. Theresa again spoke in glowing terms of her first psychotherapist and remained consistent in her “hatred” of her three other therapists as well as two of the women at work. She was outraged that one of the psychologists had diagnosed her as “borderline psychotic” and that the psychiatrist told her that she had a “bi-polar disorder” that required medication.

I suggested that we not go into the details of these “hated” relationships in this first session but that we would come back to discuss her feelings about these relationships in a future session. She seemed to respond well to my bracketing her intensely emotional stories. Theresa went on to say that she was now 38 years old and divorced for 10 years after having been married for 18 months when she was in her late 20’s. Since then she had had several boyfriends (lovers) for a few months or a year. She described how each relationship ended because of “incompatibility”. At this point it was too early for me to ask about the details of “incompatibility” but, from the little she did say, I could decipher that she perceived the men in her life as not understanding her and/or not respecting her needs. I knew that more details of these stories would come if we continued to work together. It seemed that being understood was going to be a central issue in our psychotherapy together.

A summary of my notes from our initial sessions show the following five themes in Theresa’s narrative: she is often feeling depressed and fearing abandonment; she is in emotional pain with believing that no one understands her; she is either self-critical or critical of others; she is destructive in most relationships; and, her behavior oscillates between being extremely needy of others and hating them for failing her.

My tasks would be to use both her transference on other people and the emerging transferences with me to understand and resolve three important relational dynamics: 1) her hyper-vulnerability and early affective confusion; 2) her relational-needs that had been thwarted in the process of growing-up; and, 3) her style of compensation and self-regulation in response to previous relational failures.

Beginning the Psychotherapy

We contracted for a series of psychotherapy sessions that would last for seven months, until June, with the psychotherapy goals of resolving her fear of abandonment and of finding constructive ways to be in relationship with her boyfriend. Her narrative over the next few months was often disorganized. It alternated between blaming others and self-criticism, justifications for her rage, and confusion about how others treated her. Any of my attempts at inquiry into

the history of her emotional reactions seemed to add to her confusion; such inquiry was as if I were abandoning her in the midst of her stories. It was too early in our relationship to draw the links between her childhood experiences and her current affect and behavior. What I could do was to listen respectfully and keep checking if she experienced me as understanding her. My task at that time was to learn how to establish and maintain a healing therapeutic relationship by understanding the conflictual elements in the stories she was telling about her troublesome relationships with others. I carefully listened to her unfolding story, was mindful of the emerging themes, and waited for opportunities to inquire both phenomenologically and historically. My attunement to her affect, rhythm, and developmental level of psychological functioning was most important at this early phase of the therapy, even though she scoffed at my expressions of empathy.

Theresa tearfully complained that her current boyfriend was often “disrespectful”; she “fights” with him, he threatens to leave her, then she takes him to bed to “seduce him into staying”. After, she repeatedly criticizes herself for being “seductive” and “just a slut”. I knew that this repetitive drama captured some important childhood story. I waited for the opportunity to follow any possible leads to her original story – a story that I imagined may be even more filled with emotion and confusion than the ones she was telling about her current life. I was aware that she would need my sustained empathy if we were ever to get to the original story. Yet, at this point in the therapy, I did not have much empathy for the “devastating hurt” she was describing. Her cry did not move me to compassion. I was cautiously focused on her many examples of manipulation and self-criticism.

Theresa then spent several sessions telling me about Joan, an older lesbian who was “the only loving person I have ever had in my life”. Theresa was extremely confused as to why Joan loved her so much since Theresa was convinced that she was unlovable. She was also thoroughly bewildered as to why Joan did not want to continue a relationship with her. In several sessions she wept like a very young child whenever she talked of Joan’s love for her. Theresa tearfully told me about Joan’s care and affection. She had been amazed to find someone like Joan who was so different than her parents and she declared that, “Sometimes the contrast was so great it made me feel crazy”.

Although she and Joan had had a “loving relationship”, they also had some “violent fights”. After one such fight Theresa had attempted suicide by cutting her wrists and Joan called the police to take her to the hospital. While Theresa was recovering in the hospital’s psychiatric ward Joan shouted at her, “I never want to see or talk to you again in my whole life”. During several sessions Theresa curled up in a fetal position and deeply sobbed, “No one is there for me”. As she cried out the emotional turmoil of this lost love, my genuine empathy was absolutely essential for building our therapeutic relationship. This was real grief. There was none of the superficial emotionality that seemed to be present when she cried

about feeling “rejected” by her boyfriend. And, no matter how much I sensed that it was also an enactment of a much earlier abandonment, she needed my compassion and understanding in response to the depth of her emotional pain(s).

The story of her relationship with Joan led Theresa into talking about other experiences of emotional abandonment. She went into detail about her relationships with five male lovers with whom she had fallen “madly in love” until the men became “aggressive”. Each of these affairs ended in a “big fight” with Theresa feeling deeply hurt and confused. She compensated by blaming the men for not “understanding” her. Although she was still blaming others, her crying appeared more genuine. She expressed what seemed to me to be a more authentic vulnerability whenever I would identify what she may have needed in relationships with Joan, each of these men, or her current boyfriend.

We specifically identified the interpersonal needs that were often absent for her in significant relationships: for the other to be patient, calm, consistent, dependable, and validating; for the other to provide opportunities for Theresa’s self-definition and agency without any humiliating comments or gestures. On several occasions we discussed how kindness, acceptance, or caring gestures stimulated her memories of painful, rejecting experiences. We returned to these themes again and again until she clearly grasped how kindness and loving gestures were an integral part of intimate connection and belonging.

It was the possibility of an intimate connection and belonging that stimulated a psychological “borderline” between terror and longing -- terror of all the destabilizing feelings associated with an intimate relationship and, simultaneously, a physical “gnawing, hungry feeling”, those longings for intimacy. She could not comprehend that the purpose in “fighting and pushing people away” was to avoid her emerging terror, pain and grief. Theresa was more focused on the desperate emptiness in her relationships. She was suffering from affect-confusion.

I was curious about her words “being seductive” which she had used in a number of contexts. With a series of inquiries about her feelings and associations with the word “seductive”, she remembered the several times when she was “trying to be close with my father and my mother accused me of being seductive”. She went on to describe her reaction, “I thought I was doing something terribly wrong”. Theresa cried about how she had wanted affection and protection from her father. We talked about the various ways she tried to get his attention and companionship. She was angry at him for being more interested in either defending her mother or withdrawing into watching television.

We spent a few months talking about her grief in “not having a father”, what she had needed from a father, and her anger at his parental incompetence. I kept bringing her focus to the reactions, conclusions, and decisions she may have

made as a way to compensate for the relational loss. She became acutely aware that during her school age years she concluded, “No one is there for me”. She had a vivid memory of sitting in her bedroom, feeling lonely and wanting to be with her father who was watching TV in another room and telling herself, “I’m unlovable”. She remembered often rocking herself on her bed while repeating the words “I’m unlovable” over and over, like a mantra. I wondered where her mother fit into this story but Theresa was preoccupied with telling me about her confusing relationship with her father.

I held an image of that lonely girl in my mind and referred to that story several times when Theresa seemed absorbed by current conflicts. I described my impression of her rocking and repetitive “I’m unlovable” as a way to manage the loneliness and to make some sense of what was missing in relationship with her parents. In subsequent sessions I inquired about her associations to either my image of the lonely little girl or my hypothesis about how she compensated for neglect. At first she described that bedroom memory as “comforting” but, as we talked about it several times, she realized that the rocking and the mantra-like repetition of “I’m unlovable” was a desperate attempt to avoid the intensity of the loneliness by soothing herself with repetitive words. As Theresa became increasingly aware of the intense loneliness, she also began to feel a seething anger at her father that she had disavowed for years.

I asked Theresa to look me in the eye and tell me about the intensity of her anger. It was important that she look me in the eye so that she could see that I was taking her anger seriously. Theresa still lacked an internal sense of relational security so I avoided having her express her anger at a fantasized father in an empty chair. She needed to see that she could make an impact on a man, an impact on me. It seemed important that she see my eyes and face as she clearly expressed what she did not like. In the following sessions we talked about this new experience with a contactful anger and how it was different from her habit of raging at people. We also focused on Theresa’s bodily reactions to holding in her fury with her father’s neglect of her.

One night, about a month later, Theresa telephoned, terrified and crying uncontrollably. She did not know why she was so scared. I remained calm on the phone while she shook with fear. I talked gently to her, agreed to see her early the next day, and assured her that we would resolve her terror. With my commitment, Theresa was then able to stop shaking with terror. The next morning, as we reviewed our previous night’s conversation, she began to fearfully shake once again. I suggested that the shaking was probably a body memory and that I would remain right with her and watch over her. She curled up on the couch and trembled with fear while I encouraged her to stay with her body sensations and emerging affect. Within a few minutes she had a vivid memory of her father coming to her room. She was 13 years old and had been on her bed rocking and comforting herself after an intense argument with her mother. She

expected her father to comfort her. Instead he yanked her off the bed and slapped her face. He shouted, "Don't you ever argue with your mother again" and then walked out of the room and slammed the door. Theresa was left in shock.

As Theresa described this memory she cried out in anguish, "No one is there for me". Those words reflected a life-shaping decision she made that day, at age 13 – a childhood decision that was still determining her perception of relationships decades later. That decision solidified a series of similar conclusions made over several years of realizing that neither parent had ever been sensitive to her feelings or needs.

On this occasion, I asked Theresa to imagine her father right in front of her while I sat next to her with my hand supporting her back. I encouraged Theresa to tell her father what she had never said aloud to him. As she told him about how he had hurt and neglected her, I also encouraged Theresa to express her anger and to protest his hitting her. She punched the sofa pillows and shouted, "Father, that is no way to treat me. Mother was at fault and you know that! You never protect me (still hitting the pillows). You are never there for me (hitting pillows). I need you to be like Richard, or even Robert; they are there for me. Richard believes me" (she hugs the pillow to her chest and sobs for several minutes).

One of Theresa's core beliefs "No one is there for me" was consciously being expressed. It had been her reality in her original family but that belief no longer had to determine how she was experiencing life today. She could make a new decision – a decision that meant that some people, Richard, and her boyfriend Robert, were there for her. She was now open to feel some of the interpersonal contact and emotional support that others could provide. Theresa was no longer completely alone and fighting against everyone.

Theresa's psychological growth was not a straight trajectory to health; there were many incidents of recycling to her old aggressive behavior, crying spells, internal criticism, and stoic self-sufficiency. But her fights with her boyfriend gradually decreased and she was "trying to get along with the women at work". In many sessions we went over what we had talked about previously; sometimes it seemed as though we had never talked about a situation before. Other times she had profound insight and used the insight to, at least temporarily, change her behavior. She seemed more trusting of me and frequently wanted to hear what I had to say. She was changing at her own rhythm, in manageable increments.

Resolving confusion between behavior, feelings and needs

For many sessions during these first several months Theresa's behavior towards me alternated between being coquettish and aggressive, dependent and distrusting, self-sufficient and helpless. She would complain about being lonely,

empty and depressed and then would become elated about the future, only to follow this with rage as she anticipated being disrespected. She continually asked what she should do with her current boyfriend when he disappointed her; she wanted explanations. She alternated between seeing me as the person who could tell her how to solve all her problems and teach her how to manage the "difficult people" in her life and the "stupid ass" who was provoking her to "feel worse than when I began". Theresa frequently anticipated or perceived me as being critical of her when we talked about how she could modulate her accusations and anger with her boyfriend and the women at work. I requested that we think together about the reasons underlying her own behaviors when she expressed despair, flirtatiousness, criticism or aggression with me or other people. I repeatedly suggested that perhaps she was reliving many previous relational experiences in all the stories she was telling me about her adult life.

One day I discovered that she had not talked to her mother for several years and she only talked to her father on the phone for a few minutes about three times a year. She said that she "hates" her mother and finds her father "spineless" because he will not stop her mother's criticism and ridicule. She shouted:

> "My father never told my mother to shut-up
> and he seldom comforted me. When he did
> hold me a few times my mother went into a
> jealous rage. She told me I was 'seductive'
> and would grow up to be a 'slut'".
> "My mother is the one who can seduce anyone.
> None of my teachers ever knew how much she
> despised me".

I made a mental note that there were at least three areas that required further inquiry: more on her relationship with her father and the lack of protection represented in the word "spineless"; the psychological impact of her mother's "jealous rage"; and the cumulative effects of living with a sense of being despised by her mother. It seemed too soon to investigate her internal experiences and coping systems in response to each of these developmental crises. Now it was important to provide stability in our relationship and to eliminate Theresa's aggressiveness and fighting with other people.

In some sessions, rather than talking about her relationship with her mother, Theresa wanted to talk about the women at work who "hate me even though I have never given them any reason at all". In one of the sessions she said, "I just give them the evil eye and they stay away". I responded that she has a high degree of responsibility in how others treated her. Even though she objected to my premise, I continued over the next few months to describe just how she was "largely responsible" for the interpersonal conflicts in her life. She had survived by blaming others for her difficulties but such blaming was only making her life worse. We spent a considerable amount of time talking about the distinction

between feelings, needs and behavior. In one such session I emphasized that she had a normal need to be accepted and respected for who she was and I also pointed out that in most of her stories the significant people were described as not responding to her needs. There was a quiet moment in which her eyes moistened and then she quickly added, “By the way, you have lousy toilet paper in your bathroom. Why don’t you spend some of your piles of money on good toilet paper?” It was evident that she feared vulnerability.

I could see a behavioral pattern emerging: following an expression of vulnerability, Theresa would find some reason to criticize me, such as our appointment time, my travel schedule, or my billing practice. In some sessions she would quote my articles that she had found on the Internet. She announced that I was “not doing the therapy right”. In one session she shouted, “You are un-attuned, you know nothing about relational-needs, and you are a failure at validation”. I responded by calmly asking three important questions designed to disentangle accusing transactions: “How do you expect me to respond when you shout at me?”; “What were you feeling just before you shouted at me?”; “How do you need me to respond to you?”

Exploring Theresa’s answers to these three questions took the rest of the session and the entire next session. When her criticisms came late in a session or if they were tinged with rage, I would wait until her anger cooled down and would address it in the next or even a later session. On other days when her criticism of me was early in the session, or was rather mild, I would deal with it in the current session. This series of inquiries almost always lead to some vague memory of her relationship with her mother but often she could not sustain either the memory or the associated feeling. I paid careful attention to deciphering what emotionally-laden experience was unconsciously encoded in the stories she was telling me, what was unconsciously embedded in the way she interrupted our interpersonal contact, and what she was engendering in others when they were “aggressive” with her.

Her verbal assaults towards me were frequent. It was essential that I did not respond defensively, that I remain fully present and sensitive to what she unconsciously needed. If I were defensive, or even explained my position, I would be replaying the childhood drama she acted out with her boyfriends. Our therapeutic relationship required that I maintain the safety net as she walked that emotional “borderline” between acknowledging her unmet needs and angrily attacking people. This required a two-part treatment approach: first, teaching her how to engage in a relationally contactful anger and, second, validation and normalization of her relational-needs. This process of teaching, validation and normalization was repeated in many of our sessions. Relinquishing old self-regulating habits and learning a new way of being in relationship requires many repetitions. My consistency and respect were central to Theresa’s learning to

both value her needs and remain in relationship when she disliked what the other person did.

During this early phase of the therapy, Theresa was often angry at me. She was angry when I would not talk to her on the phone at night when she was "so upset". Her anger alternated with helpless crying and begging for "someone to understand me and care for me". When I was silent for a few moments in the therapy she would scream, "You don't care a damn about what I am feeling". If I said something comforting she would snidely call it "just therapy words". These were the sessions when I experienced her as a pain in the ass. I wanted to tell her that she deserved her miserable life. Other times I was feeling provoked to justify my behavior. Prudently, I kept these reactions to myself.

Theresa was engendering in me an aggressive and rejecting response similar to what her lovers and the women at work must have experienced. Perhaps I was being provoked to react as her mother did. My assortment of feelings and internal reactions served, later in the therapy, as a useful guide in my inquiry about her relationship with her mother. These transference/countertransference dynamics were an unconscious demonstration of Theresa's past, her developmental needs that had been thwarted, and her management in compensating and regulating herself. I was discovering how she had learned to manage relationships. It was important that I too walk on a tightrope, the "borderline", between my keeping the transference just active enough so her unconscious story could unfold within the healing responsiveness of our therapeutic relationship and, at the same time, take the responsibility to protect her from my becoming defensive or self-explanatory, a reactive countertransference, that would reinforce her original self-regulating script beliefs and archaic ways of coping.

Theresa was continually anticipating criticism from me, her boyfriend, co-workers, or anyone. She would then be either hurt or enraged at the perceived criticism. That was her old well-established pattern of psychological compensation. Rather than validating her current feelings about the perceived criticism (which is what she wanted me to do), I talked about how her feelings reflected what she had previously experienced. On several occasions I explained that her feelings and reactions were valid but valid only in another time and context. This led us to spend many sessions exploring her anticipated criticisms and relating them to the criticism she had actually received from her mother. I was patient; this work of disengaging from the many incidences of transference onto her boyfriend, co-workers and me required many discussions.

I inquired repeatedly about Theresa's internal experiences and the meanings she made from all the criticism that she had actually received. Some of her ways of making meaning of her mother's criticism and her father's failure to protect her were: "I'm a piece of shit"; "I'm unlovable", "I'm seductive"; "Something's wrong with me"; "No one is there for me"; "No one understands me". I kept these core

beliefs in mind so I could understand how she organized her experiences. Many times I encouraged her to think about how significant these beliefs were in determining her emotional reactions.

Each of these beliefs was Theresa's childhood way of making sense of how she was treated. She needed validation, not that each belief was true, but that in such an untenable situation *any child* would form such conclusions and then go through life assuming that they were true. I explained to Theresa that, while being a competent, professional woman, she was also internally influenced by a confused, neglected and angry little girl -- a child that had accommodated and compensated herself so that she could live with all the criticism and neglect. I now knew that it was that little girl in Theresa who needed a consistent, dependable and reliable therapeutic presence in order to relax her old styles of accommodation and to find new ways for affect-regulation and psychological stabilization.

I explained to Theresa that she could bring her troubled inner child to the therapy sessions rather than having her "helpless crying spells" or getting into fights with her boyfriend. But, to accomplish that, she needed to remain in psychotherapy and she needed to come more frequently than just once a week. It was now the end of May and our contract was soon coming to an end. I invited her to resume our work together in September and emphasized that too much emotional turmoil was happening in her day-to-day life to come to therapy only once a week; if she were to return in September it would be essential that she have more than one session per week.

She voiced her fear of becoming dependent on me. I explained that she was currently dependent on her old childhood coping patterns of feeling totally helpless, engaging in conflicts at work, and raging at her boyfriend. As a child she had no one on whom to depend and often felt as if no one was there for her. I acknowledged that she was not currently living in the intense series of crises that had prompted her to begin our therapy together, but I thought that it was important she continue in psychotherapy to both insure the gains she had made and to resolve the underlying early affect-confusion that motivated her relationally-disruptive behaviors. It took some effort on my part to convince her to return to therapy in September. I was not concerned that she was suicidal but I was aware that there was a tremendous amount of psychotherapy ahead of us if Theresa was going to get off the "borderline" of affect-confusion and have meaningful and satisfying relationships in her life. We ended for the summer with my not knowing if Theresa would return in the autumn.

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