

Borderline Disorder in Contemporary Reichian Analysis

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ABSTRACT

Tea is a young Italian woman with borderline personality disorder. After taking her clinical history, we use Character-Analytic Vegetotherapy to summarize her therapeutic process and how it manifests as activation in her body. We review the theory of borderline disorder in contemporary Reichian analysis. Character-Analytic Vegetotherapy is presented as an embodied therapeutic technique with remarkable complexity and methodological articulation.

Keywords: Reichian psychotherapy, borderline disorder, body psychotherapy activations, primary object relations, therapeutic relationship, Character-Analytic Vegetotherapy

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Tea's Clinical History

Request for treatment

Tea, a 23-year-old woman was referred about three years ago by a colleague who was her mother's psychotherapist. A very beautiful girl, she is tall, slender, with long brown hair, deep dark eyes, and a manner simultaneously resolute and fragile.

Her request for analysis is motivated by the insecurity she feels. She lives with her mother, who has been separated from her father for many years. Tea struggled to obtain her secondary diploma, does not like to study, and works in civil service, which gives her a small income. She would like to leave home, but cannot afford it. She takes courses in juggling, and hopes to become a professional juggler and travel the world as part of a circus.

When she needs money, she goes "to the traffic light" – in other words, she puts on a juggling show in front of cars stopped at red lights. She reports good earnings, up to 100 euros a day. The problem is that the smog she breathes all day gives her severe headaches and causes breathing difficulties. She is highly guarded and not very trusting.

As Tea slowly becomes more communicative in our relationship, she begins to talk about her deep distress, her unruly adolescence when she ran away from home several times, and her use of all types of drugs – including heroin, for which she prostituted herself. She attended rave parties, took drugs, and went missing from home and school for several days until the police, alerted by her parents, found her. She was promiscuous, had sexual dysfunction, and mentions being sexually assaulted when she was 18. As she matured, she outgrew and is now ashamed of her wild and impulsive adolescent phase. She would like to settle down in a quieter lifestyle through which she could fulfill her desires, but is not sure what they are.

All these observations tell us about ... the primary relationship with her mother that is structured in the visual relationship of the earliest stages of breastfeeding.

Anamnesis

Her father and mother met in a care cooperative where they did volunteer work. Her father works at a public institution, but is also a well-known musician who plays tenor sax and transverse flute, teaches music, and performs with his band. Tea holds her father in high esteem, and describes him as impulsive, strict, and authoritarian. Her mother, in contrast, comes from a small town in southern Italy, settled in Rome to study psychology, and, although she has a degree, does not practice as a psychologist but works in a training center. She is socially active in volunteer work, was a staunch feminist, and tries hard to find Tea work opportunities. Tea describes her as joyful, independent and strong – the woman she would like to be. Her mother's two sisters both fell ill with breast cancer and died. This happened during Tea's childhood, and touched her deeply.

Shortly after they met, her parents moved in together and later married. Tea was wanted and the pregnancy went well, but two negative events happened during gestation. Her mother learned that one of her sisters had cancer, and then realized she had been betrayed by her husband after she accidentally discovered a letter sent to him by another woman. Her mother cried for days, and a marital crisis ensued. Eventually, the parents made up and her mother forgave her father. Tea's birth was induced, as the pregnancy was over a week late. She was breastfed.

Of her childhood, Tea remembers mostly the fights between her parents, and the day they told her that they wanted to separate. Soon afterwards, her father left home. She recounts that when they told her about their decision, somewhat embarrassed, she found them "ridiculous" because although she was only eight years old, she had already figured it all out. She had a good relationship with her father; when he left, she remembers suffering greatly from abandonment. "I grew up without a father," she says, and "my mother was both father and mother." Now, she still feels somewhat angry with her father, who she continues to see, and who continues to pay a portion of her living expenses.

Since childhood, Tea has always been unconventional, and rebelled against the rules. At 15, she began using drugs to inhabit a different reality because the reality she knew was full of problems. There was no communication at school, and she could relate only to the "outliers." At one point, her dream world and the real world became merged. Methadone helped her get off heroin, but at 18, she became addicted to a morphine-based drug. After turning 20, partly with her mother's help, she stopped using drugs. Now, she is ashamed of having done drugs and on the rare occasions when she does use cocaine, she comes to therapy saying she feels "like shit" and "wrong."

The therapeutic relationship

The setting with Tea is difficult; she requires great acceptance "with inclusion at a fair distance" and great care "with reasonable and intelligent challenge." Tea has established a good relationship with the analyst, but she struggles to be consistent, and the therapeutic path is infused with her fickleness and impulsivity. She comes consistently for months, then disappears for weeks. When the analyst thinks he has lost her, she suddenly calls back to schedule a session as if nothing happened. The analyst tries to be firm and set clear boundaries, and asks her to pay for sessions missed without warning. Tea returns repentant, admits to behaving "badly," and says she is wrong. Sometimes she comes to the session and curls up in the corner of the room, wanting to talk from there. Other times, she refuses to use the waiting room and waits on the stairs of the building.

Slowly, she becomes more stable in life, finishes her civil service, does various odd jobs, and drops the juggling course. For weeks she works, attends a yoga class, tries to go out less at night. Then she again feels the need to transgress, goes out and hangs out all night, gets drunk, and sleeps with the first man she meets. Then she comes to therapy and cries, saying she can't stand it when she does that. She has relationships with men with whom she promptly falls in love, but her impulsive behavior and unpredictability drive them away. She feels rejected, excluded, and in pain. When calmer, she says she is afraid of therapy because analysis "makes her normal," and she does not want to be normal and lead a mediocre life. Periodically, she comes to therapy angry, shows all her distrust, says that the analyst is taking away her creative, lively side and wants her to become like everyone else in a squalid world, only in the end, to be abandoned by the analyst as well. At another time, she confesses that she has been meeting with another psychotherapist with whom she feels very comfortable. However, when she told him that she was already in analysis, the colleague correctly suggested that she must first clarify her therapeutic situation with the analyst, and she stops seeing him.

She begins to cultivate various interests; she is passionate about ecology, meditation, and yogic and shamanic practices. She enrolls in a course to become a yoga teacher. She then systematically looks for work and becomes a model, posing for various art academies even though she confesses being ashamed to stand naked for hours in front of strangers. But they pay her well, and the overall situation is much better than waitressing. Finally, her desire to study psychology emerges; she wants to devote herself to her passion for interiority in a professional manner. In recent months she has been studying quite steadily to pass the faculty entrance exam.

During the three years of therapy, Tea's impulsiveness and anger have greatly diminished, her relationships have become more stable, and she has learned to trust and become more of a planner. The theme of addiction

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lingers “like an undercurrent,” she says, but her suffering over her father’s abandonment has been explored, as has her love–hate relationship with her mother. Her negative introjects have become less threatening, as has the threat she felt from the outside world that led her to flee or be vulnerable to manipulation by others.

Body psychotherapy activations

Character-Analytic Vegetotherapy was a very important aspect of Tea’s therapeutic journey. From the earliest analytic stages, bodywork with her eyes (using still point with light) allowed her to establish boundaries and a more appropriate sense of reality – crucial elements with a borderline, in addition to giving her appropriate countertransference mirroring contact.

Therapy was a gradual process in which it was essential to reestablish, through breath awareness and eye mobility, contact with her body, its boundaries and a firmer sense of the ego and its subjectivity. Given the fragility of her structure, body psychotherapy was geared toward defining boundaries, feeling more stable, and processing her high reactivity. After deeper self-awareness was established, it became possible to process her fear and sense of abandonment, and she felt the emotions resonate in her chest. The work was gentle, respectful of her limits, and gradually confronted her fear of the terrifying emotions she felt dwelling inside – “her monsters,” as she liked to call them.

Finally, only recently has she been able to talk about the sexual violence she suffered at age 18 – an assault perpetuated by multiple boys at the end of an evening when she was completely drunk and drugged. She remembers almost nothing. It is like a dream, but a dream that comes back in the form of flashbacks that continue to haunt her even now.

The Borderline Disorder

As we see from Tea’s clinical case, borderline is among the disorders that used to be grouped under marginal syndromes – according to Kernberg’s terminology, the psychopathological manifestations that lie between neurosis and psychosis; something uncertain, insufficiently characterized that cannot be included in clearly defined categories.

If we consider the DSM-5, Tea’s diagnosis might be borderline personality disorder. In particular, of the nine prognostic criteria given by the DSM-5, some appear particularly fitting:

- Unstable and intense interpersonal relationships characterized by alternating extremes of hyper-idealization and devaluation
- Altered identity, markedly and persistently unstable self-image and self-perception
- Impulsivity in at least two areas that are potentially harmful to the subject, such as spending, sex, substance abuse, reckless driving, binge drinking
- Affective instability due to marked mood reactivity, such as episodic intense dysphoria, irritability or anxiety, usually lasting a few hours, and only rarely more than a few days
- Unmotivated and intense anger, or difficulty controlling anger

For Reichian analysts, borderline disorder is etiologically defined by an insufficient and unsatisfactory self and other-than-self circuit originating before birth, as early as in the maternal fetal relationship. We thus define an old etiology, speak of an unsatisfied intrauterine block, considering the borderline disorder as tracing back to a defective primary object relationship, already insufficient at the dawn of life.

This implies a necessarily low energetic density with a low relational exchange, having consequent effects on the resilience of the primary maternal object relationship. We then have a low dynamic, ambivalent, borderline relationship with objects that will pick up maternal projections in the future. There is never a true separation, but there are attempts through constant approaches and departures, often with explosions due to unsustainable energy field interactions. In fact, borderline individuals always move on the boundary of relationship, at an energetic safe distance. They are forced to oscillate between getting closer, but not too close, because the other’s greater attractive self-density becomes threatening and annihilating and moving away, but not too far, for fear of being abandoned and unable to survive and sustain the chronic feelings of emptiness of the self. If they get too close, they risk disappearing into the relationship – that is, not existing, not having an identity – or, if they move too far away, they experience an unbearable emptiness. They are thus forced to oscillate on either side of the relational edge.

On this first dynamic of primary ancestral object relationship which demands implicit and impossible satisfaction, a second one is layered which carries short-circuited impulsivity. This is the implicit demand for a phallic-narcissistic recognition from an anguished mother. The child comes forward as the phallic candi-

date who wants to make the parent of the opposite sex “smile,” but shows an unbearable disappointment at this vulnerability.

Borderline disorder, in our negentropic systemic reading, is a personality structure with low primary density and resilience. It is a weak, light, almost rarefied, highly permeable, unstable and variable structure, deeply frightened and easily bewildered. It is a structure on the edge, on the border, and at the limit between medium and very low density, between neurosis and psychosis. The symptoms become clearly psychotic the moment the self is subjected to further lowering of energy, and result in decompensation. In other words, in the borderline structure, there is a mild compensation of successive fixations of more evolved non-prevalent genito-ocular traits. Because an energetic lowering, in the here and now, can eliminate the coverings and establish a consequent decompensation, it would be more clinically accurate to call it “a depression masquerading as psychosis.”

Character-Analytic Vegetotherapy in Contemporary Reichian Analysis

In 1935, Reich identified the main modality of body psychotherapy to be Character-Analytic Vegetotherapy, a structured and intelligent set of body expressive modalities, enriched by refinements produced by four generations of direct and successive students of Reichian analysts, such as Raknes, Navarro, and Ferri.

These psychocorporeal activations, also called actings, are experienced by the patient in relation to the history and therapeutic relationship present in the analytic setting. These actings are identified according to a psycho-emotional reading of the patient’s body, its muscular and neuro-vegetative blocks, and are related to different childhood developmental stages and therefore specific relational and attachment history.

The blocks are layered in seven body levels that express not only the patient’s history and imprints, but also the architecture of trait patterns. Actings – or psychotherapy activations – are a complex system; they are progressive and specific, related to developmental stages, trait patterns, and connected body levels. They represent internal time in dual directionality (top down and bottom up) leading to the various planes, more or less ancient, of our life stages. Through bodily expressions,

they re-actualize partial object relations as they were marked at the body levels, and constitute fundamental energetic-emotional and psychodynamic insights.

If we conceive borderline disorder and its low-density architecture to be established early in intrauterine life, we might consider the body segments. With Tea, we selected the bodywork on the eyes that allows the analyst, from the earliest analytic stages, to build boundaries and formulate a more appropriate sense of reality – crucial elements in a borderline, as well as in appropriate mirroring contact.

For each patient, and for each body segment, we wonder what emotional intelligence is implied. In the specifics of Tea’s case, where do her eyes rest on the arrow of internal time? What relational story do they tell? Do these eyes no longer see? Are they empty, distant, elsewhere? Are they stunned and panicked? Are they avoidant, aimed at infinity, unable to converge on a point? But also: is this gaze demanding, suspicious, furtive, icy, moist, luminous, or enthusiastic?

All these observations tell us about Tea’s ocular development and the primary relationship with her mother that is structured in the visual relationship of the earliest stages of breastfeeding. With Tea, the experience of vegetotherapy through the initial work on the ocular segment was instrumental in helping her find a more stable sense of ego, and restructuring, in a way that was not only cognitive, but above all bodily-emotional, the initial attachment relationship she experienced with her mother in the earliest stages of life and breastfeeding.

The bodily levels, still present in the here and now, with their relational engrained patterns, thus constitute the gateway for therapeutic embodied activation, the peripheral afferent from which to access the central areas and intelligently harmonize the personality. They propose a new prototype of object relations in the here and now, new in patterns, new in the renewed energy circuit.

The actings of Character-Analytic Vegetotherapy connect there-and-then with the here-and-now, depth with surface, unconscious with conscious, implicit with explicit memory, corporeality with subjectivity. They create new sensory channels, form new brain maps, activate possible receptors of pleasure, and free internal time sequestered in body blocks. They enable the transformation of the embodied mind, increasing cognition and feeling, resulting in greater intelligence of mind and subjectivity of Self.





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