

**Psychiatric Diagnosis:  
Understanding Personality Structure in the Clinical Process**  
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**Chapter Three**

**Developmental Levels of Personality Organization**

**Characteristics of Borderline Personality**

One of the most striking features of people with borderline personality organization is their use of primitive defenses.

Because they rely on such archaic and global operations as *denial, projective identification, and splitting*, when regressed they can be hard to distinguish from psychotic clients.

When a therapist confronts a borderline client on using a primitive mode of experiencing, the client will usually show at least a temporary responsiveness.

*Devaluation* is an unconscious strategy that is often intended to preserve self-esteem, but which does so at the expense of learning.

*Borderline personality clients have an experience of self that is full of inconsistency and discontinuity.*

When asked to describe their own personalities, they are often at a loss. It is hard for them to portray people in three dimensional, evocative descriptions of recognizable human beings.

They tend to dismiss a practitioner's interest in the complexities of themselves or others.

*Borderline clients lack the "reflective function" that finds meaning in their own behavior and that of others.* They cannot appreciate the separate subjectivities of other people.

*In general, borderline clients have trouble with affect tolerance and regulation, and quickly go to anger* in situations where others might feel shame or envy or sadness, or some other nuanced affect.

Borderline clients lack the sense of existence terror of the schizophrenic; they react with much more hostility than the schizophrenic to questions about their own identity, and those of others.

Borderline clients, when questioned thoughtfully, demonstrate an appreciation of reality no matter how crazy or unstable their symptoms appear.

- *The capacity of someone at the borderline level of organization to observe his or her own pathology is quite limited.*

Borderline people usually come to therapy with a list of complaints, such as panic attacks, depression, or stress related illnesses; they are usually referred by others for therapy.

They rarely come with the agenda of changing their own personalities in ways that others would readily see as advantageous. They lack a sense of what it would be like to be different. They just want to stop hurting or get some critic off their back.

With borderline clients, interventions that the therapist would intend to be helpful will be perceived as attacks.

A common error made with borderline a client is that the therapist will assume a capacity for reflective functioning that the client mostly lacks – especially when upset.

One learns that one must first just weather the affective storms that seem to keep raging, while trying to behave in ways that the client will experience as different from whatever influences have shaped their troubled and help-resistant ways.

Borderline clients seem to be caught in a dilemma:

- *When they feel close to another person, they panic because they fear engulfment and total control; when they are left alone, they feel traumatically abandoned.*

Neither closeness nor distance is comfortable for them.

Living with such a basic conflict, one that does not respond immediately to interpretive efforts, is exhausting for all involved. Borderline clients are well known for their help-seeking, help-rejecting behaviors.

Transferences in borderline clients tend to be strong, un-ambivalent, and resistant to ordinary kinds of intervention. The practitioner is often perceived as all good or all bad.

Not surprisingly, counter-transference reactions with borderline clients tend to be strong and upsetting. Even when positive, they have a disturbing, consuming quality.