

**Sounds Sane, Feels Crazy...**

# **"In Search for the Lost Core"**

The Borderline Character

A Beginners Guide by

**Kuno Bachbauer, M.D. (Austria)**

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## **DEDICATION:**

I want to acknowledge,

Scott Baum, Ph.D., CBT, for sharing his daringly evocative and creative models of understanding the borderline drama in his workshop. This paper is largely based on his theories.

John Pierrakos, M.D. for his untiring work on understanding the human soul and teaching me about the goodness of life in so many ways. My life has been deeply affected by him, forever.

Gratefully,

Kuno Bachbauer, M.D.

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## **INTRODUCTION:**

### **HOW IT LOOKS AND FEELS...**

In the beginning there was trouble. It happened right around the end of my Core Energetics training. I just had started to take on a few clients under supervision. I had a number of encounters with prospective clients who frankly drove me nuts, and I did not understand why. These clients did not quite fit into the usual categories of character structures which just had become reasonably comfortable to classify and work with, and worse, these clients did not respond to the treatment methods in the same way as I was familiar with from my training!

In sessions with these clients, I often was struck by the enormous pressure to "fix" them which was emanating from

them as a demand which was expressed directly and psychically. This was often going along with intense restlessness and a strange kind of "active" neediness. When I initiated somatic interventions or interpretations we often ended up in what felt like an argument with no way out. I sensed a lot of covert and overt hostility towards me but I also felt my own strong affective responses.

I left the sessions quite frequently with a sense of defeat, a sense that "no matter what I did, I could not do it right", and sometimes I felt I had been annihilated. To be honest, quite often I felt really pissed off! And even when I became more seasoned as a therapist, and walked into the session internally prepared to hold my boundaries tight and was using a variety of techniques before the session to keep my sense of self intact including bodywork, meditation, prayer and the appropriate use of internal objects, most of the time they "got" me anyway.....

The challenge for me was discrimination. These clients appeared to me initially quite normal; At first glance integrated, professional, usually highly intelligent and able to talk and act quite sophisticated. Little did I know about the chaos and rupture they constantly experience!

On the other hand there was always this crazy feeling that what was said or felt was not quite right, even though it sounded initially normal and sane. It was like when someone you know calls an "oval" a "circle". A certain uneasy tension arises. You start wondering whether to insist on your "truth" (=oval) or whether you yourself have a problem with your eyes or perception. Maybe you should look at it from their angle... **The experience of "It sounds sane but feels crazy" became an increasingly reliable diagnostic tool for me** which I highly recommend to check out in your practice.

Often, I admit, I thought I was the source of this crazy feeling (therapists with self-doubts beware!) and the only thing that saved me were contrasting experiences with clients or with friends that same day, when I felt quite sane and intact again and that would help me keep things in perspective.

#### **OUTLOOK:**

I will present here a situation, that is utterly painful and devastating for the person, and I might add, for the sympathetic therapist witnessing it. A condition of no way out, a desolation of unimagined extent. The emotional

desert. The "dark night of the soul". We average neurotics experience hints of this horror occasionally. It is a persistent nightmare for the borderline. It is the ultimate experience of having been annihilated at the core.

We are discussing here a person that won't quite fit into our categories of "neurotic", a person that frequently moves in and out of psychotic pockets, but is not quite psychotic in a clinical sense either. A person that does not fully present with the features of the schizoid, oral or masochistic character structure but exhibits aspects of these character defenses in varying degrees.

Apart from my difficulty in "diagnosing", I frequently found that after a positive and hopeful start of the treatment, things rapidly got murky and strange and interventions and exercises often showed exactly the opposite effect of what I expected them to have. Often I felt I was digging myself deeper and deeper into a kind of morass. I frequently felt dejected and rejected in my effort and incompetent as a therapist.

I am presenting my experiences of what it feels like to be with a borderline client in such detail because this has turned out to be my particular tool for understanding what

is going on. For me there is a lack of a clear distinction on the body level. There are not as clearly defined and characteristic giveaways in the neuro-muscular patterns as i.e. a "textbook" oral, masochist or rigid would present with. I observed in what I, often with the help of my supervisor, came to distinguish as a borderline patient, features of various character structures. Their bodies showed aspects of schizoid, oral and masochist defenses and one client I was sure was clearly upward displaced. The difference was that these clients behaved atypically and felt different to me!

Another dominating feature in interacting with this kind of client is the sense of black-and-white, either-or, "good-and-bad". There is no grey zone, no transitional space, no room for metaphor and symbol. Words are literal, count as such, and have only one very concrete meaning. I frequently feel "cemented-in" in when I say something in the session.

On the other hand, I have encountered various situations where words had curiously much more intricate implications for that client than to me. I call it: "baroque" thinking for the curls and inuendo. Their thinking often seemed quite bizarre to me - that's when it starts

feeling crazy to be with the person. (I remember growing up in a resort hotel in the Austrian alps, and for the sake of customer relations as "son-of-the-house" being pressured into polite conversations with customers who had, as it often happened, a few "Schnapses" (Alpine liquor) too many. They would try to talk to me but would somehow "talk past me" and didn't quite make sense. A feeling-memory that still gives me the creeps.) Because I feel locked-in in a particular meaning, or because I can't quite follow them into their intricate world, I feel stressed out and frustrated when I attempt to, and they frequently get upset with me because they don't feel met. Sitting there in my struggle to reach and understand I can feel in my guts their desperate longing for healing and concurrently, a deep rejection of me and what I have to offer to them.

**CREDITS:**

What follows below is a paper I wrote as requirement for my Core Energetics ("Fifth year") Post-graduate training 1994. I used excerpts and theoretical concepts distilled from various sources, books and personal communications, filtered and selected in an attempt to help explain and frame my own clinical experiences. My goal was to relate the

confusing and complex diagnosis of borderline pathology and compare it to the framework of Core Energetics.

*FOOTNOTE:*

*Specifically, I used notes from an excellent weekend workshop by Scott Baum, Ph.D., a bionenergetic therapist from New York City; a manual of lectures on borderline by various teachers at the Pacific Northwest Bioenergetic Conference, Mt. Whistler, BC, Canada 1987; notes from an ongoing training (1989-1995) which combines Gestalt awareness and object relations work led by Rudolph Bauer, Ph.D.; memos from personal conversations with my supervisor Barbara Dunn, an organismic psychotherapist; various articles from "Energy and Character" and whatever else I could get my hands on in the search for my own understanding of this topic. For further details please see the chapter "Annotated Bibliographic References".*

*The clinical observations elaborated in this paper are based on work with 4-5 clients I have treated over the 3 years prior to this paper.*

## **THE BORDERLINE CHARACTER**

### **HISTORICAL VIEW:**

The first observations on what we now would call borderline issues are found in Reich's description of the "Impulsive Character" (1925). Stern (1938) gave it the formal name as a clinical description for people who were

resistant to psychoanalytic treatment (along with four specific criteria). Deutsch coined the term "as-if personality" referring to a person who feels cold and expressionless and is mimicking others out of lack of real feeling, someone else described it as "false self organization", and Zilborg called it "ambulatory schizophrenia" and others "pseudo-neurotic schizophrenia", all describing a basically neurotic-like patient with schizophrenic aspects.

There are a multitude of authors, literature, different classifications and varying definitions. As far as diagnosis goes there three schools of thought. There is a psychoanalytic school, a descriptive-eclectic school and a biological-constitutional school of thought, all replete with sub-types and overlaps.

The psychoanalytic school regards borderline as a "stable pathological personality configuration, lacking a concept of self, a person that is somewhere between neurotic and psychotic". The problem is that in spite of this nice formulation borderline clients proved not amenable to classic psychoanalytic therapy. Some other approach was needed.

In the 1960's, Melanie Klein's Object Relations Theory took a hold. This new direction was not based on drive theory which is based on energy economy which is the foundation of psychoanalysis and Neo-Reichian work including Core Energetics. Instead, it focused on the theory of inner relatedness and on the development of self. It evolved out of research on how the "self" is formed during early mother-child relationships by Piaget (1937) and Spitz (1965). It is somewhat distinct from, but formally grounded in, psychoanalytic language.

The current formal attempts of classification are reflected in the definition of "borderline personality disorder" in DSM IV.

### **BORDERLINE: THE FORGOTTEN CHARACTER STRUCTURE?**

Psychopathological classification (DSM IV) puts borderline into the group of "personality disorders" of the dramatic kind, which is a diagnosis based on degrees of behavioral adaption or deviation.

Why is a "Borderline Character Structure" missing from the menu of official character structures in almost all of the established body centered therapy schools including Core Energetics and bioenergetics (exceptions: see @7 S. Johnson, and @9 Rosenberg, Rand).

Somehow the borderline (as well as the narcissistic and the schizophrenic) character have always felt like white areas on the map of Core Energetics to me. I wonder, maybe this is so because our treatment tools are more limited in those cases. Maybe the borderline's association with psychosis makes us feel these clients are out our range of competence if we are not licensed psychologists or

psychiatrists with the necessary clinical support system (psycho-pharmaca, hospitalization) backing us up.

There are historical reasons, too. Core Energetics is based on Wilhelm Reich's original five characters which he (and Ferenczi) described in the 1930s. The Reichian approaches are based on **drive theory** and on an **energetic model**. Borderline and narcissistic features have been described historically in later periods than the original five character types, specifically in the late sixties along with the evolving fields of object relations therapy and self psychology. Borderline and narcissism are terms coined by the early object relations theorists who focused on ego and self psychology. These approaches center around aspects of **cognition and relatedness**, both to significant others as well as the world within, which constituted a breakthrough in understanding the complex situation of the borderline at the time.

#### **CHARACTER STRUCTURE AS METAPHOR**

"Character structure is the configuration of physical, emotional and mental **distortions that compromise a person's defense** against a reality that is perceived as painful and dangerous" says John Pierrakos.

*FOOTNOTE: "Core Energetics: Developing the Capacity to love and Heal", 1987, Glossary, p. 285*

I am grateful for John Pierrakos's reminder in a recent post-graduate training class (4/94) that character is not written in stone and that clients keep changing the manifestations of their character over time, even within a session.

The way I understand it now, is that "character" is a metaphor for what is going on energetically in a person. It is also a patient's reality expressed in the body, a great tool that is giving us an idea of tendencies in a person's psyche and body but it never IS the person. If we assume a dynamic "continuum" from the less integrated (extreme: psychotic) to the more integrated structures, borderline and narcissism would be somewhere within the less integrated range of the spectrum of defenses.

I find the distinction of "character structure" and "character position", a term Melanie Klein coined, refreshing and helpful. The way I understand it would be that a "position" is an acute, reversible defense, which we all know in ourselves and occasionally use when the situation demands. The term "character structure" would

denote the more chronic, fixed state. That explains that each one of us can have moments of schizoid-paranoid experience (i.e. during tax audit, after a car accident) with all the trimmings (splitting, etc.) without being permanently stuck in this defense as a client with schizoid character typology would be. In other words: one is a life-style and the other is a temporary fashion.

### **THE TRAUMA OF THE BORDERLINE**

The development of a particular chronic response pattern to early trauma (=character structure) is dependent on age and developmental stage, maturity of the child's nervous system, ego development, as well as duration and frequency. Given the gravity of the symptoms of the borderline, the source of the trauma must go beyond the more obvious form of violation. The usual neurotic defenses are certainly more frequently elicited by neglect, inability, ignorance, misunderstanding, mismatch and mistake than by malice.

At least one trauma theory (see @1, Scott Baum, Ph.D.)) claims **malicious** acts of the caretaker as the source of the

borderline disturbance. There are many interpretations of what causes the wound of the borderline. I have gained the best understanding from the most radical and creative explanation which I will present below.

## **THEORIES OF BORDERLINE ETIOLOGY:**

As Scott Baum, Ph.D. (see @1) explains it, we have to consider an **ongoing and pernicious form of psychic theft**, where the victims do not realize that they are stolen from. According to him, borderline people were exposed to a person who wanted to **WIPE THEM OUT** at an very early state. They where exposed to **SOUL MURDER**, not neglect or mistake but **malice**: a form of possession in which the child is hollowed out to enliven the possessor and to be a receptacle to the possessor's garbage. Scott Baum used the Dracula myth to explain this situation: The Monster-parent who uses the child to fill them with the child's un-ambivalent love. The child loses its center (core) if it ever had one. We can use the provocative metaphor of the **"One-Person Cult" experience** to describe how the child feels everything is owed to the parent and therefore everything ought to be given to the parent ("god"). Special-ness replaces the core experience. "If you give it all to the parent you are special."

### *FOOTNOTE:*

#### **"THE CULT EXPERIENCE"**

*To understand the phenomenon of "cult" dependence replace "parent" with leader, guru, god, dogma, collective, truth etc. and you can feel why cults can have such a powerful attraction and why it is so hard to get*

out of them. The violating parent makes the child dependent and promises that supply will be available and consistent but only through them. "You will be safe, if there is no one else but me". These same arguments can be found as cornerstones in the rhetoric of cults as well as fascistic organizations.

Not every cult experience is necessarily bad, as some are socially useful, accepted and normal. I think it is more a function between the benefit for the participant weighed against the surrender of personal freedom (will), a factor of the moral integrity of the organization and what the higher goal is. The first Christians, before they became established as a mainstream religion, would be seen as cult members today and were persecuted as such in their time. Students at a medical school are recruits of a very elitist cult! The doctors. One would never go through years stuffing one's brains with often unnecessary and later-on irrelevant data, make enormous debts, go through the proverbial abuses of 24-hour rotations as an intern or resident and tolerate the behavior of some of the teachers were it not part of a subtly orchestrated and in this instance socially accepted cult experience of becoming a physician. If all goes well, the student will have lost his independent thinking, lost his creativity and soul and end up **thinking and acting like** a "good" doctor - and do henceforth everything to be consensual with his/her peers. He will become "one of them" and therefore will be "special" and rewarded with privilege, money and club memberships.

The parent of the borderline makes the child an extension of herself and thus wipes out the thrust for individuation and self-determination. Self-determination is

anathema for the parent who needs the child for his own needs. This is different than in masochism where the overprotective parent has a generally benevolent attitude towards the child and the organism of the child is already more developed when the trauma sets in. The overprotective parent lives "through" the child and does not feed from the child's energy as the borderline parent does.

*FOOTNOTE:*

*Compare the above to the movie "Invasion of the Body Snatchers" (@1).*

The borderline's experience of the unreal parent is terrifying. Being with this kind of parent feels like being with an alien. And, paradoxically, the child feels alien to the parent, too. Scott Baum (@1) notes that the tragic bind is: the parent says "give me all your love, adoration, respect, essence then I will love you. If you don't do it you become an alien to me, the parent. I (the parent) will feel invaded by an alien creature (the child)". In this model, the parent thinks that children are monsters, they are destructive and will destroy them if they let them. Enter the Frankenstein myth: Parents believe that they made this creature, they cannot control the life they have created and don't understand that they did not create that

being. In some delusional way, the parent thinks they are the "determiners of life".

Most object relations therapists base their treatment on the popular "environmental hypothesis". This theory assumes a disturbance in the "rapprochement" sub-phase of child development. It describes a **failure in the separation-experience**, which normally follows the earlier stage of symbiosis. The borderline response is characterized by splitting every experience (with inner and outer objects) in either all good or all bad and a lack of object constancy (see later chapter on "psychological self").

Others describe a severe **personality mis-match between the child and the mother**: maybe the child was too temperamental for the depressed or overwhelmed mother to handle. Or, maybe the mother was emotionally **not able to allow the child to separate** and individuate. James Masterson, a prominent borderline therapist and theorist claims that every borderline's **mother is borderline herself**. Of course there is also a **genetic theory** and a **gender predisposition** theory, because statistically many more women seem to be labeled with this diagnosis than men. Which leads some researchers to an **endocrinal theory** and others to a

comparison to the good old "hysteria" of the Freudians. Finally, there is **biological** evidence of minimal brain damage, EEG abnormalities and a relationship to affective disorders.

**RE-WIRED NERVOUS SYSTEM, LOST INNER COORDINATES and  
PRECOCIOUS EGO:**

Whatever the case may be, the child tries as a response to trauma, to live from a different nervous system. It could be argued that the "nervous system" (actually the neuro-humoral system, which includes the neuro-transmitters and receptors located all over the body) is the essence of who we are. It mediates between the soul, the psyche and our body. You could say that the nervous system is - in direct connection with our glands and "chakras" (=antennas for and transformers of cosmic energy) - the messenger and organizer of our core. The borderline child somehow **re-wires its nervous system in order to survive and so loses its essence and true sense of self.**

As I imagine it, the child is that the child basically invents itself because it cannot draw on the parent as basic reference. In lieu of the proper establishment of what I call "inner coordinates", the child invents its own coordinates. "Inner coordinates" are usually established

slowly through the relational experience with a "good-enough" mother on a very primal psycho-physical level. In the process of bonding we establish a kind of "emotional zero-point", similar to adjusting our watch to standard time. In our example the borderline child does not have a reliable master clock with standard time available to adjust its watch to. It constantly has to guess what time it is.

In the borderline situation, the child re-builds its body for the parent. All experience is thrown into question, and that is the essence of psychosis. Because of the missing "inner coordinates", very simple everyday conventional building blocks of reality are not durable and reliable. (But they are better off than schizophrenics, who do not have coordinates at all!) Because the parent actively distorts the child's reality the child becomes insulated from reality and reality becomes meaningless. (In our time-example: Somebody intentionally and repeatedly telling you the wrong time.)

Scott Baum thinks that the child develops a "precocious ego". The child pretends to have an ego but it is an imitation. (In our time example: The child guesses or makes up and pretends he knows what time it is.) But who is really at that center of this person's life? If you attempt

to take away that precocious ego the person is terrified because there is no more source of energy except for the parent they now have to cling to. (Example: You are lost in a big city you don't speak the local language and you follow a crazy guide who intentionally or because he is crazy leads you to the wrong locations and you have no other reference.) Thus, on some level they truly have lost their core.

#### **THE BODY OF THE BORDERLINE:**

I cannot make any statements about characteristic muscular patterns in the borderline. As I described in the introduction, I have seen bodies which fit into almost every character type although there is a predominance of oral, schizoid and masochist defense patterns. However, my most successful client shows features of upward displacement and a currently very challenging female client is an example of the "swollen type" as described in Stanley Keleman's "Emotional Anatomy".

I understand that many borderlines have severe blocks in the diaphragm, and in their occipital region and are holding their bodies up with their viscera and not with their back as they are supposed to. What I can say from my touch work is that I often was amazed that superficially the

bodies generally feel softer than expected but there is a deeper level of in-penetrable tightness underneath.

### **THE CORE AND THE SELF**

Somatic therapies have not talked much about the issue of the self. That is curious if we remember that already Freud was talking about the fact that the "self is first and foremost a **body** self".

Wilhelm Reich seemed at that period more interested in the bodily, neuro-science view, and focussed more on developmentally later occurring traumata which responded better to the character analytic treatment. Later on, neo-Reichian - and with it Core Energetic - theory adhered to the psychoanalytic model (drive theory, energy economy) which does not help us to understand the very early defenses because it lacks a developmental (= neuro-physiological stages of child development) and relational aspects (= self-representation) included in this approach. The latter became a domain of object relations research and self psychology which resulted in an overlap of technical terms, theories and approaches. To confuse matters, there is also a transpersonal meaning for the word "Self" which is closely related to our Higher Self model. The terms "Core", "self"

and "Self" are therefore terms that need further clarification.

### **THE "CORE"**

In Core Energetics, the "core" represents the center of all goodness, the source of life energy and the place where we connect with and embody god. It is the source of positive undistorted energy, harmony and love. It is a spiritual concept as well as a psychological function, and a body concept as well.

## **THE "PSYCHOLOGICAL SELF" (self)**

The term "self" refers to conscious and unconscious mental representations that pertain to one's own person (@7, pg. 10ff) which are experienced in a biologic, fundamental way. It refers to an internal image, a mental representation (idea, feeling or fantasy) and is very private. It is a "felt sense". As Freud says: "The self is first and foremost a body self".

"Object" in contrast can be an external person, place, thing, concept or an internal image. The main tenets of object relations theory are based on the study of the development of the self.

Inner images are formed in the course of the infant's early relationships to its environment. External objects, when we feel energetically connected to them may become internalized over time. When this happens we call them "internal objects", which are mental representations in form of a feeling, fantasy, idea, image, memory. External and internal objects start having their own inner life amongst each other and establish "object relations". Object relations concerns the interactions of the self and internal and external objects (@7). It is the study of our heavily

affectively charged inner experiences of the outer world (i.e. projection on our caretaker).

*FOOTNOTE:*

*The main contributors in this field and the somewhat related fields of self- and ego psychology are Melanie Klein, Donald W. Winnicott, James F. Masterson, Otto Kernberg, Wilfred A. Bion, Heinz Hartman, Edith Jacobsen, Margaret Mahler et.al.*

Because of the function of the internal representations we can develop "good" and "bad" objects. The ability to hold a steady internal image of an object, (especially the mother, whether she is present or absent, gratifying or depriving) is called "object constancy" (14, Hamilton). Thus neither I am all bad or the environment (mother) is all bad in case of a temporary shortcoming of care-taking functions which are essential for continuity of relatedness in the face of crisis. This is usually accomplished during and after the rapprochement-subphase in children of 16 to 24 months of age and completed around 36 months. It is postulated that a traumatic break occurred in this sub-phase in the development of the borderline. It is characterized by splitting and projection, ego weakness, and an inability to modulate anxiety and other feelings, lack of impulse control and a poor ability to assimilate and sublimate. This is what makes the borderline such a volatile client to be with.



## **THE "SPIRITUAL SELF" (Self)**

In transpersonal literature, the word "Self" in capital letters includes the psychological self but also connotes an extension of the personal aspects of the self towards a spiritual dimension. While "self" gives us a sense of identity ("I am") the spiritual "Self" gives us a sense of presence ("I") within the whole. Spiritual work seems to be a process where we learn to expand our inner image and boundaries into a larger awareness of who we are. It is a stretch into the unknown and takes enormous courage(@9). It is the process of becoming one with the universal life force, god, while still being grounded in my bodily reality.

A.H. Almaas (@8) has written a lot about this concept of Self ( that he calls "essence"), as well as many Sufi teachers and Tantric and Shivaite philosophers and various contemporary transpersonal psychologists (Ken Wilber etc.). This concept of the "Self" seems similar to the concept of the "core" in Core Energetics.

## **THE CONCEPT OF "SELF" IN THE PATHWORK**

The basic concepts of the Pathwork approach (see @8, Susan Thesenga) seem to revolve around "consciousness" and the fact that we all can't accept our humanness. We, by

nature, constantly make mistakes and we are flawed and imperfect. In order not to feel the pain of our flaws we create a "false self", an idealized image of who we think we really should be ("I'm fine", "I'm OK!")- the "mask". Avoiding our true experience of the moment by avoiding our flawed nature, we create inner distortions and misconceptions. That costs a lot of psychic energy and separates us from the full experience of the life force as we contract our bodies.

Being human also means being in touch with the Life Force, being one in God. Interestingly, we are defending as much or more against this harmony with God as we fight acceptance of our flaws for fear of giving up our comfort and the known. We end up resisting knowing that we are more than our personality.

The "observer self" is the place from which we look at ourselves objectively and dis-identify from our many disparate aspects. We thus identify negative traits but do not identify with them. This attitude of awareness creates inner freedom.

Using the observer self you can look at the **first "map of consciousness"**: *The "mask self", the "lower self" and the*

"*higher self*". The mask is similar to the Jungian "persona", a reactive image we show to the world. The lower self connotes our negativity, unconscious dark energy, distortions and misconceptions. It is the center and origin of our destructiveness and long-forgotten choices for separation from the whole. The higher self, our "core", is the essence of our spontaneous positive life energy, also called true self in other models. Both the mask and the lower self are defenses which separate us from our core, which is the place of true identity, love and creativity.

There is a "**second map of consciousness**" (see @8 Susan Thesenga) which describes four levels of experiencing the world. They are: 1) The Child level (positive and negative), 2) The Adult Ego level (positive and negative), 3) Soul/Transpersonal level (positive and negative) and 4) Unitive level. The first and second map of consciousness overlap and interact and determine our place in life and have their reflection in the intensity with which our character defenses are acted out. The idea is to move towards the higher self and the unitive level.

My observation is that it is almost impossible for the borderline to take responsibility for the lower self. There is no observer self activated. They are locked together. In

Pathwork terms you could say that borderlines stay in the mask and the lower self but have no awareness of it whatsoever. This becomes very tricky, because they are so convincing that things are done to them, that they are victims and all the negativity in their lives is happening to them without their participation, that they are good people and do their very best, so much so, that I am often tempted to collude with their beliefs. With regard to the second map of consciousness they tend to stay on the negative child level.

There is also the concept of the "modifiers" which originates in the Pathwork teachings. Modifiers function as a kind of organizers of negativity in form of "fear", "self-will" and "pride". Their main function has to do with active separation from our Divine nature in form of "fear" as a refusal to trust and love, "self-will" as a refusal to surrender and give over, and "pride" as a refusal to be humble and ordinary. There is negative intentionality behind this refusal and one can sense the negative pleasure and authorship behind those emotional qualities.

The difficulty one may encounter relating these concepts to the already victimized borderline is that it has to be conveyed free from blame and further victimization,

and I am personally still searching for appropriate ways to convey this. With other words: borderlines may not be able to be responsible.

Another difficulty for the therapist is to actually recognize and nurture core qualities against the backdrop of drama, demand and upheaval these clients are presenting with.

#### **THE SOURCE OF EVIL: RAGE**

Given the high level of negativity exhibited in the borderline condition I am interested its origin. As with the rest of us, the lower self of the borderline is unconscious and there is not much awareness and authorship of it. They are in a paranoid position with it. Things are done to them.

I believe that the borderline unconsciously identifies with the violator. If as in our model the violating caretaker perpetrates malicious acts, consciously evil acts, then the internalized evil must be so unthinkable that it is banned from conscious awareness and exposure for what it is. By all means, everything has to stay in denial and has to be masked and acted out without the benefit of conscious awareness.

There is enormous rage in the borderline, but it is deeply repressed and it oozes out, not clearly owned as a feeling. That's why it can be so hard to be around them and the session often feels like a roller-coaster ride.

Susan Thesenga writes in *The Undefined Self* (p.157) "Anger is not, by itself an aspect of the lower self. Anger is a natural human emotion. It is an alarm bell in our psyche that signals that something is wrong in ourselves or in our environment. Anger helps us act, move, change. Without it we might stagnate in situations that are unhealthy for us. ... If anger is owned as a feeling clearly coming from the self, it need not be destructive. It is always better to feel anger than to repress it. Repressed anger will always be acted out in some indirect way. Anger becomes an expression of the lower self **only when it is used to hurt and destroy.**"

And we know from our characterological work that somewhere underneath the rage the pain from the original wound is waiting to be felt and transformed....

## **CORE OR NO CORE: THE BASIC QUESTION**

The premise of Core Energetics is that when we penetrate the mask we uncover and consciously "own" the lower self, we come in touch with the core of the being. From the lower self we can contact and express the original pain which allows us to surrender and reach for the core.

For the borderline person, the "core" is at least on a psychological level the source of all grief, terror and guilt. They must therefore hold back from their life force at all times. When a borderline reaches the core, he reaches a nightmare and therefore does not want to go there. Our usual understanding in Core Energetics is that behind all the splits, separation and evil caused by our lower self distortions there INFALLIABLY waits the higher self, the core, to be reached for and consummated and celebrated as our union with God.

For the etiological reasons mentioned above, (see chapter Theories of Etiology, p.14ff.) where we postulated soul rape by a malicious care taker (see @1, Scott Baum, Ph.D.), one may argue that borderlines don't have a core in the first place or won't know what the core feels like because they have never experienced it. Futhermore,

according to Scott Baum's theory, if they would reach to the core all they would find is absolute terror and devastation. So they won't go there. Period.

Whereas the experience of an "inviolable core" underneath all distortion and terror is a given for neurotic structures, it seems that for the borderline true contact with the life force does not exist. They hold back from the life force on a more intrinsic and insidious level. We might say that their "lower self" is even more ingrained than with other structures. The spiritual implications are clear. No trust in the life force means no trust in God, ultimately no place to surrender to. Emotional boat-people. A refugee with no country to go to...

Borderlines seem to be constantly inventing themselves. They seem to live from the periphery rather than their center.

Identification with that much raw pain may be the reason this kind of client elicits so much of my own pain, compassion, struggle and frustration in a session.

### **TRANSFERENCE and COUNTER-TRANSFERENCE**

"It takes one to know one....". I strive to discover the aspects in me that resemble borderline issues. That helps me to understand better and vibrate better with my client's experience. I think it would be very difficult to be a therapist for borderlines if you are unable to contact any borderline features in yourself because you would not be able compassionately to resonate with your client's experience.

The therapist's body always functions as a diagnostic and therapeutic tool. This is especially true for working with borderline. The therapist may experience a bodily felt sense of annihilation, rage, desolation, lost-ness and gripping need when present with a borderline client. These feelings have been invaluable guideposts for me in diagnosing and monitoring this condition. Other telltale

signals are my own strong responses to the "felt sense" I receive from my clients. One may feel angry when the client rejects the reaction or intervention of the therapist, or want to throw them out of the office or destroy them. One might feel an unbearable void, might feel totally lost, hopeless. One might get depressed or want urgently to leave. One might become aware of an "I-have-to-rescue-them" reaction vis-a-vis their restlessness and demanding neediness and pressure to be fixed.

On "good" days when I am energetically fairly "clear" and balanced as a therapist I may assume that what I feel is actually and accurately the client's feelings which are transferred onto me. My strong reaction to them would be also a sign of counter-transference. Both can be used successfully as diagnostic and therapeutic tools.

## **TREATMENT**

### **A) TREATMENT: GENERAL PRINCIPLES**

More than with other structures, the therapist herself needs to maintain a continuous and durable sense of self. This can only be guaranteed by unceasing inner work, self reflection, body work, meditation, prayer and creative use of positive introjects by the therapist.

On a psychological level it is essential to honor the client's pain, validate their experience, and show your own reaction. Show that you are human! (Caveat: They will get frustrated by you when the image of the "savior" loses its glamour. Which it must.) As you remember, borderlines are used to dealing with monsters and body snatchers, so a truly human experience might be conceptually difficult to hold and even intimidating, if trusted at all. It's not about healing but about being in reality! There is no place to go back into for the borderline, only reality to be in and live from. They never have had an authentic experience of being themselves. When a therapist says "be yourself", the client does not know what that means. Do not try to overcome what cannot be overcome. Beware of the possible collusion with therapist's grandiosity as master-"fixer". Show faith in the client. Respect their truth and limitations. Be very slow, patient, undemanding and present. And when all fails remember: all you need is love.

## **B) THE ENERGETICS OF RELATING TO THE OTHER: OBJECT-RELATIONS WORK AND CORE ENERGETICS**

The "other" is an essential tool for working with these clients. More than the other defenses, the borderline character is desperately searching for a CORE. And to a

larger extent than other structures they are under the spell of the evil forces of their lower self, in a state of extreme disunion. Because real bonds between them and their parents never existed and all they received was hostility, the therapist must be prepared primarily, initiate a "good-enough" bonding experience. Therapists need to provide a bodily felt experience of relatedness, warmth and good will. In the process, therapists will be part of all the terror, fear of contact, separation, rage and ambivalence this client is capable of. In order to get through this the healer needs to feel an intact sense of self and be to return to it when necessary. The therapist needs to be in contact with her own core.

The therapist needs to be in his own core as much as possible in order to be a durable, benevolent, "good object" for this client and to tolerate the extremely strong feelings elicited by the transference and counter-transference. He must be something of a messenger of god, a harbinger of all that is good and real and worthwhile in this world. All this has to be "good enough" and not perfect because we all are human and the client needs to learn about our humanity more than anything else, including the frustrations of it.

### **C) ACTIVE INTERVENTIONS**

In doing body interventions with a borderline it may be useful to consider that a baby learns primarily through its body senses. It is therefore not surprising that in adults, movement and touch evoke inner experience in a very powerful and direct way. Touch can invoke "transitional space", a trance- or meditation-like state where "good" and "bad" can be held energetically. This might be of particular use for the borderline with her characteristic difficulties with "object constancy" (see definition in section on "self" p.22ff.), the capacity to tolerate relatedness in the face of conflict and frustration. Because object relatedness is a direct perceptual non-verbal experience touch, movement and the direct physical presence of the therapist will have tremendous impact on the client. At the same time we also affect directly and indirectly the person's energy field through touch, breath work and movement.

**ENERGETIC EXERCISES:** Rosenberg and Rand (@9) say in their book that the primary goal of any energetic therapy should "not be release but should be the discovery of the Self and identity through exploration of the origin of the block". This is particularly true for the borderline client.

Active bioenergetic-style exercises including standing-up grounding will tend to over-stimulate the borderline and they will fall apart rather quickly. So this client needs to be grounded on the relationship level first, in the therapist's honesty, boundaries and presence. After that relationship is established, lying down and breath awareness with gentle touch might be just enough to stretch their limits but not overwhelm their system. (See organismic therapist Malclom Browns's book(13) on horizontal and vertical grounding.) Later in the process it might be useful to incorporate some of the assisted stretches from bioenergetic exercises and from yoga to help release tension gently and to discharge feelings safely. (See details in the following section on massage.)

**BONDING, TOUCH and MOVEMENT:** Bonding is ultimately a psycho-physical process. I think that some form of touch is absolutely essential. The multitude of information, that travels non-verbally in the act of touch between mother and child (client and therapist) is so much larger, faster and deeper than any verbal exchange. The key words here are "holding environment" and "good enough mothering" both connoting a mind-body experience of a safe if not perfect supportive environment. On the body level I often touch my client foot to foot or I sit next to them on a couch,

lightly touching them. We breathe together. I might hold their shoulder, elbow or wrist (John Pierrakos is teaching lately that the major chakras are replicated in those areas and you can influence them from there un-intrusively). With more advanced clients I might suggest trust exercises from gently "leaning into each other" to experiments with contact dance (= more extreme contact and weight transfer exercises) and the Continuum movement work developed by Emily Conrad D'aud which works with gentle unwinding and pulsation.

**MESSAGE:** With one client I had extremely good results with an adaption of **Gerda Boyesen's** method of **Biodynamic Massage** (see footnote below) based on 2 German books(@4). This is gentle hands-on vegetative (visceral)release massage using an electronically amplified stethoscope for audible bio-feedback of intestinal (endodermal) release. This approach gave me an ongoing excuse for hands-on touch to facilitate bonding, gave him a sense of accomplishment and participation when he could actually monitor the discharge sounds his own bowels created when he deeply released.

*FOOTNOTE:*

**GERDA BOYESEN** ("*Biodynamic Massage*") was a student of physical therapist *Aadel Hansen Buelow* and the early Reichians of the "*Norwegian school*"

*Dr. Ola Raknes, Nic Waal, Tryve Braatoey. Boyeson's work is very popular all over Europe, but never quite reached the U.S.A. The basis is a fascinating theory of "vegetative discharge as the physical equivalent of emotional discharge". "Vegetative discharge" is according to this theory mediated by the smooth muscles and the inner organs which are governed by the sympathetic and parasympathetic nervous system. The therapeutic intervention would seek to stimulate the peristalsis (intestinal movement) through massage and by the use of a stethoscope to hear the sounds of the peristalsis.(@4, see Boyesen, pp.35-58, and various articles in "Energy and Character").*

My client was also jogging 5 miles regularly which had a similar releasing effect on him, and helped him to clear his head and lessen some of his anxiety and compulsive-ness. We later regularly added **stretch exercises** to the session program like the "deep squat" position (grounding and discharge through legs) and the yoga "plough" (to help gently discharge his very tense occipital region and upper spine while giving him full control over the level of intensity). I also used a very powerful neck release technique which is, in sitting-up position, forcefully pushing with the thumbs against the occipital ridge of the client upwards and forward while the client resists the pushing. This will release the deep blockage around the upper cervical vertebrae and the occipital ridge This often did wonders for the pressure in the head and the anxiety the client was often complaining about.

**Caveat:** Some clients can get very dizzy from the sudden release of energy whereas others have had ecstatic experiences!). There was also a lot of verbal support and personal affirmation intended to strengthen his sense of self.

*FOOTNOTE: As successful as I was with this one client, other borderline clients found my particular application of the Boyesen massage method "stupid" or "not results-oriented enough" and I had patiently to find other less physically involved ways to be with them.*

Borderline clients need a lot of personal attention. For example, if you see your client only once a week it might be helpful for the client to have a massage session with a qualified practitioner. In my client's case, that gave him an emergency exit, and lowered his anxiety quite a bit because he knew there was someone else caring for him as well, just in case. Forms of adjunctive massage I would suggest here are: soft "Polarity" and gentle "Shiatsu" which both give contact, release and energy balancing. Deep tissue massage methods may be helpful later in treatment but I definitely would not start out with them. During the time when my client had an adjunct Swedish massage therapist concurrently (1x week for 2 years or more), I made sure that this therapist focused on my client's body awareness to help him stay present during the session, and we had a lot of

communication so that "splitting" (good parent / bad parent) was limited. For this reason it is important to make clear (to the patient as well as the bodyworker) that you are the main therapist because you are working on the characterological and transferential aspects and that the massage is to be the secondary, supportive element. I also required my client to report his experience to me after each massage visit.

The client I used to apply the above-mentioned Boyesen biodynamic massage with is after about four years of very cautious and repetitive work just now getting ready to work on a more characterological level. That means it seems he is now more ready physically to endure charge and express himself without flooding (i.e. he has a better "container") but he also is psychologically more mature and able to approach a level of self-responsibility and frustration tolerance where new challenges seem possible. He now is ready for the challenge of regular upright core energetic exercises. We also began to discuss certain chapters of the Pathwork book "Fear no Evil" (Eva Pierrakos, Donovan Thesenga) in order to lay the conceptional ground for deeper work on the characterological level.

#### **D) SELF DEFENSE TRAINING (adjunct)**

Because the trauma of a borderline patient may originate in a situation of abuse, studying self defense might give a sense of strength and empowerment to this client. The client will feel "You can't hurt me" or "I can defend myself". Many of these systems (aikido, karate, judo, women's self defense classes, etc.) work on centering chi energy in an upright position, and have a high level of integrity and a strong value system in their philosophy.

**E) AWARENESS, TRANSITIONAL SPACE, MEDITATION and the GURU PRINCIPLE**

The one thing most researchers agree upon in discussing the borderline condition is the loss of self. With loss of self goes a lacking in the "objective observer"-function and an existential locked-in-ness in the material existence. As I described in a chapter above, there is no psychic space available for this person.

Working on making this person's experience more "porous" is at the same time highly rewarding and prohibitively difficult. We have to work on three levels: The body, the mental and the trans-personal.

The other tools I know of and occasionally use, in addition to those described above, are derived from Eastern

and Western mystical traditions (Sufim, Tantra, Christianity, Hassidism, Zen, etc. as well as Gestalt, biofeedback and hypnosis) and there is fascinating work being done which relates those meditative techniques to modern psychological, especially object relations language(@10, @11). The common denominator is that these traditions all invoke the "subtle body". That is a state in which energy is held on a psychic level. It arises when we deliberately withdraw from the grip of our personal story and focus on awareness.

**AWARENESS:** From Eastern to Western traditions to modern Gestalt therapy "awareness" is surely one of the common denominators for inner work. Many of these traditions found out centuries ago how to utilize the body as a tool for increasing awareness.

**TRANSITIONAL SPACE:** As I mentioned in a section above, I consider work on "transitional space" (D. Winnicott, @15) essential to help the client out of the locked-in position they are in and to create psychic space. It's a space where we can hold contradictory experiences and learn to have "object constancy" beyond "good/bad", "right/wrong". Touch could serve such a function, so does meditation in a group, or the silence in the beginning of a therapy session. Art,

music, dance, playing with an animal, walking in nature, meditation, prayer and many other activities can evoke this experience.

**MEDITATION:** Many meditation practices utilize a bodily technique to focus awareness either by concentrating on or relaxing various body parts and by employing specific forms of breathing, counting, repetition of words and gestures, or chanting. The purpose is to slip out of the problems of the past (the "story") and away from the vicissitudes of the future and to be unconditionally present in the here and now. The practice of meditation as a tool for relaxation and - even better - for (temporary) liberation from personal history is therefore essential, in spite of the initial difficulties this kind of client will have with these approaches.

For the borderline the challenge and difficulty with meditation comes from the fact that it is a relational experience - with inner and outer objects - and because there is no solid "I am" at their core. At the same time and because of this, I see it as a great therapeutic tool.

**THE GURU PRINCIPLE:** I mentioned above that the borderline person was member of a "One-Person Cult" experience with the violating caretaker.

Because the client enters, with us as the therapist, a similar archetypical relationship whether we want it or not, it is useful to be aware of it.

In the right circumstances and the optimal condition it would seem beneficial for some matured borderlines to join a responsibly led therapeutic community, spiritual path or inspirational community (like the Pathwork) to allow a safe community experience and to help evoke soul through the group.

**CAVEAT FOR BODY TECHNIQUES:**

Especially during and right after my Core Energetic training I thought in my enthusiasm everybody needs our upright body techniques for grounding, charge and discharge, but, for the borderline it is a matter of timing! There is a danger of **adverse reactions**, particularly over-charge and flooding. They come in charged up and tense and angry with a sense of urgency for release but when I do what usually works well for more rigid structures (grounding, hit, kick,

scream, express, massage) it has an aggravating effect, getting more into their heads, splitting etc.

But, we must expect for ANY intervention possibly to elicit adverse responses, even when using "only" verbal interventions. **Remember that one of the suspected causes for borderline disorder is that the parent could not handle the child's energy.** To be on the safe side, I pace sessions slower, and I use much softer techniques than I usually would.

**CAVEAT FOR VERBAL INTERVENTIONS:**

I also select my words, metaphors, phrases much more carefully as they can trigger a whole cascade of meanings (or don't have any meaning at all for my client).

Borderline clients often cannot relate experientially to words or exercises. In those instances it feels like talking about colors to a blind person. This can be quite painful and frustrating for the client as well as for the therapist. As an example, I have a client who can't feel me when I am sitting opposite her and if I touch her she describes her experiences in a very sterile and unconnected way. If I ask her to "go inside" the same client gets panicked because she really does not know experientially

where "inside" is! Then she gets more upset and hopeless because I can't explain to her where inside is for her and how she can get there. When I use metaphors out of lack of other ways to guide her on she gets locked into a particular meaning of a word which further keeps her from the so longed-for experience of "interiority" (awareness of a core self).

#### **CONCLUSION:**

On a good day I can give up my illusions. I can relax into the fact that it will never be me who will fix this patient! With growing clinical experience, I find myself talking and doing less in my sessions. I stay in silent communion more often. Waiting. Getting out of the way. My advice to myself is "Shut up and be present". I call it the "Zen approach to therapy". I continue to charge my own energetic system, make sure that I breathe and hold my own sense of self intact, and I set my intention on personal integrity and on really being there for this client as a positive and benevolent "object". And I pray! In front of a powerful situation as this one I must acknowledge that I am powerless. Technique alone won't do the job. All I can do is to make myself available. The real healing arises, like in the bonding process of mother and child, through the un-interrupted, reliable, non-verbal felt connection (bonding,

holding environment) and not from "doing" some intervention nor from repeatedly saying "I love you". It comes from me fully holding my own experience of Self; in our language: from experiencing my own Core, while riding the roller coaster of life along with my client. More and more, I am committed to trusting the idea that ultimately my own love, trust and deep self-acceptance, which are but an expression of my own core, will do - indirectly - the healing work for the client. The alchemy is happening when I get out of the way. Soul is invoked. Then sparks of trust and love can fly. My borderline clients have been patiently trying to teach me this all along. It was me who took so long to get it! Bless their heart.

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*An excellent, readable primer on object relations work!*

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an introduction to the Work of D.W. Winnicott", (Brunner and  
Maazel, 1990)

A great overview of D.W. Winnicott's work!

## OVERVIEW OF INTERVENTIONS

### "SOFT" TECHNIQUES OF TREATMENT;

#### \*MAIN TOOLS:

grounding

boundries

touch

relatedness

Gestalt awareness

work with transitional objects

facing

bonding

breathing

movement relating

stetching

massage

biodynamic massage

hands on/contact

conceptual framing

pathwork principles

mirror work

eye work

voice work

trust exercises

ego strengthening activities

**\*SUPPORTIVE**

meditation (various techniques)

work with the guru principle

prayer

nature

pleasure

self massage

self defense techniques

relaxation techniques (Jacobsen, Autogenic Training)

softer active meditations: Devavani, Gibberish, Nadabrahma,

Latihan

chanting

partner exercises

Open space meditation (Focusing)

bibliotherapy

**\*ADJUNCTIVE**

yoga

tai chi

chi gong

continuum

sacred dance

discharge exercises

improvisational dance

Cross crawl

Alexander/ Feldenkrais

trust exercises

Circle dance (Sufi)

acupuncture

shiatsu

cranio-sacral therapy

## **"STRESS EXERCISES AND EXPRESSIVE TECHNIQUES"**

### **\*Discharge**

squat

elephant (hang over forward)

plough (yoga)

"Lelia method" (see above)

### **\*Expressive**

when appropriate hit, kick, scream

### **\*Charge**

rarely appropriate!