

C1 AB to Stg I

P. We broke it off the Saturday before Easter. We went to the mall to see some movie, and she was on the cell phone talking.

T. During the movie?

P. Yeah, and I was like, 'Hey! You better hang that up or else we're going to get kicked out.' And she said, 'Don't you tell me what to do!' And she's going on and on, 'Blah, blah, blah. And some other guy turns around and says, 'Do you mind?' And I said, 'It's not me! She's the one talking.' And so she just kept going on and on, and I'm just like, "Hey, we are going to get kicked out.'

T. What were you feeling at that time?

The therapist is helping the patient to identify and verbalize his emotions, consistent with Association techniques and narrative development.

P. You know, she told me to shut the heck up and that if I didn't, she was going to embarrass me in front of the whole theater. So I kept my mouth shut and it's like, "is she going to keep on?" But, she finally hung it up and fortunately we didn't get kicked out.

T. Okay, so let me just go back over the sequence of events. So you were at the movie theater and...she kept talking on the cell phone even though the film had started. And you turned and told her to be quiet. And she gave you a hard time and dismissed you and kept talking, and then the other man said, "Do you mind?" You said, 'No, it's not me, it's her.'" And then she threatened to embarrass you if you didn't be quiet.

The therapist simply repeats back the sequence of events. This technique of the Ideal Other serves to reify experience and to help the patient feel understood by the therapist.

P. [Laughs]. Yeah! I was like, 'Wait a minute here! What the heck?'

T. What were you feeling at that time?

P. I was feeling like...like I had no control over the situation I guess...

T. Would you say powerless?

P. Yeah. What was in the back of my mind kind of was, maybe I just should grab the keys and leave her there, but I thought I probably shouldn't do that, it would just make things worse. Even though I knew that this is like, this is over.

T. Were you also feeling embarrassed?

The therapist's uses his empathic capacity to guess what the patient may have been experiencing. This therapist is attempting to help the patient to more clearly define and differentiate between various emotional responses.

P. Well yeah, because everyone was just looking around and I was thinking, "Can't you just wait until the end of the movie?"

T. Mmhm.

P. And if that wasn't bad enough, the mall was open late after the movie and she wants to go buy earrings. And I said, 'I'm not going to buy anything! I am not buying a single thing! And she's just like, "Well you don't have to buy anything! I'm going to use my own money.' I'm like, 'Well, okay.' And she's just lolly-lagging around. And I was just getting even more frustrated because I knew that she just...she just totally used me, you know?

The patient has made an attribution about his experience by stating, "She totally used me." The therapist has an option at this point to employ an Attribution technique, e.g. "You almost seem to be trying to convince yourself that she was using you. Does part of you question that?" However, given that the patient is still in Stage I, the therapist opts to bring the patient back to the level of experience and continue to help the patient define and differentiate his emotional experiences.

T. Okay, but let me go back to the events in the movie theater because, you know, a lot was going on there. And you were feeling powerless and embarrassed and...was it anything else that you were feeling?

P. [shrugs] I think guilty for asking her to quiet down.

T. Guilty. Hmm, so can you say more about this guilt feeling?

P. Well, I just...I didn't want to be mean to her. I guess there was a part of me that still didn't want to lose the relationship, even though I knew more and more that I was hitting the rocks.

T. So the guilt was tied somehow to you not wanting to lose the relationship?

P. Yeah.

T. But, were you also feeling angry or frustrated?

P. I wouldn't say angry. I was feeling frustrated because I was feeling for the other people around who were trying to watch the movie. And I was frustrated with her, even before, because she was complaining about something else in the car. And she just kept going on and on, and I knew that this was it.

It is very difficult for patients with borderline pd to admit that they are angry. In their minds, being angry is equivalent to being bad. They much prefer to use softer words, like frustrated, irritated, or annoyed.

T. Now I think I...this really brings in one central conflict that you have, or one central question, that is, 'Do I have a right to be angry? Am I being bad for telling her to be quiet and should I feel guilty because of that? Or, should I feel angry or frustrated because of her mean behavior? That is, "Is it my fault, or it is her?" And it's kind of difficult to integrate or solve this issue for you.

The therapist is demonstrating the technique of framing, introducing the patient to the central thematic question of: "Do I have a right to be angry?" and also introducing the patient to a central opposition/conflict in self-image between victim and perpetrator. Framing strengthens the alliance by decreasing anxiety, providing a sense of certainty, and suggesting a treatment task, i.e. integrating the two opposing self-images.

P. [Nods]. Yeah. I just...I don't even know why I went.