The 5 Questions: How to Help Clients with Borderline Personality Disorder Identify and Reach Meaningful Goals

Elinor Greenberg, PhD, CGP

56 West 87th Street
New York, NY 10024
(212) 580-9258
elinorg@mac.com

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If you don't know what harbor you are headed for, no wind is a good one.
--- Seneca the Roman

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Clients with Borderline Personality Disorder (BPD) often find it difficult to identify and reach personally meaningful goals. When they do identify a goal, they tend to state it in a vague way without creating a specific, realistic plan about how to reach it. Left to their own devices, they may talk about the general issue for a couple of sessions and then not bring it up again for months. Or they may mention a specific goal (such as losing ten pounds, stopping drinking, or learning a foreign language), take a tentative step towards actualizing it (start a diet, join AA, or sign up for a class), then seemingly "forget" about the whole thing before they actually reach their goal. This may happen over and over again without any significant progress towards reaching the goal ever being made.

Gestalt Therapy Theory

In Gestalt Therapy "Figure/Ground Formation" theoretical terms, the goal and all their personal reasons for wanting to reach it either: (1) stays vague and never becomes a clear, bright, compelling figure because other emotional and practical needs compete with it for attention, or (2) it temporarily becomes a clear figure, but then quickly becomes part of the unseen background of experience as soon as inner or outer obstacles to its attainment are encountered. On their own, clients with BPD tend not to find their way past this impasse (Greenberg, 1999).

The Five Basic Questions

I have developed the following five questions out of a desire to create a simple system that therapists can use to help clients with BPD identify and reach personally meaningful goals. Of course, this same system can be used to help anyone who has

difficulty reaching personal goals. The questions are design to help clients focus, introspect, and keep their goals and the steps needed to reach them as meaningful clear figures.

Of course, there are also many other potentially useful ways of phrasing these questions and accessing the underlying related issues. The ones that I have used here are meant as models, not prescriptions.

1. **The Goal:** What change would you like to make in your life now?
2. **The Specific Steps:** What specifically do you need to do this week in order to start to make that happen?
3. **The Reality Check**: What inner or outer obstacles might get in the way of you taking those steps this week?
4. **Dealing with Obstacles:** How will you deal with the obstacles that may come up this week?
5. **The Motivation Check:** Are you committed to doing what's necessary to meet your goal this week?

The Five Questions (and the steps in planning that they represent) can help BDL clients identify personally meaningful goals and realistically plan the steps necessary to reach these goals. The basic intention here is to help clients master a structured way of approaching their goals that, once internalized and personalized, can be utilized outside of therapy for the rest of their life. Learning the structure, how to think and plan and overcome internal and external obstacles, is what is important here; not the achievement of any particular goal. Paradoxically, one could say that: *the goal is not the goal.*

Except in emergency situations where a client's or someone else's immediate safety is at risk (such as during a psychotic break or when violence is a factor), it is extremely important that clients set their own goals and create the specifics of their own plans. This tends to diminish resistance and increases the client's sense of ownership of the results.

The Role of the Therapist

The role of the therapist is to:

1. Ask questions that encourage introspection and problem solving,
2. Elicit the client's own thoughts and solutions to obstacles,
3. Model the types of questions that need to be considered in order to reach meaningful goals, and
4. Help the client work through the emotional issues that inevitably come up in this process.

This whole process can be very lengthy and repetitive. In addition to the usual resistances that many of us have to doing something new that seems hard and possibly unpleasant, many clients with BPD also have unrealistic expectations and desires that get in their way. Many want to be taken care of, actively resist taking on adult responsibilities (such as doing laundry and paying bills), and hold many unexamined and unrealistic beliefs and expectations about life. James F. Masterson (1976, 1981) used to say that the Borderline motto was: "Life should be easy and somebody else should do it for me."

With some clients it may takes years of starts and stops and restarts before they achieve a single meaningful goal that they have set, even though they may be making considerable progress in other areas of their therapy. In fact, it is the progress that they make in therapy on other core issues, such as understanding themselves better, dealing with emotional pain and past hurts, resolving inner conflicts, and becoming more integrated and whole that allows them to make progress on their other, more specific life goals. As clients' resistances emerge in this process, they need to be repeatedly and patiently explored and addressed by the therapist.

What Not to Do

It is important for therapists to be patient and realistic about how lengthy this process can be. The clients' complaints about their lack of progress towards their goals and the therapist's own desire to be of help can tempt therapists to try and take a shortcut. Then, instead of the client self-activating and accessing the client's own real wishes and motivation, therapists may be drawn into suggesting goals for

their BPD clients and working out the details of their plan for them in attempt to bring the goal to completion.

Remember, *the goal is not the goal*. Taking over just reinforces clients' sense of inadequacy and does not build the necessary internal structure to go forward on their own. It is as if you went to the gym with clients, lifted their weights for them, and then expected them to become physically stronger.

Break Larger Goals into Weekly Steps

I have purposely used weekly goals in these questions, because most larger goals need to be broken down into smaller components that require weekly steps and most clients today see their therapist only once per week. These questions, therefore, can also be used to develop meaningful homework assignments for clients so that the therapy work continues between sessions.

The following is a clinical example that illustrates how the questions might be used in practice.

Clinical Example:

Rachel, a 31 year old, complains in therapy that all her good friends have moved away and identifies a tentative solution:

Rachel: "I really, really need to get out more and meet more people."

Therapist: "What would you need to do this week in order to make that happen?" *(Therapist skips to question 2 and asks for specifics because question 1 is implicitly answered by Rachel's original statement*)

Rachel: "I don't know. I guess make plans to go to some event where I can meet more people." *(Vague, general answer)*

Therapist: "Do you have a specific event in mind?" (*Therapist again asks for specifics without making a suggestion of her own*)

Rachel: "Someone from work is having a party Friday night. I guess I could go to that."

Therapist: "You don't sound very enthused or certain." *(Calling attention to a possible obstacle, question 3)*

Rachel: "Well... I have to RSVP first and find something to wear. Everything I own is either dirty or inappropriate or makes me look fat." *(List of obstacles)*

Therapist: "It sounds like you have a couple of specific things that you need to do in order to go to the party. Do you have a plan?" *(Question 4, dealing with obstacles)*

Rachel: "The RSVP isn't a problem. Actually, I don't think anyone will care if I just show up. It's not that formal an event. Just a get together really. If I bring a bottle of wine or some beer everyone will be happy. The problem is I hate how I look in clothes right now. I feel fat." *(An emotional obstacle)*

Therapist: "What can you do before the party so that you feel more satisfied with how you look?" *(Question 4, dealing with obstacles and not getting sidetracked into a discussion of her body issues)*

Rachel: "I think I have to go shopping or maybe just bring some cleaning in. I could go home when I leave here and go straight to the cleaners. At least then I'll know I definitely have something to wear that I feel okay in. If I wait and go shopping, I might not find anything. I can always go shopping anyway if I have time. If I get really insecure, I can have my makeup done at a department store before the party."

Therapist: "It sounds as if you have the details worked out. How's your motivation? Will you do them and go?"

Rachel: "Yeah. I'm pretty sure I'll actually do it. I'm lonely and want more company. Anyway, it's the details that usually derail me."

Basic Guidelines

1. Let clients set their own goals

If you set the goal for them, this reinforces their sense of personal inadequacy and encourages passivity. It also allows them to project their "Top Dog" onto you (the part of them that wants them to do things) while they resist and enact the role of "Under Dog" (the part of them that wants to evade doing anything on their own behalf).

2. Follow up in the next session

If clients do not spontaneously volunteer the information, ask about their success in taking the steps toward achieving the goal that they had set. "You haven't mentioned the party. How did it go?"

3. Remind them of their goal

Borderline clients tend to "forget" to continue working on their goal and, left to their own devices, may not mention it again for weeks or months. Therefore, if they stop talking about the goal, say something that reminds them that they had set a goal for themselves, such as: "Rachel, I notice that you stopped talking about wanting more people in your life." Or: "Have you done anything else since the party to get you out more and meet more people?"

4. Stay with the present reality

Focus your questions on your client's stated goal and what he or she can realistically do **now** to achieve it. Otherwise these clients tend to find reasons to put off dealing with their goals until some hypothetically ideal time when all of their fears and objections have been magically dealt with without any effort on their part (i.e. when they are thin, beautiful, rich or more confident or whatever they imagine would make achieving their current goal easier).

Common Roadblocks

While some higher functioning clients with BPD are happy to get guidance on how to set and reach goals and may make fairly quick progress; others may be highly resistant to making any changes in their life, even when the benefits to them are obvious. The following are some of the actual things that BPD clients have said to me and how I have responded in order to move the work forward.

Example 1: Passivity rationalized by illogical thinking

Client' goal: Getting healthier

Client: "My doctor said that I need to get more exercise and that I need to go back to physical therapy to strengthen the muscles around my knee so that I can avoid knee surgery. (*Going to the doctor was the specific step she identified two weeks ago in response to Question 2*).

I really don't want surgery. I know I need to go to physical therapy, but I'm having trouble sleeping because my knee pain is waking me. I think that I'm going to have to wait until I'm sleeping better. I'm too tired to even think of going. I almost didn't come here today." (*The obvious flaws in her reasoning seem to be part of the unseen background)*

Therapist: "I'm not sure I'm following your reasoning. If your problem sleeping is coming from your pain, how will you be able to get more rest without fixing your knee?" (*Highlighting the flaws in her reasoning about how to deal with this obstacle and making them figure)*

Client: "Well sometimes it gets better on its own. It's not always this bad." (*Excuses for not taking action)*

Therapist: "But I seem to remember that when it wasn't this bad, you didn't do anything then because you told me the pain wasn't bad enough to motivate you." Is that your recollection?" (*Making her past excuse for inaction figure as a way of encouraging her to grapple with the flaws in her plan about how to reach her goal)*

Client: "Yeah. I guess when you lay it out that way, what I'm doing will never get my knee fixed. Even if I don't want to, I have to find a way to get myself to physical Therapy now." *(Taking ownership of the goal again)*

Example 2: Self-destructive acting-out rationalized by emotional neediness

Client's Goal: Have a healthy, stable relationship with a woman

Client: "My girlfriend broke up with me last night after we had a fight about her suspicions that I was seeing other women. I got so mad at her that I went out and got falling-down drunk and drunk-dialed her. She didn't answer her phone, so I left a long message telling her that she was a fat, ugly loser who was too old for any man to find attractive and I never would have married her anyway. Now I want her back, but she won't pick up her phone."

Therapist: "Were you seeing other women?" *(Making reality foreground)*

Client: "Yeah. But there was no way she could have known for sure. Anyway, I really think that she is the "one," despite what I said. The other women didn't mean anything to me, I was just lonely while she was away on a trip."

Therapist: "Then, why did you say all those things to her?" (*Encouraging introspection and for the moment dropping the issue of his seeing other women)*

Client: "Well, how could she just abandon me like that? I couldn't take it. I had to do something." (*Justifying his behavior even if it sabotaged his goal)*

Therapist: "Really?" (*Said skeptically*) "And that something had to be getting drunk and leaving a long message that you knew would make her hate you?" (*Underlining the fact that he had a choice about how to deal with the situation)*

Client: "Well, maybe I could have done something else, but I don't know what."

Therapist: "What about the stuff in your "Emotional Tool Box"? (*The "Emotional Tool Box" is a list of activities that he created in previous therapy sessions filled with productive things that he could do when he needed to soothe or calm himself*)

Client: "I didn't think about that then. I was in the moment. I just forgot everything but how hurt I felt."

Therapist: "Even if you get her back, there's probably going to be other times when you feel hurt or abandoned by her. " *(Making long-term reality figure*) "If you're not going to cheat on her and get drunk and say things to harm the relationship, what are you going to do?" (*More reality about likely obstacles and asking for specifics about how to overcome them)*

Client: "I think I'll just wait and see what happens. Maybe this will just work itself out. (*Resistance*)

Therapist: "Has that approach worked for you much?" (*Encouraging introspection and focusing on reality)*

Client: (Laughing) "I guess not."

Conclusion

As the above client vignettes illustrate, it is not an easy task to help clients with BPD identify and stay focused on achieving personally meaningful goals. At some point, most of these clients forget why they set the goal in the first place and wish that you, the therapist, would forget about it too. There is a clear split between the part of the client that wants to take charge and become a responsible participant in his or her own life and the part that just wants to do whatever is easiest. As I told one client, "Your adult made the appointment, but your child seems to be the one that comes."

All of this requires a great deal of effort on the part of the therapist. The therapist must be what the client cannot be: stable, reliable, focused, realistic and persistent. It is the therapist who must initially hold in mind the whole scope of the client's reality: the client's past experiences, present goals, and the likely long-term outcomes of the client's current attitudes and actions. In fact, one reliable way to measure the success of therapy with clients with BPD is that over time in successful therapies, the burden of the work shifts from the therapist to the client.

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