

CHARM AND ALARM

BORDERLINE PERSONALITY DISORDER

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No one has more tricks and less playfulness

1. In order to feel safe, not crazy, the borderline is driven to make others feel crazy (emotional induction or interpersonal projective identification.) As soon as this is achieved she is relaxed, temporarily.

a. Charm. She (or he) can detect what others want to feel or think about themselves and becomes irresistible to her target. This intuitiveness is often described as uncanny.

b. Alarm. A horror movie, she swings abruptly to whatever is completely opposite, in order to fill him with everything her life is, all the murderous torment she brilliantly concealed during the Charm phase.

The rug is pulled out suddenly, loss of balance immediate, he crashes to the floor, shaken, disturbed.

The target is now filled with confusion, terror, frustration, helplessness, and self-doubt.

And he is speechless because up to this point it had been pleasurable and exciting, and comfortable. Or, *challenging* in a way he likes. Or, beautiful and pitiful, for example, if the target is a social worker.

Now he's surprised, tongue-tied, frightened, deflated, and it's the first time he's experienced anything like it. **It has to be new to work.**

At that point, having alarmed her target of the hour, the borderline is calm, in fact she feels pretty good. And unconscious.

She doesn't understand what's the matter. "What's *wrong* with you?", she asks her victim.

She isn't a psychopath, but so close. The borderline is much more unconscious and suffers all the time. (They have been described as "failed psychopaths".)

Psychopaths have no amnesia. They plan similar routines but consciously, carefully, and observe themselves enacting it. Even saying "what's *wrong* with you" will have been part of the plan.

Unfortunately for the borderline, there is no such self-awareness. They're as confused as their target about what just unfolded while feeling calm and rational.

If confronted, they might guess they were temporarily "possessed" (an external force is responsible).

As the other recovers, the borderline becomes deflated.

But deflated in a way that is desirable, having without thought devised new ways to charm, being impossible to resist (unless you have *sufficient paranoia* in general, see below).

Sidebar.

A parent who is borderline feels crazy and in danger, especially when alone with a baby. She needs to alarm the baby. The baby is startled, over time frightened, anticipating. The mother sees her alarm and fear in the baby and calms down, because now the baby is the one in danger.

A borderline parent is annoyed by an easy-going child.

She is also annoyed, because she's unconscious, after succeeding at her mission to unsettle and frighten the baby.

Does the baby have reflux? Is the baby on the spectrum? she wonders.

Her feeling of being in danger, out of control, returns. The pattern repeats. *Life is scary, sweet little baby.*

All narcissists split

2. Borderline personality is often described as the “splitting” disorder (I'm bad, you're good, you're bad, I'm good). This is a misunderstanding of the narcissistic disorders. All narcissists split. It's basically the definition of narcissism, or pre-ambivalence.

The only difference is that the borderline's shifts are swift, dramatic, and involves others.

(The hysteric also splits dramatically, but the target is his body, the relationship is with himself.)

But all unconscious narcissists (avoidant, psychotic, dependent, borderline, somatizer, psychopath, normopath, schizoid, bipolar) split.

Exposed in infancy and childhood to particular kinds of repeated, ritualized environmental failures, narcissists, no matter how high-functioning as older children and young adults, split.

In other words, those who are frozen before language is acquired are incapable of either defining or recognizing ambivalence.

This narcissistic dynamic is easier to observe in large group behavior, for example:

We're good, the people in the other country over there are bad.

Splitting is seen as the defining symptom of any ongoing extremism, such as: Women are good, men are bad. Republicans are evil, Democrats are saintly.

But there is a difference between the type of splitting we see in bpd and that characteristic of other types of narcissism. The borderline's swings from good to bad and bad to good are frequent, rapid, startling, and include another person (in contrast to those whose conflicts are a struggle between opposing *internal* objects).

The sudden shift makes it alarming. It feels dangerous, although there is no real danger, almost always.

The borderline doesn't know how to hide, the way other narcissistic types do. They are fully exposed to the world, with little self-knowledge, no *self*, and tortured.

The target learns that the borderline's request is, *please help me maintain instability*.

The other is perceived as awful and disappointing when he's nice, when he wants to provide a safe environment in which to connect.

The borderline is threatened by a safe space, and connection is unbearable. They *hate* safe spaces and do all kinds of things to make it unsafe and unpleasant as quickly as possible.

Don't be consistently nice to a borderline, unless your intention is to drive him or her away.

The safe-space group therapy setting is basically an opportunity for the borderline to demolish all the sympathetic, warm attunement being offered.

Because of the speed and frequency of changes in position and mood, borderline personality is the most likely to encourage those who know her to question their sanity, even their desire to go on living.

If *alarming* was all she could do—if she lacked that remarkable ability to charm—she would have no one, because she *is* no one. She has no self, only dark compulsion.

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Over time, the effect of anyone's disorder directed at an other is boredom.

What was unpredictable becomes predictable.
What was exciting is now only exhausting.

Although they were initially pathologically irresistible, no one becomes more unloved and dreaded than those whose original mission is to invade the soul of another. This person becomes despised. She'll have to move on.

(Therapists: be cautious when a client suddenly asks to increase frequency of sessions. That request, coming out of nowhere, is often a message to the therapist: *You don't know how to help me. Maybe if I come more often you won't be so useless.* In the case of the borderline, he isn't aware that he has formed this opinion and acted on it, so he can malign the therapy even more.

As It Winds Down

At the end, she forgets to charm, feeling only weary, endangered, crazy, desperate. Often the bp will attempt to switch to some opposite behavior, something different than what used to work so well. It doesn't work, though.

A typically shrieking borderline husband calmly whispers "Elizabeth"—he doesn't *feel* calm, he feels desperate, he's about to lose what he ruined—"Come here, please. I'd like to talk to you about something", he says, knocking the other off guard again, sending a shock of terror through her, *because he's never calm and quiet. Is he? Who is he?*

The last time he alarmed her by becoming very quiet was so long ago that she forgot. **No personality has more tricks and less playfulness. There is no sense of humor.**

Amnesia in the partner is required for the dynamic to go on. It is impressive how bpd can spot those who are susceptible, turning away from others.

They are cold to anyone impervious to their hypnosis, those who see through them. Often a family member of her current victim knows as soon as they meet.

Nearing the end, because she ruined and defeated too many times, it is often too late to stimulate either desire or alarm. The other is going. He's gone.

Will the borderline kill herself? Unlikely. (See below, "everyone's happy ending".)

The "intellectual researcher" type is the borderline's soulmate

Intellectualizing is often used as a resistance against the (correct) strong suspicion that this person is going to cause a lot of trouble.

The borderline is brilliant at attaching himself to someone whose own defence/disorder is intellectualizing. Why?

First, at some level he knows he can't connect, relate, love, attach. He doesn't even know what those mean. The borderline can only suffer and cause suffering, feel crazy and induce craziness—charm, then alarm.

He finds someone who is attracted to him for some reason other than connection—such as the "researcher."

Someone who intellectualizes as a defence is often attracted to disorder—to those full of chaotic feelings and disturbing behavior because, she imagines, this new client or boyfriend will be fascinating to research.

Promiscuity isn't about sex

The common inclusion of promiscuity in the definition of borderline personality should not be confused with *sexual* promiscuity.

What it really means is that, to the borderline, everyone is easily and instantly replaceable.

That's what promiscuity means in the borderline psychic structure. You are easily replaceable even though you will be given the opposite message.

She'll *kill* herself if you leave, she says.

When you do leave the relationship (or refer the client to another therapist) she forgets about you by the end of the day.

For those who take borderline personality on as a project, realizing how quickly they are replaced is often hurtful. Many engaged by borderlines prefer desperation over the truth: no suicide, only replacement. Almost immediately. After you invested so much time and energy!

They don't really care who they latch onto from one month to another, one year to another, as long as the person is willing to go along with their requirements, which no one should do unless feeling unhinged, unstable, and exhausted most of the time, is tolerable or wanted.

The ones we call the "high-functioning borderline"

She mesmerizes you in some way, then threatens to kill herself, then disappears.

The so-called "high-functioning" borderline won't say "suicide" or "kill", but will casually threaten something else like "quitting" or "taking a break" after telling you how great you are, then leaving abruptly after two months of therapy.

But then the high-functioner *mimics* sanity and charm. She plays irresistible and you don't do the killing.

For some reason, the target doesn't end the relationship at that point. He keeps working at it.

Now that you've figured her out, you imagine,, you think your interpretations will have an effect (they won't).

The only effect your hard work has is to reassure her that she's gotten you hooked again.

All that means is that he knows how to mimic a high-functioning borderline when it's useful to do so.

The (so-called) "high-functioning borderline" means that his shift from seeing you as fabulous to seeing you as useless, or bad, takes two weeks instead of two hours. He's just a bit less predictable because intelligent bps are smarter at knocking people off guard. They're "high-functioning".

Then maybe for two weeks at the most he is again your most charming, or intelligent, cooperative-sounding, or intriguing, or beautiful, patient, husband, acquaintance, or big sister or friend again, one of the most talented/thrilling/exciting/interesting people you've ever known, or in need of help that only you are capable of giving, according to her.

One of the approaches to treating borderline personality involves the therapist learning to know and not know at the same time.

We say "I'm puzzled" to the bpd often.

We are not puzzled. Research into talk therapy approaches shows that *acting* the patient, thinking with one mind, is powerful.

Verbalizing deranged without acting deranged is a form of therapeutic projective identification.

The therapist can "speak" borderline without feeling anything.

Borderline personality, because it always involves other people, is easier to treat than, for example, hysteria, which involves a person and his body.

Therapist: "I'm uneasy. Are we safe?"

DBT, from the little I know about it, is clever, especially regarding structure, the therapist withholding everything until the patient adheres to the structure. No tentative, sympathetic gestures from the therapist.

The therapist not only knows everything the client is up to but doesn't hide that from him. Until he stops acting against the structure (threats, disappearing, cancelling), the therapist refuses to discuss any other topic.

If the client wants to talk about his horrible mother or where he hides his blades, first he has to respect the structure.

When it works, acting out is replaced with showing up and talking.

Because *acting* dread, by not showing up, is replaced with feeling dread and showing up, the client/patient/your bp is rewarded by getting to talk about everything, like cutting, about hating his sisters, and how persecuted by the therapist she feels.

People act out to defend against feeling. When someone who is bp is ordered to stop acting, she'll start feeling. Then she's allowed to talk. This is the insight of DBT. I hope that the followers of Marsha Linehan understand as well as she does.

Mostly I hope that practitioners of any type of therapy learn to assess the difference between hysteria and borderline personality.

Because of the political mission to eradicate any acknowledgment of hysteria, those suffering from it are usually tossed into a psychiatric pile with BPD and misdiagnosed. The two are radically different.

Insufficient paranoia

Was I smart today? the target has been induced to wonder. *Did I talk too loudly? Am I crazy?*

I feel crazy. This is surreal.

Will she leave me?

Why do I care?

Therapists are especially vulnerable because they're so smart. They study borderline personality. They know the pattern of behaviour. They imagine they aren't vulnerable to induction.

After the first sudden alarm, therapists who are only mildly interested in self-care (usually the inexperienced, but not always), are the most likely to be certain that this patient no longer has the power to unsettle him. The therapist imagines his guard is up.

Of course his guard is up, until the borderline knocks him off guard again suddenly with some creative new irresistible ploy.

What a therapist does with this, how it is understood, depends on the therapist's style, her personal tolerance for accepting being targeted, her level of interest in treating people with this disorder.

The Boundary

It also depends on the therapist's willingness, or not, to be charmed by things completely unrelated to psychotherapy.

A common unspoken wish of both parties is to be free of the boundary. How we wish we could marry, or parent, gain a brother, sister, teacher, friend, colleague, self-help book, zen master, instead of *show up/talk*.

Which personality, diagnosis, or disorder has the best prognosis? *The insight-oriented? The neurotic? The educated?* None of these are significant.

Showing up for the scheduled appointment and talking reveal prognosis.

The borderline's homeostasis is instability, especially when destabilizing an other.

This should be distinguished from those whose excitement is derived from challenging authority. Many adolescents who present as borderline are really teenagers.

BP doesn't have a problem with authority, only safety and disrupting safety.

The conflict is stability/instability.

Ultimately, the therapist or anyone else in relationship with this person needs to answer two questions:

1. Do I want to turn over some significant portion of my energy and emotional well-being to this person?
2. If I do want to do so because they are so charming that I'll set aside my basic needs, how long will I continue the relationship if the charm wears off and I feel only dread, or boredom and annoyance?

Everyone's Happy Ending

Again, everyone is interchangeable to the borderline.

Of all the disorders, the borderline moves on quickest. He often already has: to anyone new and susceptible.

They find a new therapist, business partner, new boyfriend ... might enact the drama with his children for awhile, or maybe go back home to alarm his mother.

The therapist or husband had fretted and worried that something awful would happen if the relationship ended. That is a symptom of the trauma caused by participating in a relationship with a borderline.

She *did* repeatedly threaten suicide. But, away from the target, she already has someone lined up to replace him.

Dying is the last thing on the borderline's mind.

She's on to someone new. Charm and alarm.

The one targeted by the borderline can recover quickly, but only by complete disengagement. Only by disappearing. The player in danger isn't the borderline.

Assuming the therapist humbly considers his narcissistic vulnerability, those who have experienced and ultimately rejected staying in play with a borderline can use what he learned to assess faster. He will *embrace* paranoia and learn to communicate to the person needing to hear it:

You're not in charge. I'm in charge. You aren't as adorable as you think.

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Other published papers by Jean Hantman:

1. Hantman, J. & D. Carveth. (2002). "Transcending the Dangers of the Dyad: Enhancing Therapeutic Triangulation By Working Individually With Patients in Relationships." *Modern Psychoanalysis* 27, 1 (2002): 31-49. [Transcending the Dangers of the Dyad](#)
2. Carveth, D. & J. Hantman (2003). "Fugitives From Guilt: Postmodern De-Moralization and the New Hysterias." *American Imago* 60, 4 (Winter 2003): 445-80. [Fugitives From Guilt](#)
3. Hantman, J. G. (2004) The Techno-Schizoid: Technology in Film as Bridge or Resistance to Intimacy. *Canadian Journal of Psychoanalysis* 12:85-101.
4. Hantman, J. & D. Carveth (2006). "Marriage-at-a-Distance." *Clio's Psyche* 13, 1 (March 2006): 169-174.