

Thus, language acquisition occurs in an emotionally charged environment that has both personal and political overtones. Because of the complex emotions associated with it, learning any new language can take on multiple symbolic meanings. Where there is an inability to acquire language, the exploration of loss and change may provide crucial clues. In fact, understanding the symbolism to the learner of a new language may be as important to language acquisition as any standard educational tool.

In sum, language acquisition, as both part and form of displacement, is a major area within which we need to develop psychiatric expertise.

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Abandonment and Intrusion Fears in Borderline Personality Disorder

TO THE EDITOR: In his recent stimulating article (1), John G. Gunderson, M.D., emphasized the intolerance of aloneness in the understanding of both psychodynamic and psychotherapeutic problems of patients with borderline personality disorder. Fear of abandonment might simultaneously determine clinging, avoidant, and aggressive behaviors in the therapeutic relationship, which fit the pattern of insecure attachment that Dr. Gunderson states. However, fear of intrusion seems to me to be as important as fear of abandonment for the treatment of many patients with borderline personality disorder. It is the oscillation between these two fears that accounts for most of the therapeutic problems. They may interrupt the treatment, or aggress, or try to control the therapist not only because of their fear of being abandoned but also because of their fear of being controlled or sexually abused. This is illustrated by the statement of a young woman with borderline personality disorder: "I say to my therapist, 'please help me,' but when he begins to help me, I think, 'leave me alone, let me cope alone.' I want to give him a hard time . . . I say to myself, 'You're not going to get me.' With my father, it was a continuous psychic violation. It is the reason why I want to control everybody."

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The patient's ambivalent relationships might be accounted for by attachment theory, which came to postulate an internal working model of interpersonal relations that results from internalization of transactional patterns between caregiver and infant (2). As a consequence of a rejecting or neglecting attachment relationship, some relevant schemas could be dissociated from one another and give rise to contradictory behavior and communication (3).

The management of the contradictory needs of patients with borderline personality disorder who strive for both involvement and distance is the main challenge for all psychotherapeutic treatment of these patients, not only for their intensive analytically oriented treatment.

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Dr. Gunderson Replies

TO THE EDITOR: Dr. Chabrol draws attention to how the fear of aloneness in patients with borderline personality disorder often oscillates with fear that attachment will be at the cost of intrusion, abuse, or loss of control. This point is also made persuasively by Lewin and Schultz (1). Although I agree that fears of intrusion are important, I think they are defensive, i.e., secondary, responses to a sustained healthful and more primary wish to establish secure attachments. This emphasis, I think, has some clinical advantage insofar as it does not provide reason to attribute anything pathological to the patient's wish for help, closeness, or dependency.

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