The Psychological Border Dynamism:
a Comprehension from a Clinical Systemic Focus
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In the clinical field it has been found that when consultants came close to extreme or intense situations for them, they reported to feel that they lost their sense of themselves, which they named "desbordado", which in English means "disbordered" or "un-bordered". They expressed not to know who they were among the personal tools and resources with which they could count on to face and respond to the demands of the outside world. To intervene a patient who is feeling un-bordered it is important to study the psychological border and the impact that the psychotherapy can have in its reconfiguration. The latter lead to consider the following questions: What is the nature of the psychological border? Is it possible to consider the dynamism of the psychological border to behave as it happens with the changes in the state of matter? Under what circumstances does it become more firm or softer? How could its volatile, changing and dynamic nature be understood? What relation is there with the emotions and the self-perception of the psychological border? The psychological border seams to be well built or solid when one has constructed a clear identity in function to the emotional harmony and stability. But when the person encounters a demanding situation, the idea of the self seems not to be defined as it used to be, given that the person is emotionally unstable. At that moment the psychological border passes from a solid or liquid state to a gas state, where the identity and the border are not clearly defined. Because social interaction is important in the construction of the identity and psychological border, from a psychotherapeutic point of view, the encounter with the other is one of the mechanisms by which the dissolved border can be redefined again, returning from the blurry gas state to a solid and more defined state. Given that psychological border can change from one state to the other, it is pertinent to talk about the dynamic behavior of the border and its connection with the significant relationships and the emotion stability of the person. This border seems to be changing, mutating, dissolving and reconfigurating within the demanding situations, emotions and significant interactions that are experienced by people.

In my clinical practice, I began to ask myself what Psychological border was about. The latter came up from listening to my patients in their first sessions, when they said that they felt "desbordados" which in English would translate to "disborder" or "un-bordered". This state would emerge when they came close to an extreme or intense situation, with which they felt that they had lost their ground, were unclear with their identity and their border was blurry. They expressed not knowing who they were among the personal tools and resources with which they could count on to face and respond to the demands of the outside world. In that sense, it seemed that their psychological border had changed to a gas state. As the therapeutic process continued,

the discomfort began to lessen in parallel to the reconfiguration of the identity that seemed to become clearer, as the border was re-solidified. This led me to ask how does the configuration of the person's psychological border take place? If you start from the idea that borders separate one from another but at the same time allow them to interact through the distinction of each one, the creation of an identity is done through the communication with others. And this happens because people are open, self-organized and living systems that create their own determinants and purposes through the continuous interactions with their culture, context and other external systems. As the identity is dependent but at the same time autonomous from the culture in which the person emerges, a process of the interiorization of the interaction takes place, leading to the configuration of the "I" or the self, with a framework of social references, that give meaning to the events and experiences of the subject. As mentioned by Boesch (2001) in Simão (2001, p. 486), the culture, the individuals and the actions are inseparable from one another, as well as mutually constitutive, given that culture can be understood as a system that implies symbolic polyvalence of objects. In this context, the individual is at the same time a symbolic being as well as an active symbolizer from its personal experience in the cultural frame.

In relation to this, Marsico, Cabell, Valsiner, & Kharlamov (2013) state that the capacity of "meaning making" is what allows the individual to make distinctions, which are a central element in the construction of the identity. The framework of references from which we give meaning to the world, organize the information and catalog the experience, is what allows us to perceive the world, the reactions of the significant others, the messages from others and the events.

This then led me to ask what the nature of the psychological border is? Under what circumstances does it become more firm or softer? How could its volatile, changing and dynamic nature be understood?

Trying to understand the borders, Varzi (2011) classified them into two categories: natural and artificial borders. For the patients mentioned before, a natural border would be their own body, in which the epithelial barrier establishes the limit between the self and the outside world; whereas the artificial border, from my perspective, has to do with the construction of the person's identity that is configured reciprocally in the social interaction with others (Marsico, Cabell, Valsiner, & Kharlamov, 2013). This bidirectional social interaction generates a social representation of the self. According to Moscovici, the main characteristic of the representations is that they are not stable. Klempe (2013, p.2) mentions that instability is a result of two contradicting factors operating at the same time which are the collective representations on one hand and the individual representations on the other. The gap between those factors is reduced through communication between individuals; from which the construction of reality is done.

"*In this sense, boundaries between the individuals are clear and not clear at the same time. As long as the individuals are separated as autonomous entities, the boundaries between them are clear. However as social representations are shared, they are not.*" (Klempe, 2013, p.3).

In this sense, if it can be said that social representations are dynamic and changing, and that these representations are part of the construction of the psychological border, there is no doubt that it can be stated that the nature itself of the psychological border is changing and dynamic.In general, all that was mentioned before shows that there is a wide variety of information that explains how construction of the psychological border takes place and its dynamic behavior from interactions. But it is unclear what leads to the dissolution of the psychological border after going through an intense situation that generates profound suffering? What relation is there with the emotions and the self-perception of the psychological border? Given that the suffering is what makes people loose the clarity in the construction of the self, it could be understood that emotions modify the state of the psychological border and the significance of the identity. This leads me to believe that the construction of the psychological border is not only cognitive as a cortical process, but also configured sub-cortically, given the influence of the emotions.

Since the psychological border is configured by the significance of social interaction and the emotions, which are continuously changing variables, the dissolution of this boundary is part of a dynamic process. In that sense, the dynamism of the psychological borders as a quality cannot be denied. There are many ways in which these borders can behave, change, mutate, dissolve, reconfigure and update. In that sense, it is possible to think that probably, the psychological borders related to the self and the identity as they have been understood up to this point, could behave as matter, in terms that they have the capacity to change states. In moments in which people feel emotionally stable, would seem from my clinical experience, that the border is clearly defined and where it would behave as matter in a solid state. In moments in which there are difficulties associated to demanding events, the border would seem to be less compacted and would resemble the liquid state. And in the cases that the person feels that the requirements of the surroundings exceed his capacity to face the situation, and feels emotionally "un-bordered" where he doesn´t perceive a clear limit to contain himself, the border can be understood as matter in a gas state. In this process of changes in terms of the definition of the self, the border has a dynamic and recurrent aspect where it ranges between the different states as it happens with matter. In the case of elements such as water, what makes possible this dynamism is the change in temperature; and in the psychological field emotions would be the variable that influence the change of the boundary. Given the association between the state and the psychological border and the emotions, it is possible that in the psychological borders, the emotions added to the interpretation of the events, are the ones that drive the flow and change in the state of the identity. The latter raises the following question: when psychological borders change state from solid to gas and again going to the process of solidification, this recently configured border would be the same as the one before? Would the characteristics of the matter perform in the same way in the psychological borders in relation that there are changes in the aggregation but not in the composition? Taking into account the irreversibility of time proposed by Valsiner (2010), and the continuous change of people through inevitable

interactions and its associated emotions and meanings, it is probable that this border will never be the same. This is a way of understanding the dynamism of the psychological change as a constitutive process of human development, where changing configurations of the remaining present and the emerging novelties (Hviid, 2012), update the psychological border.

CHANGES IN THE STATE OF THE PSYCHOLOGICAL BORDER ALONG A THERAPEUTIC PROCESS

The understanding of the dynamism of the psychological border from a psychotherapy perspective results very useful. When a person begins therapy, he has either already gone through a process of rupture, or will have to face it at some point in the process (Hviid & Villdsen, 2013). This rupture will be understood in the present text as significant traumas, which are extreme experiences that reduce to ashes the "sense of itself" and the territory of identity. The latter makes a person feel that it is difficult to proceed in life, to move forward in personal projects or to make plans in life (White, 2004). In this way, the subjectively significant traumas act like catalysts of the state of the psychological border, making it even more volatile or gaseous. The loss of sensation of containment is translated into feelings of emptiness, desolation, desperation, and a paralysis of the projects of life. The therapeutic context must work as a catalyst of change of the psychological border of the consultants, in which the therapy is focused on consolidating the identity, so that the elements of the psychological border can become more solid. From a systemic point of view, it can be said that the therapist must switch between being the actor and the observer in the process of change. As an expert, the therapist can operate from a higher organizational level, which is more complex than the consultant´s, and what allows him to accompany the people in the process of reconfiguration of their psychological border, by stimulating the consultant to assume a meta-position with respect to their difficulties (Hernández, 2012b). It is important to keep in mind that sometimes the therapy must be oriented to draw the psychological border in a more clear way, while other times it must flexibly the rigidness of the border.

As suggested by Gergen (1996) and White (2002), reality and identity are configured through language and more specific through narratives. As the atom is the structuring element of matter, so are the narratives as the structuring element of the psychological border. Narratives are the elements of the frame of reference from which one understands one's life and also the context in which it develops: "humans are interpreters who actively interpret our experiences as we live our lives. It is said that it is not possible to interpret our experience if we don´t have access to some frame of intelligibility that provides context for our experience and enables the attribution of meaning" (White, 2002, p. 17-18). It is important to state that the narratives correspond to a historical and relational configuration of the individual. According to Bruner (1986) and White (1997) these narratives are composed of dual panoramas: an overview of action and one of consciousness. The outlook of the action consists of linked facts that compose particular sequences over time, in relation to

specific issues. The landscape of consciousness is formed by the interpretations people give to life events, in relation to their characteristics, qualities, motives, purposes, and beliefs. From that perspective, the ruptures that a person will experiment are made up of not only by the facts but also by the significance that he gives to the event, which ultimately modifies his identity. As for the conditions of temperature and pressure required for the change of state of matter in its psychological analogy to the psychological border, it could be said that conditions favoring the change in the psychological border are the emotions and the significant links. A change in the meaningful relationships mobilize a large load of emotion that in turn impact cognitive processes related to the configuration of the self, creating a perceived psychological destabilization by the subject, which temporarily modifies the psychological border. This means that the emotion that an event generates, given the context in which it occurs, and the impact on significant social relationships for the subject, will allow the event to be understood as traumatic or otherwise to be treated as strengthener of the identity. Thus, we can say that the molding process of identity occurs both in the light of "significant trauma" and the "therapeutic context". In that perspective, the therapy has a restorative effect on consultants, as the work is focused on reconfiguring or solidifying the psychological border, starting from the narrative as raw material. This occurs through a process of re-signification of the dominant narrative. This is defined as the story about themselves in the first person, relating to the "I", that people build based on their memories, meanings, perceptions of their present life and the roles they played in various social contexts that define their identity (Payne, 2000). This narrative generates the configuration of the identity and the reality of the consultants, which results in repeated patterns that will be part of the intervention of the systemic therapist, by a deconstruction of the narratives. The deconstruction according to White (1997, p. 29) has to do with procedures that subvert realities and practices that are taken for granted. It has to do with those so-called "truths" divorced from the conditions and context in which they were produced and with ways of speaking that hide their prejudices and those familiar practices of the self and its relationship to the lives of people that are held to. In that sense, deconstruction methods are methods that transform the exotic to domestic. With the deconstruction in systemic psychotherapy a paradoxical work is done. On one hand, the work is oriented to gasify the dominant stories, and rigid and harmful patterns that maintain the problems. On the other hand, the attention of the therapist is centered in discovering tools and resources in the person, so that the consultant's identity can be reconfigured in an emerging and creative way. In that sense the therapeutic process becomes above all, a process of re-narration of the stories (re-storying), with which *"customers recover the possibility and the ability to be authors - through interaction with the therapist- of positive stories per se, relieving suffering or at least giving it meaning"* (Boscolo & Bertrand, 2008, p. 48). These new stories about themselves and the interpretation of experiences, is known as alternative histories, which are the ones that the therapist wants the consultant to write. With the deconstruction and re-storying, the objective is to separate the identity of persons from their problematic dominant stories. It is through this process that the therapist enables the consultant to be oriented towards the isolated successes they have had,

which are aspects of their experience and actions, that contradict those dominants beliefs (White, 1997). This leads the consultants to re-appropriate the self. "Significant traumas", according to White (2004) and the "therapeutic context", both have the property of changing the state of the psychological border, given the variables that were mentioned before. How ever, each one transforms the psychological border in a different way, when a person faces a demanding situation. The difference is that "Significant traumas" have disintegrative properties of the identity while the "therapeutic context" has integrative ones. The difference between the action of disintegration and integration of the boundary has to do with the narratives that are used by the consultant to define his identity (White, 2004). The narratives in the "Significant traumas" are focused in the problem on which the person centers his identity, where a rupture in the time line of the person´s life occurs. It is in this point with the disintegration of the identity that the psychological suffering and discomfort is so overwhelming, that the person experiences being un-borderd, and the psychological border become gasified. Being in this diffuse state, given the homeostatic tendency to recover the initial boundary, the person tries to reconfigurate his identity through the available narratives; but because the experience of the problem is so invasive, the only perceivable elements to hold on to are those of the dominant story. In that sense, the person remains without a solid psychological border and with an identity defined by the problem. The significant trauma paralyses the person, so he can´t use elements of significant events in the past or the present, to configure his identity without looking towards the problem. On the other hand, the "therapeutic context" intends to expand significant narratives centered in the tools and recourses of the person, which at the moment weren't protagonist in the identity definition. With that process, the subject is connected to other identity construction significant events that allow him to have an idea of its self, based on events in past and present time (Cyrulnik, 2002). With the identity reconfigured and a more solid border, the person can think again in his own life project and orient towards the future. It is in that moment where the person has generated an identity with new elements that without the overwhelming feelings, he can draw again a solid border that allows him to move freely through time. This movement through time occurs because he is at liberty to take other elements from his own history that can be connected in order to define himself. To achieve the understanding of the dynamic aspect of the psychological border in light of a psychotherapeutic intervention process within the context of what has been said so far, it is convenient to illustrate a case of psychotherapeutic intervention.

The contents of the case will not be subject to analysis and will only focus on the change of the psychological border, in terms of identity reconstruction and decrease of the discomforting feelings, regardless of the content of the problem.Thus the reader will be displayed: 1.) a description of the physical state of the psychological border (gaseous, liquid and solid), in light of the three phases of the intervention process: initial, startup of change and consolidation of change; 2) the form in which the identity is constructed in the light of significant relationships; 3) an analysis of change in emotions throughout the therapeutic process and its impact on the configuration or

disintegration of the psychological border of the consultant. It is noteworthy that this case is part of a qualitative research under de investigational modality of research-intervention made by Nassar (2014). The case presented is about a Colombian woman who henceforth will be referred to as M. A 56 years old woman, from a low-income social class, that attended consultation because she had divorced 8 years before and could not reframe her own life project in the absence of her spouse. The consultant said she had lived with her partner for 38 years in which the relationship was built within the physical, verbal and psychological aggression from him to her. The therapeutic process lasted for 8 sessions, which were every fifteen days, and each had duration between an hour and an hour and a half. The process was closed with the fulfillment of the therapeutic goals. Data was collected through recordings of the sessions and the therapist's notes. The results of the change in relation to the solidification of the psychological border of the consultant were raised according to the three phases of the therapeutic process: initiation, startup of change and consolidation of change.

FIRST PHASE OF THE THERAPEUTIC PROCESS

M initially consulted because after the divorce she felt excruciating pain, feeling of existential emptiness which she mentioned as "I lost my ground", guilt, frustration, feelings of vulnerability, fear, loss of sense of life, loneliness, and shame. *"I divorced 8 years ago. Since then, I just cry. I consumed myself in a deep depression (crying) and only desire for his return, it depresses me a lot because I cannot believe that a person to whom I handed over thirty years of my life, could look at me that way."* Such feelings were so strong that she was immersed in a recursive emotional pattern from which she revolved around frustration, feelings of worthlessness and guilt, which made life unbearable. In this emotional state, M said, "*I feel overwhelmed, this is stronger than me. Well the truth is I do not even know who I am, or where I am going. I have no direction.*" This shows how, being submerged in a sea of negative emotions, M perceived herself as floating, without a secure base where to stand to rebuild her life project, and without the strength to realize who she was as a woman. *"I feel like a cockroach, like garbage not worth a penny"*. That emotional distress strengthened through time in light of three significant relationships: the relationship with her former partner, her relationship with her mother and her relationship with her daughters. The relationship in which she participated more than 38 years was framed in a pattern of violence, where M was the victim of physical and psychological abuse. In this interaction, she participated in a submissive manner, devoting much time to please him. She, as a way of being protected, signified this complementarity in the relationship remained staying in the inferior position. The offer of so much care, comprehension and containment to her husband resulted in him being increasingly demanding with her, and that a relationship where he was allowed to remain in a comfortable position was built, beyond the economic contribution, where he did not have to offer anything in return to the care of his wife. This meant that a relational pattern was configured in a way where the person who contributed mainly to keep the relationship was the woman. The latter lead her to build her belief that she was

worth to the extent, which she could attend to her husband. This in turn lets us see, in light of this painful interaction, she existed only in relation to the other, and therefore how her identity was rooted in their relationship as a couple. *"I lived very grateful with him. Almost in debt for everything he gave my daughters and me. We didn´t lack anything, but at what cost? There were many humiliations which I had to endure for a plate of food and for the love I had for him. He was my world, my everything."*

This relational pattern was held by the significant relationship she had with her mother, who was for her an important voice of power as an example of a women fulfilling task as a wife and as a mother: *"My mom, my sacred old lady, she would tell me: child, our place is beside the husband, hang on, have endurance for your daughters. They also need him".* From these relationships she built a dominant story about herself around a woman who was worthless, powerless and unable to take life with the absence of a man beside her. *"Who am I? Nobody. When he left, I went with him. The world opened up to me. I have not been able to recover. I still have hope that he will return to reclaim my life".*

The configuration that M had on herself was reinforced by the daughters, who from the love they had to her mother, were the ones who defended her and put limits to their father *(…) that day the girls, who were already big enough, faced him when he nearly killed me by kicking me, that was terrible oh my God [cries]. They were the ones that kicked him out of the house. If that had not happened, I would be with him, I did not have the strength doctor".*

This initially was meant by M as an act of love and loyalty from her daughters to her, but eventually she was left with the feeling that she was too weak to deal with the situation, because she needed someone else to do so. The action of the daughters kicking their father out of the house had the intention of protecting M, but the actual outcome was that she ended up feeling even more guilty, that she could not manage things and take care of herself and others had to do it for her. In this sense, M ended up feeling that she didn't have autonomy to take charge of her life in the absence of personal resources.

So, when beginning the process of psychotherapy she arrived with a feeling of pain and emptiness because for her, having built her identity through the role of wife and mother, implies that being divorced was synonymous of having lost herself, not knowing who she was, not being aware of her own identity. The notion she had of herself was built according to the voices of others *"He told me I was a bitch, who brought me a house of prostitutes. I endured all for my daughters doctor, for my marriage. My mom told me hold on, a woman has to endure everything for the children to have a home, that is the duty of women, and there, me in the air, resigned ".* Those characteristics were interiorized and caused a profound feeling of sadness and melancholy that overwhelmed her, and made her have the perception of being un-bordered. Therefore, at this early stage of the consultant intervention process, a breakdown of her identity was so marked that the state of the psychological border could relate to the gaseous state of matter. The psychotherapeutic work in the case at this point was oriented to the reconfiguration of her identity based on different

elements than those generated by the problem. That reconfiguration was done by enhancing the current and past events, moments where she behaved autonomously and could assume different challenges upon her own resources. The objective was for her to see herself from a different point of view where she could be empowered enough to replace the discomforting feeling for a more comfortable one, with the purpose of decreasing the over wellness and begin to make more dense the gasified border.

Because of the important role of significant interactions in the identity construction, it was determinant that the therapeutic relationship would provide a base of protection, security and confidence, in which she could stand firmly to learn how to make new definitions of herself. Given the gaseous state of psychological border, the intervention in this first phase was oriented towards the transformation of state of such border, so it could be denser. The redefinition of the identity was initially focused on maintaining a "double listening" (white, 2004) where the therapist listened and validated the pain that emerge from the -dominant story, and was also attentive to listen and identify achievements, resources and qualities in the story, which served as raw material for the development of alternative histories. Such alternative fragments, invisible within the story, were recorded in the notes of the therapist and emphasized in the conversation while the dominant story was taking place. The posture of the therapist during this process was characterized by being empathetic, warm and close to the consultant, in order to build a safe context from a secure attachment relationship.

Since the story had a significant emotional charge where the consultant expressed a high level of confusion and being consumed in a tangle that did not allow her to continue her life, it was very helpful after hearing the story, that the therapist wrote in no more than 6 frames, a key phrase associated with a part of the problem to solve. A roadmap was built, which had a calming effect on the consultant, for such graphic organization of the problem seemed more manageable. In addition to the roadmap, a list of resources was built with the consultant, with which she could count on to start the path that was developed. This exercise provided a reconceptualization of the problem, and prepared now a fertile land for the development of alternative stories in the following phases of the intervention. Thus, the psychotherapeutic context was beginning to function as modifier of the identity and of the psychological border, where this was less volatile in comparison with the initial state.

SECOND PHASE OF THE PROJECT OF INTERVENTION

The second phase of the psychotherapeutic process was characterized with the questioning that M started doing in relation to the power that she had gave to significant others, which was a factor that contributed in keeping the pain *"my mom told me to calm down, that the kids need a home. But I wonder, if such suffering was justified? So much abuse for a home? (...) I wish my mom had divorced and would have known something about love".* Such critical and reflexive posture against the ideas with which she came to therapy initially was accompanied by changes at an emotional level *"I've felt more strength".* This contrasts with the first phase in which she stated *"I cry*

*every day doctor. This is hell, all I can do is look for him and hear news from him".*This critical attitude allowed her to begin to have an autonomous idea of herself, where her identity was not necessarily built in light of expectations of others but in light of her own resources, where the spontaneous recognition of those was increasing *"I see me and I say, my God I managed to seek counseling and at last left that man. Now I have my economic independence, I feel young and alive, and among so much I´m placing limits to him".* This inscribed in her identity characteristics such as *"I have more strength, more courage",* which had not arisen so far.

M during this phase was seen more oriented towards her wellness, which could be seen in two ways. First, to stop looking for her former partner, since it was identified in the session that by searching for him, he was empowered and mistreated her, generating discomfort and suffering to the consultant. And second, by joining the gym and by buying clothes, which made her feel pretty. Compared to the previous phase, new beliefs about her in terms of a positive representation emerged. However, emotions ranged from the feeling of strength and courage to the sensation of emptiness *"I've had my downs, but I´ve been more tranquil. Now I cry less, but doctor, why would I lie when I'm here strengthened, but there are times when I feel a loneliness that makes me sad for not having him by my side".*

The stability of her emotional, cognitive and pragmatic changes in this phase could resemble to the properties of the liquid state of water, since liquids have the characteristic of taking the shape of the container they are being held in. During the sessions of the therapeutic process or the days surrounding these meetings, the changes in the patient were more visible and stable, but would tend to disappear if she had to face limit situations in days farther from the encounter with the therapist. This "liquid" configuration of psychological border was given largely by the trust, support and aid of the therapeutic relationship, but had not yet been internalized as her own. From the point of view of the intervention as a mediator of change in the state of psychological border, the deconstruction of the relational patterns was very helpful. With this process, it was achieved that the perspective towards the situation was amplified from the responsibility, recognizing how she was participating for the problem to be maintained. Also interventions focused on questioning cultural beliefs embodied in other´s comments and emotions were made: *what do you think of what your mother told you? , What profit is there to continue with a partner at any cost?, for Whom, besides your mother, is it important to preserve the marriage? What cost would you have had to pay? How have those voices had power over you?* In an alternated way questions designed to strengthen herself were made: *how have you managed to continue living without a partner?, how did you take the decision to get divorced even though people advised you to stay with him at any cost?* For the patient, this resulted in a sense of freedom and an assessment of her autonomy, which was reflected in beginning to enjoy solitude, and the company of herself.

Given the therapeutic intent to solidify the identity in light of her own resources at this stage, we worked on strengthening her life projects as a woman. She began to believe that being a mother or partner would be just like two more chapters in her life

and not the only ones. With this she began to add more roles to her identity besides being a mother or a spouse. So gradually the conversation ceased to be oriented toward a partner. It started heading towards other aspects such as caring for her, perusing dreams related to study, work or travel, which she had left out in her past.

THIRD PHASE OF THE PROCESS OF INTERVENTION

In the third phase of the therapeutic process work focused on highlighting exceptions in both actions and stories that helped her to obtain a stronger identity.
M during this phase managed to make a clear distinction between what is being a woman and what being a partner or mother is, realizing that the above categories will eventually belong to the definition of womanhood, but do not cover everything *"Because one always thinks about the husband and children at home, and at the end in one´s self, but it is necessary to think of myself first."* This reconfiguration of identity in her own terms and not based exclusively on the role of caring for others, allowed her to empower herself and establish symmetrical relationships with others based on self-respect *"I rescued my rights. I had many duties but did not have rights, because he did not allow me (...) one must relate equally to everyone (...) Of course. We are equal, that is, neither he nor I am more than others".* Solidifying her psychological border when building her identity from resources not only allowed her the delimitation of herself in an auto-referential mode, but also gave her the chance to set limits with others *"Because it's not what he comes say, as I have I empowered my words".* The change in outlook of identity favored the re-signification of the traumatic event, the divorce, with which she managed to accept the break and incorporate it into the construction of an alternative history from personal growth *"Well, it's something you have to do with bravery, because it is painful, and if there is no other choice and it can't be no more, love is not going to kill you, to beg and plead to be with me neither, because that is not to value oneself and define your place."* Given a redefinition of her identity, she has now been able to create an idea of her self from past and present significant experiences that talk about her strength, her ideals and her character to be prepared for a new future.

CONCLUSIONS

The psychological border is a vast field of knowledge that can be approached in many ways. One is the understanding of its dynamic nature, in terms of its involvement in shaping human identity, from significant social interaction and associated emotional correlate. Studying the psychological border is interesting because it not only reflects the configuration of the self of each person, but also allows a different understanding of human development. If it is assumed that the update of the boundary is related to the redefinition of experiences of great value to the subject, significant learning processes can be favored, which promote personal growth. Although there are different ways to address the changing nature of psychological border, recognizing that dynamism is relevant given that it allows us to open spaces of comprehension of the change in the people, and therefore would be a base that leads us to propose

models of intervention that relieve the suffering in the subjects. The latter could be translated into more effective psychotherapy interventions that would make changes in the reality construction of the people that will last in time. In relation to the case mentioned, it is important to note that the solidifying function of psychological border at a psychotherapeutic level is based on emotional mobilization and not only cognitive, from a therapeutic system that is understood as significant relationship by the consultant.

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