

Self at Zero

BRINGING SPONTANEITY TO THE TREATMENT OF BORDERLINE PERSONALITY DISORDER

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ABSTRACT

Borderline Personality Disorder (BPD) is a debilitating disorder of the self, the treatment of which to date has been largely confined to cognitive skills acquisition and verbal psychotherapies. This article describes the use of non-verbal kinaesthetic therapies, such as circus arts and action methods, in a specialist treatment centre. The effect of this new approach on clients at the centre is described with reference to the development of the false self, the self at zero, and the key element of spontaneity that provides the impetus for growth.

KEY WORDS

borderline personality disorder, dissociation, false self, kinaesthetic therapy, psychodrama, self at zero, spontaneity, acro-balance, base, circus, flyer, plank

Introduction

In 2006, I was lucky enough to land a job with Spectrum, a specialist public mental health facility set up to treat people with Borderline Personality Disorder (BPD). In the past, general psychiatry has approached this client group in a manner that has created conflict and therefore obstructed the development of the therapeutic relationship. It is only latterly that psychiatric professionals are better understanding people with BPD diagnoses. Spectrum was founded to treat complex and severe cases, and to assist area mental health services to recognise the specialist treatment needed by this particular client group.

Spectrum has an eclectic approach to treatment, but at its core lies a strong humanist, skills-based philosophy aimed at stabilisation and reduction of self-harm. People who work in this facility are attracted to these values, and the reputation it has for effective work in the assessment and treatment of BPD clients. The manager of treatment services requested that I devise a programme based mainly on physical, non-verbal and creatively-oriented therapies, to balance out the cognitive and psychodynamic approaches. The opportunity was there to use my psychodrama training, coupled with my eight years of circus training, in a therapeutic community setting. What better job could there be? With two colleagues, one of whom was an artist and the other a creative art therapist, I spent 18 months developing the Kinaesthetic Group, or K Group, doing the things I loved in gainfully paid employment!

In this article I will describe the role that spontaneity can play in the treatment of people diagnosed with BPD. Firstly, I will address the definition of BPD as it is formally defined, and then go on to outline Winnicott's theory concerning the aetiology of this disorder, linking it with its significant symptoms. These are an absence of a sense of self, a disordered or false self, dissociation, experience of emptiness and fear of abandonment. Spontaneity, so necessary in the development of the self, is defined and discussed. Finally, I share some illustrations and observations from the work of the Kinaesthetic Group in creating a play space in which BPD clients discover a sense of self and expand their role repertoire using circus skills and psychodrama action methods.

BPD Explained

The *DSM IV TR* (APA, 2000) outlines nine criteria for BPD. A new approach that helps focus clinical attention on particular areas of dysfunction rather than multiple traits and symptoms, groups the nine criteria as follows.

1. Disturbed Relationships
unstable intense relating styles
abandonment fears
emptiness
2. Unstable Affect (Emotions)
affect lability (rapid changes in affect)
anger
3. Impulsivity
impulsive behaviours
suicidal or self mutilating behaviour
identity disturbance
lapses in sense of reality

People with this disorder have conflicted needs in relationships, expressed often as “I

want you but I fear closeness” or “I hate you. Don’t leave me”. They do not tolerate feelings well, theirs or another’s, often opting to dissociate. They can be impulsive, self-destructive, experience discontinuity in relationships and use addictions for escape. They have little sense of self, and are afraid of being alone as it produces a dreadful sense of emptiness and loneliness. Sometimes they edge into psychotic symptoms.

In the 1950s and 1960s, British psychiatrist Donald Woods Winnicott elaborated a theory that not only described the growth of the self, but also explained the development of the disordered self, or false self. It is useful for building a better understanding of the development of BPD.

Winnicott (1960, cited in Mearns, 1993) identified what he named a false self in people diagnosed with BPD, explaining its genesis in early life when psyche and soma become split. He writes that normal development occurs when the good enough mother (or caregiver) reads the child’s natural somatic expressions and needs, and responds to them. This creates the illusion for the child that she can make the mother respond to her. This is called normal omnipotence with the child’s body response named as the gesture. “Periodically, the infant’s gesture gives expression to a *spontaneous impulse* (my italics); the source of the gesture is the True Self, the gesture indicates the existence of a potential true self” (ibid:145). When the mother’s affect is regularly congruent with the gesture, the child’s emotion and imagination become integrated into the development of the self. The self develops then from the empathic attunement of the significant other, what psychodramatists refer to as doubling. This experience leads to a growing coherence and flow within the child. She learns to trust her impulses, which are spontaneous impulses, and her confidence grows. She develops a self.

A needy or chaotic mother or caregiver, who is unable to immerse herself in her child’s experiences, instead draws the child’s attention to her. He is required to deal with the reality of the mother’s concerns. He is not given the space, a play-space, to know his own subjective world and spontaneous responses. Rather than lose the desired bond with the mother, the child reacts to this impinging environment as if that environment was alien, which it is. In this way the ‘me’ is not developed. Instead, a false self is developed from the child’s inherent need to be cared for. The false self searches for and learns to provide the responses that the mother seems to want, and in the process discovers that his body and emotional reality is less important than the mother’s. He learns to comply with the demand to be happy, for example, negating his own reality and therefore maintaining a bond with the mother, and builds a false self. Winnicott suggests this child polarises into a private and a public self, which divides his experience. The two selves are breached by a seemingly unbridgeable gap, an experience which is desolate and profoundly lonely.

The adult who grows from this child becomes personality disordered and if borderline, lacks a sense of self. She feels empty, fears abandonment, is threatened by newness and change, dissociates herself from painful feelings, and experiences profound rage which is often turned in on self. She seeks relationships but then finds them too confusing, especially when required to share the internal world of the other person. The false self is not adequate to the task of intimate relationships. Progressive roles may be

minimal or absent, thus leaving the coping and fragmenting roles to possibly destroy the potential within a relationship.

The Concept of Spontaneity Defined and Elaborated

The concept of spontaneity derives from Jacob Moreno, the creator of psychodrama theory. It comes from the Latin 'sponte' meaning 'of free will'. Moreno (1946:81) states "Spontaneity is ... the ability of a subject to meet each new situation with adequacy. It (spontaneity) is not only the process within the person, but also the flow of feeling in the direction of the spontaneity state of another person". In considering the relationship of the self to spontaneity, Moreno (1947:8) theorises "When spontaneity is at zero, the self is at zero. As spontaneity declines the self shrinks. When spontaneity grows, the self expands ... The self is like a river, its (sic) springs from spontaneity but it has subsidiaries which carry supply to it".

Thus, when a person is warmed up to spontaneity, not only is she freed up to access a greater range of roles within herself, but she affects the levels of spontaneity of others. Moreno (1946:81-82) also maintains that warm up to feeling is preceded by a series of physical actions, or expressions. "Clenching teeth and fists, piercing eyes, frowning, energetic movements, shrill voice, hitting, scuffling of feet, holding head high, accelerated breathing, and others, tend to release emotional states such as anger. . ."

Russell Meares (2001) argues that the value of spontaneity lies in its contribution to a growing aliveness in an individual who was previously 'dead'. Mike Consedine (2004:39) maintains that spontaneity is more than a new response to an old situation, or an adequate response to a new situation. He states "For me, spontaneity is the urge to live – the spark inside which prompts us to move forward unconflicted and non-anxious. The prompt which urges us beyond the known!" Many clients with a BPD diagnosis do not want to live because they feel 'dead' inside. They do not feel that 'urge to live'.

According to the *Psychodrama Training and Standards Manual* (ANZPA, 1989:67-68), spontaneity is characterised by creativity, originality, adequacy, vitality, and the flexibility to move from imaginative ideation to reality-based thinking, and back again. Philip Carter (1994:39-40) compares Moreno's description of spontaneity as a "readiness to respond as *required*" to the Buddhist concept of "*empty mind*; the ability to experience the world brand new in each moment". He revises the conserved definition of spontaneity and suggests that "spontaneity is a readiness for a free and vital response to an emerging moment". These 'emerging moments' arise in the K Group, challenging our clients moment by moment.

Utilising Spontaneity in the Kinaesthetic Treatment Programme

So how does all this theorising help me work effectively with BPD clients in the Kinaesthetic Treatment Programme? For a start, how does the spontaneity factor serve

the disordered self? From a purely physical standpoint, my clients in the K Group are triggered into using the psyche and the soma, their body and their emotions, together. An empathic other or two, in the form of the group leaders, are there to guide and support them. They come into contact with their fears – fears of abandonment, failure, loss of the empathic other’s esteem, and fears about their own competence. They step up, sometimes literally, to find the self they have had to abandon in order to survive into adulthood. In so doing, they find that spark of life, that vitality, that imaginative world that moves into the real, into spontaneous action.

Secondly, if physical states precede feeling states and the group warms up in a variety of physical ways, would the group members also warm up to feeling states? With the knowledge that this client group generally flee from feelings like a herd of gazelles flee from big cats, my guess would be that the K Group’s accent on physical action would create huge conflicts for the group members. As they warm up to feelings, they will also warm up to defending themselves against those feelings. However, the possibility for spontaneity development within individuals in a group session could mean that they meet new situations in the group adequately. This would require them to embody roles that meet the requirements of any situation. It could provide for the possibility of individuals within the group relating to the flow of feeling that Moreno mentions above.

Thus a warm up to spontaneity is central to all activities in the K Group. Play assists by calling up the vitality, creativity and imaginative qualities inherent in all human beings. As discussed earlier, people with severe personality disorders do not like change because it threatens their defences. The Kinaesthetic Group offers new situations which challenge them to cut through those defences and step out of their comfort zones. In stepping out of their comfort zones they see that they can survive new situations, and as a bonus, experience a sense of achievement and increased self-esteem.

Spontaneity through Circus: Illustrations from the K Group

As already described, my role at Spectrum was to expand the Dialectical and Cognitive Behaviour Therapy Programmes to include treatments that were non-verbally expressive, and that had an element of improvisation. This approach would increase residents’ spontaneity and affirm strengths that did not depend on language, with the aims of repairing the disordered self, expanding the real self and building self-esteem. Thus the Kinaesthetic or K Group programme was based on sound, movement, art, creative art therapy, improvisation, circus skills and psychodrama.

Early in the life of the K Group, I initiated a focus on simple circus tricks. J was tense and pale, spoke quickly and almost inaudibly, and labelled herself “un-athletic, no good at sports”. She often embodied the fragmenting roles of *mean punishing name-caller* and *desperate panicker*, and the coping roles of *chaos controller* and *speedy robocop*. She was preparing herself for the physical challenges offered by the Kinaesthetic Group as a counter to these roles, spurred on by her embryonic *creative genius*.

I invited J to be a flyer in a simple three-way pyramid. After receiving considerable

modelling of the correct way to approach the activity and reassurance that spotters would be on all sides to catch her if she fell, she stood on the backs of two other clients who were kneeling on all fours with backs straight. She stood for a while, gained her balance and then raised her arms in the air in a gesture of triumph while the group members clapped her enthusiastically. She then proceeded to be a flyer on top of two bases. She stretched out her arms to make a plank which rested on one base who was kneeling on all fours on the floor, and stretched out her legs to make another plank with her feet resting on the shoulders of another base who was standing behind her.

J clearly gained a considerable sense of achievement from this activity. She looked astonished, then smiled broadly and said “I didn’t think I could ever do that”. The next day, others observed that J seemed to be “slower and softer” within herself and in her interactions. She herself reported to me that she was “still feeling wonderful” and remained noticeably more relaxed, with good volume and elucidation in her voice and good colour in her face. She had ‘come into her body’ through a pathway of her own making, and discovered that the experience was not as catastrophic as she had imagined it might be.

T, a young woman who was very athletic and clearly capable of the circus activities that she had witnessed in the groups so far, had hitherto rejected all invitations to participate in the circus skills group. After receiving some gentle encouragement, T put herself forward to do a bluebird. This is a simple acro-balance that involves a base lifting the balancer off the ground. It requires trusting in the base, in this case a staff member, relinquishing control of where the body is in space and balancing the body on someone else’s body, a highly intimate interaction.

T warmed up physically in the way that Moreno so vividly described. She hissed in her breath, grimaced, let out little yowls of distress, reached out to take the base’s hands then drew back. She shook her hands and looked around, laughed nervously, hopped from foot to foot, moved forwards and backwards. Finally she made a decision and moved forward, took the base’s hands and allowed herself to be lifted up into the air. She stayed there for a moment, enjoying her achievement.

As with J, it was noticeable later that night that T had slowed down considerably, was less aggressive and able to go to bed earlier. The experience of spontaneity had moved her from her usual pattern of fearful avoidance of sleep to feeling safe and trusting in her environment. The fragmenting roles of *fearful night victim*, *angry senseless annihilator* and the coping roles of *speedy cleaner*, *obsessive checker of locks* and *watchful vigilante* seemed to have fallen away. That night she was an embryonic *trusting acceptor*, *spontaneous actor* and *calm self-assurer*.

When W participated in a kinaesthetic group session, she experienced a flashback to an abortion she had had years ago. Because she now holds strong religious beliefs against the practice of abortion, it played on her mind. W experienced self-harming thoughts and dissociated, and soon other group members were also being triggered into their own downward spirals of thinking. The aim of Spectrum is to reduce self-harm and to stabilise the client’s functioning. And yet here we were in the Kinaesthetic Group with a client who had felt so threatened that she had dissociated, needed individual time to

ground herself and then harmed herself that night. How could we make sense of this?

Trish Reynolds (1996) views dissociation in its genesis in childhood as a creative and spontaneous response, that in adulthood has become worn-out and hackneyed. The development of new and spontaneous ways of responding is thus central to the rehabilitative work, whether that means developing new roles or strengthening and increasing the accessibility of previously unavailable roles. Hilde Knottenbelt (2001:52), focussing on the generation of a somatic perspective in the psychodramatic enactment, states “If we think about this (spontaneity) in terms of the body we might conceive of it as the ability to free ourselves from the domination of fixed habits, i.e. conserved ways of moving and using our bodies. If we don’t ‘get this’ on the level of the body, we are missing an important element in enlivening/invigorating the conserved parts of ourselves and developing awareness of the unconscious patternings that influence our way of being in the world”.

W acknowledged that she was motivated to participate in the kinaesthetic activities because that was her area of greatest challenge. She had become dominated by a body memory which increased her anxiety to such a degree that she dissociated, rather than face the pain and conflict which the memory resurrected in her. I think W does ‘get it’ on the level of the body. She unconsciously knows that she has conserved psychosomatic responses, those pathological somatic ‘memories’ that spontaneity challenges, but she wants to respond in the moment. So far, however, when she puts herself in the frame the conserved patterning returns, along with a degree of dissociation. W may need to continue to experience these memories until the ‘fixed habits’ of dissociation and self-harming thoughts are brought into full awareness.

Y demonstrated that she was developing new progressive roles when she volunteered to base me in an acro-balance. As base, she leant against the wall, thighs at right angles to the wall in a crouch position. I was required to stand on her thighs, holding her arms. Nervously, she looked away. I directed her to look at me as I stepped up onto her thighs and held our balance. She did so and became calm. She did not dissociate because, by looking at the trusted person she was able to stay in the present moment. Y’s ability to strengthen and increase the accessibility of previously unavailable roles was alive and well.

Making Sense of All This

Why does this kinaesthetic work, work? And how does it work? The women I have described in this article are at Spectrum because they know that they dissociate, and they know that they self-harm as maladaptive coping mechanisms. They want to change, but have no idea how to do so. People say to them “Spectrum is the place to be. They know how to treat BPD”. They are willing to put themselves into a situation in which they may learn something new, despite their beliefs that they will never break free of their struggles. They go to skills sessions and learn cognitive ways to break the cycle of thinking that leads to self-harm, and with support some of them do that. They discover, however, it is not a miracle cure.

In the Kinaesthetic Group the women fear intimate contact because they are reminded of previous experiences that led to early dissociation and self-harming behaviour. They are conflicted. They want to trust but often cannot. The K Group provides a concrete situation where physical activities are required and where the empathic attunement and doubling, absent or partial long ago in the genesis of the self, is at last available in full measure. A person is required to simply put a foot on someone else's thigh or back and jump up. And the women do 'jump up', because they are motivated. They know this is why they are at Spectrum and they want to do this for themselves and for their loved ones who have gone through so much with them. They generate spontaneity on the back of this purposeful context. In the act of jumping up, they overcome the conflict that has plagued them since they were neglected or abused. Where body memories overwhelm and interfere with the generation of spontaneity, they act to free themselves from the domination of the fixed habits of dissociation and self-harm. This jumping or stepping up begins an embrace of the true self and the false self starts to fall away. The women do find that spark of life, that imaginative vitality that moves into real spontaneous action. In Moreno's terms, they move from a shrunken self at zero towards an expanded spontaneous self.

In Conclusion

The self develops within the context of empathic attunement, or doubling, which allows the child to play, to follow her curiosity, her desire for action. This exploration leads to a growing inner coherence and flow. He learns to trust his impulses, which are spontaneous impulses, and his confidence grows. He develops a self.

The kinaesthetic programme at Spectrum attempts to provide a similar context, with an eye to a similar result. The provision of non-verbal therapy such as circus, aids the development of spontaneity and the increasing connection to the soma, or body. I hope that I have demonstrated how the spontaneity factor assists people diagnosed with BPD to develop their real selves. I hope that I have shown how they can develop an expanded self from a self at zero. I hope that I have illustrated how they have benefited from the programme in some small way. To be a part of this process and to see the pleasure and softness in a client who has come into herself through this kinaesthetic process, is a good reason for coming to work each day.

The claims made in this article regarding treatment outcomes are tentative. Research is called for to provide empirical validation.

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