Portrait of a Woman Diagnosed with Borderline Personality Disorder, incorporating a Morenian Perspective

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Abstract

My desire to write this article was driven by two issues in my mind. Firstly, I had a desire to get to know more thoroughly Ailsa, the client featured in this article who is diagnosed with Borderline Personality Disorder (BPD) and Post Traumatic Stress Disorder (PTSD). I perceived that writing was one way I could achieve this. By "more thoroughly" I mean that I wanted to elucidate in a written form how her life events were connected to and influenced the growth of particular aspects of these disorders. Secondly, I wanted to integrate concepts from various psychological or psychiatric perspectives with my thinking as a psychodramatist.

I attempt to demonstrate how a sense of intrinsic badness can develop in a person who becomes personality disordered. This sense of intrinsic badness has been defined as the Alien Self which can be found in many people with severe BPD. Psychodrama's developmental theory of roles is presented and extended, in conjunction with the concept of the Alien Self. I am keen for readers from the psychodrama community and others to reflect on the content of the article and to consider the relevance of the ideas presented for their own work. I would like this article to be a contribution to a dialogue in psychodrama thinking on various psychiatric mental states and their aetiology through the psychodrama lens.

Keywords

alien self, attachment, Borderline Personality Disorder, psychiatry, social and cultural atom

Introduction

This article is the result of my attempt to integrate psychodrama developmental and role theory with the attachment theory of Fairbairn (1952) and Winnicott (1967) and Mentalization-Based Therapy of Bateman and Fonagy (2004). It is also an attempt to test role theory's applicability to the specific psychiatric setting of Personality Disorder. It attempts to contrast normal development of the self in early childhood with what may occur developmentally in the context of trauma to the child.

I have developed my thinking about developmental theory over long experience of working in the psychiatric area and more specifically in the last decade with people diagnosed with severe Borderline Personality Disorder. I have listened to clients who were thinking about what led them to commit acts of self harm. I have observed their shame and confusion when they were unable to articulate these cognitive pathways or to know what exactly they were feeling at the time. It has confused me too. Surely motives and reasons for doing something of such significance as deliberately harming oneself would be apparent to the self-harming person? Is there a part of the traumatised psyche that sabotages the self?

Bateman and Fonagy (2004) have described an aspect of a traumatised psyche which is both "me and not me", incorporating the perpetrator's malicious intentions into herself, as the Alien Self. How does the Alien Self actually develop in a person? The concept of the Alien Self, plus the thinking of other theorists such as Fairbairn (1952) and Winnicott (1967) as outlined in the article, helped me understand the ownership of badness by the developing child. The badness comes into the psyche like Trojans in the horse brought into Troy never to leave, even through adulthood. This idea assisted me to keep holding an understanding and compassion for my severe borderline clients, and to observe that their behaviour results in confusion and frustration.

As I came to know my therapy client, Ailsa, and her history, I inquired into these questions, and reflected on the aetiology and mechanics of trauma and the development of the self, as is observed in severe Borderline Personality Disorder. I applied psychodrama role theory and found it a useful way of looking at the Alien Self.

Ailsa's story is narrated in the first person singular to emphasise her viewpoint, particularly her young age and her innocence. It is a true and unembellished story. However, Ailsa is an alias and any identifiable details have been changed.

Ailsa

The first time I thought I was going to die was when I was three years old. The pain was so great, I blacked out. I came to, to find my father holding me, crying, and telling me he loved me, and he wouldn't do anything to hurt me. I started to cry too and he put his hand over my mouth, and told me not to tell Mummy as she would be very angry with me. Mummy was always away at the hospital looking after my sister Louise because she had epileptic fits a lot, so I couldn't tell her anyway. Daddy got better at it of course. And my body accommodated him, but each time I wondered whether this time I was going to die.

The next incident happened when I was five. I loved the water and was happy swimming in the pool at my cousin's place. A big boy jumped the fence and into the pool. He jumped on my head and held me down under the water for a long, long time. I was really scared, and found myself facing death again. A neighbour came to my rescue, and pushed him off me. Why me? Was there something bad about me that invited people to do bad things to me, and to make me feel so bad?

Three further years of Daddy's night visits stopped when he left my mother, my sister and me. I knew by then it was because I was so bad and disgusting that he left us. My mother got very, very sad, and that was my fault too, because I drove Daddy away with my badness.

When we were on our own, my mother would give me and my sister food and have nothing left over for herself. One day she fell on the ground and her eyes were closed and she couldn't hear me. I knew she was dead and I was more scared than I had ever been before because I would be completely alone if Mummy died. I ran across the road, even though Mummy had said never go to anyone's place on my own. I got the lady in the house to come over, and she woke Mummy up. I was so relieved I started crying. I knew it was my fault that she had died. She told me Mummy had fainted, and she was cross with Mummy for not asking her for help before. My mother would never ask for help. She felt it showed weakness. That's another place I learned it from. I never ask for help, no matter how bad I feel, because I am bad, and don't deserve help.

Then the worst did happen. My mother was so sad she became ill and had to go to hospital. Me and my sister, Louise, went to stay with my Nonna and Pop. Even though I loved being with my grandparents, I knew I was to blame for everything. I knew I had to make sure they were ok about me by not complaining, and not letting them know I was around, or that I was any trouble. I always checked with them that everything I did was ok. I

worried a lot that they might decide not to have me anymore and then I would be all on my own and I would want to die.

When Mummy came back from hospital, I didn't want to be away from her, in case she left again. I used to sit in school thinking she was leaving. I couldn't bear it and would leave school and come home to be with her. She got annoyed and sent me away to hospital for 4 years. They said I had character disorder, and some other things, and that I had to stay in hospital. I don't know why she sent me away. It must have been because I was evil and had a bad character.

Typical and Atypical Development of Roles

Role theory has been enormously informative and useful in understanding Alisa, in forming an accurate picture of her personality development. What follows are some aspects of Ailsa's functioning from a Morenian perspective. I will first outline Moreno's (1946) ideas of role development which were predicated on typical or healthy development of the self. He states "roles do not emerge from the self, but the self emerges from roles." (p. ii)

Moreno (1946) also states that psychosomatic roles are at the centre of each person. As a newborn the world is postulated as being experienced entirely through the physical entity we call the body, or the soma. He develops his theory thus:

> *…in the course of development, the psychodramatic roles begin to cluster and produce a sort of psychodramatic self and finally, the social roles begin to cluster and form a sort of social self. The physiological, psychodramatic and social selves are only "part" selves; the really integrated, entire self, of later years is still far from being born.* (p. iii)

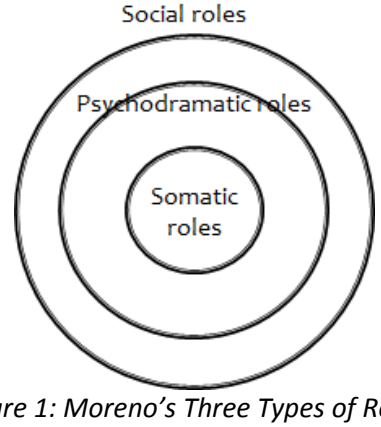


Figure 1: Moreno's Three Types of Roles

From an undifferentiated state in early babyhood (what Moreno calls the Matrix of Identity, 1946, p. iii.) where people and objects are not experienced as separate, they gradually become differentiated, as depicted below. At this stage, the child gives dolls and pets friendly roles or unfriendly roles, and equally the child can see his or her parents or siblings as friendly or unfriendly. They are both as real to the child at this stage as each other. The following diagram depicts the differentiating process as defined by JL Moreno and depicted by Evan Sherrard (1983) in his psychodrama thesis.

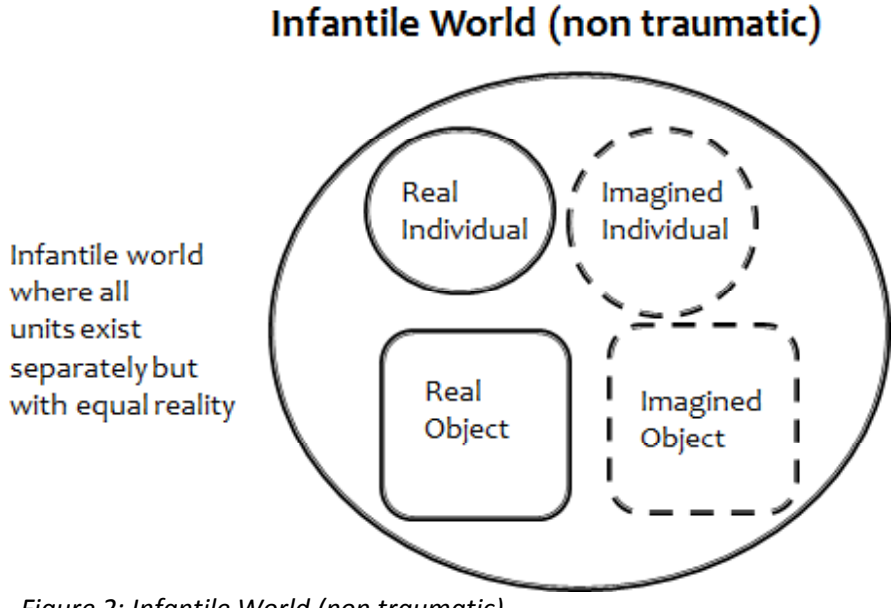


Figure 2: Infantile World (non traumatic)

At this stage, in atypical development, when Ailsa started to be abused at the age of 3, her psychosomatic roles of sleeper, eater, eliminator and pleasure/pain experiencer assist her to experience her somatic self, the beginnings of self. The intrusion of a pain-inflicting parent takes the young child to the edge of her capacity as a somatic being whose real and imagined objects are undifferentiated. Ailsa travels over the edge of her capacity to remain sensate, or sensorily aware at the somatic level. She learns to dissociate from the painful present. Perhaps this blocks further typical development of her psychodramatic and social roles, as Ailsa brackets off her somatic experience through dissociation. In addition, her mother is not available for comfort and Ailsa swims alone. In a state of

dissociation and without any adult guidance or support, Ailsa is in a desperate, frightened state where compliance, mute withdrawal and secret control of her distress seems vital to her very survival.

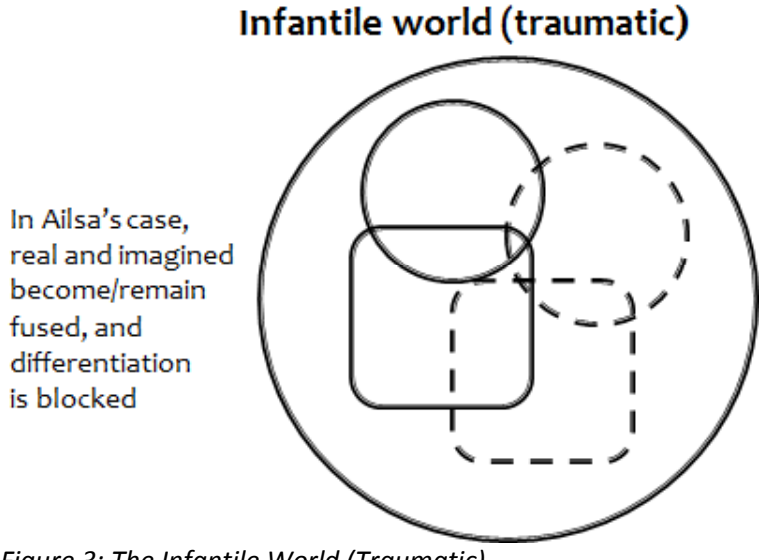


Figure 3: The Infantile World (Traumatic)

The diagram above symbolises the real abuser and the imagined abusers as well as the real and imagined rejecters. Ailsa is unable to distinguish between what is real and what is imagined. Adults are imagined as not to be trusted, and unfamiliar places become distrusted as they are associated with the imagined untrustworthy adults. The abusing father ties Ailsa to a secret fantasy world, creating a fusion of soma, fantasy and reality, which goes against the organic differentiating process as defined by JL Moreno and depicted as The Infantile World, (non traumatic) in Figure 2. This fusion contrasts with the typical, non-traumatic world of a child, where the child gradually develops the ability to make a breach between the world of fantasy and the world of reality.

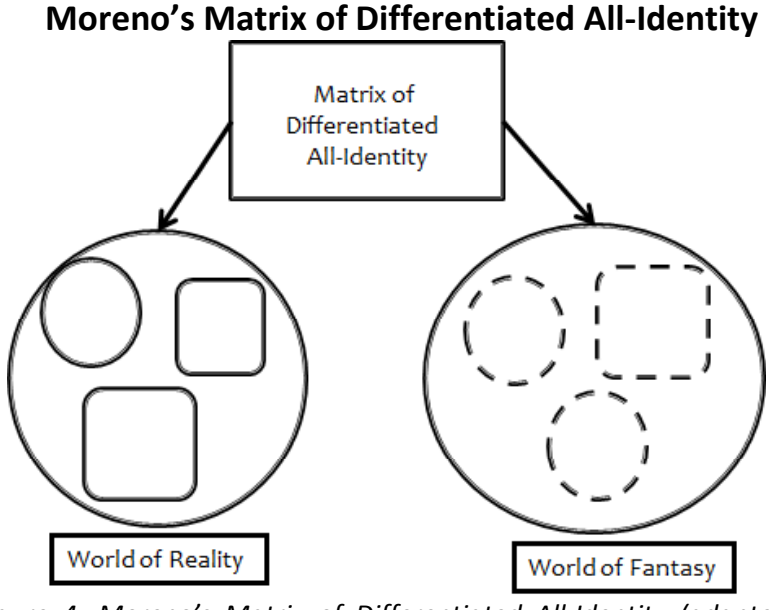


Figure 4: Moreno's Matrix of Differentiated All-Identity (adapted from Moreno, 1946, p.76)

However, in Ailsa's case, this breach did not occur totally. This is the work which is continuing in therapy.

Ailsa's Matrix of Differentiated and Undifferentiated All-Identity

Survival necessitates the secrecy and splitting off of the developing sense of badness within Ailsa's psyche. She is without the use of a developed Pre-Frontal Cortex, i.e. a mind that is able to solve the problem she confronts, or the benefit of other minds which may contribute wisdom, compassion, and perspective about herself. In addition, and perhaps most importantly, she must continue to believe that her parents intend to love her and look after her. Speaking of W.R.D. Fairbairn's model of structural analysis of the obsessional character, but one, I think, which can be applied to the concept of the Alien Self, David Celani (2007) writes:

> *Attachment to an object is essential in his model as without it the child is unable to manage his crushing terror of abandonment, which if not kept in abeyance would collapse his entire ego structure.* (p.120)

Psychological survival is as essential for growth as physiological survival and the two are intimately connected. Young Ailsa's terrifying experiences continue, and rather than see the perpetrators as bad, and thus threaten her primitive, unconscious need for dependency on parents or caretakers,

she incorporates the badness into herself and owns it. However, it is separated from other roles, and it eventually rigidifies into the recesses of her unconscious mind.

Ailsa's Social Atom

Ailsa's social atom was influential in providing the context for the trauma of sexual abuse and neglect in attunement that she experienced in her early life. It is important to note that even many decades later, Ailsa still loves her mother and her father, or at the very least she still feels attached to them, particularly her mother. Despite the pain and suffering created by the paternal abuse, and despite feeling repeatedly abandoned by her mother, Ailsa yearned for love from them, and yet saw herself as "bad" and responsible for everything bad that happened to her. Fairbairn (1952) explains the complexity of children's dependency on parents. He examined neglected and abused children in Scottish orphanages who willingly condemned themselves as bad, but spoke of the virtue of their abusive parents. He states:

> *It becomes obvious, therefore, that the child would rather be bad himself than have bad objects: and accordingly we have some justification for surmising that one of his motives in becoming bad is to make his objects "good."* (p.65)

This mechanism allows the child to keep hoping that his parents will one day love him.

Ailsa's secret-keeping, compliance, and isolation are indications that she is compartmentalizing her distress within her psyche. Celani (2007) elucidates:

> *Splitting is transformed from a normal, albeit very early way of experiencing the world into a powerful defense mechanism when it operates past the developmental point when normal children are able to integrate the positive and negative aspects of their objects. Splitting allows the child to continue his attachment to the (mostly) rejecting object by repressing the memories of the hundreds of negative interactions, which if they were in full awareness, would destroy his essential bond to the object. This structural defense becomes increasingly pathological over time when developmental pressure toward integration of the good and bad parts of the same object has to be continuously thwarted, again, because conscious awareness of the sheer amount of parental rejection would be intolerable.* (p.122)

Ailsa's social atom below represents relationships with her significant others along with the positive or negative valencies. In addition, the range

of roles and counter roles can be observed to cluster in a particular pattern (Clayton, L. 1982, p.112)

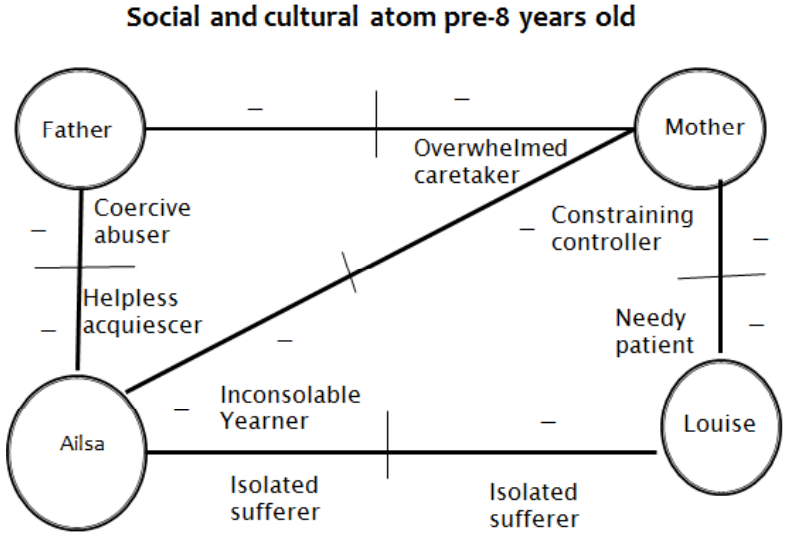


Figure 5: Ailsa's Social Atom pre-8 years old

In typical non-traumatic development, a gradual differentiation between social roles and psychodramatic roles starts to develop. In Ailsa before the age of 8, when her father and mother were still living with her, psychodramatic roles as shown above were well developed.

At 8 years of age, Ailsa's father left the family and her mother became isolated and depressed and eventually went away for a long time, leaving the children to live with their grandparents. Ailsa developed a protective caretaker role with her sister, Louise, who was starting to be bullied.

The roles of protective caretaker and companion in arms are set apart from the Bad Being containing the personification of imagined things, both real and unreal. She continued to experience abandonment and helplessness, forming the belief that she was a "bad person" and this suffering was her punishment. It is as if she had found her Self in her Bad Being, in the absence of a consistently positive Self being mirrored to her from her social and cultural atom. Bateman and Fonagy (2004) state:

> *In early childhood, the failure to find another being behaving contingently with one's internal states and available for (contingent)…intersubjective processes…can create a desperation for meaning as the self seeks to find itself in the other. This desperation*

leads to a distortion of the intersubjective process and leads the individual to take in non-contingent reflections from the object. (p.88)

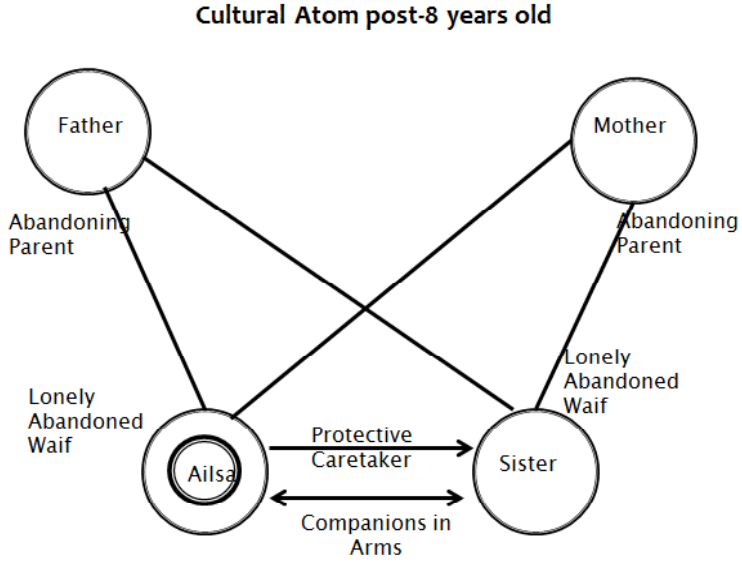


Figure 6: Ailsa's Social Atom post-8 years old
Note: The double black circle symbolizes the Bad Being in Ailsa's psyche.

Inaccurate mirroring produces internalizations of representations of the parent's state, not a version of the child's own experience (Winnicott 1967). Here again, the child's primary experience is denied, and instead a second order, or representation, of the experience of the abusive or neglectful other forms in the child's mind that is held as the child's own. This creates what Bateman and Fonagy (2004) call an Alien Self. It is what has been depicted in the personal story above as the encapsulated psychodramatic role of Bad Being.

In her adult life Ailsa is disconnected from the Alien Self, or the Bad Being, until stress occurs for her and she becomes hyper-aroused. Ailsa's coping role is initially modelled for her by her mother, who is constrained and controlling, being a struggling single mother with one very sick child and another who is starting to show psychological disturbances. Ailsa responded compliantly with a view to being a "good girl" for her mother in order not to be abandoned by her. Ailsa incorporates her mother's role and is constrained and controlled herself as well as compliant in relation to non-arousing situations of everyday life.

This works sufficiently until an event in life occurs that triggers a sense of helplessness and hopelessness, as in her early life with her intrusive

abusing parent, or triggers a sense of abandonment leading to helplessness and hopelessness. The stimuli in adult life are legion for an individual who is already sensitive to deliberate and casual acts of vindictiveness, and who regularly attends Accident and Emergency Departments to have her self-harm wounds attended. The triggering role in the environment is often one of derogation and judgement. The self-harm is at once a punitive act towards one's loathsome self, and an act of defiance and anger, expressed through the self harm, the complete isolation and pain that is felt and unable to be verbalised. The diagram below depicts the cluster of roles that operate typically in Ailsa when she is hurt by painful comments, when she feels judged, feels she has hurt someone else, or feels trapped in a situation she cannot get out of.

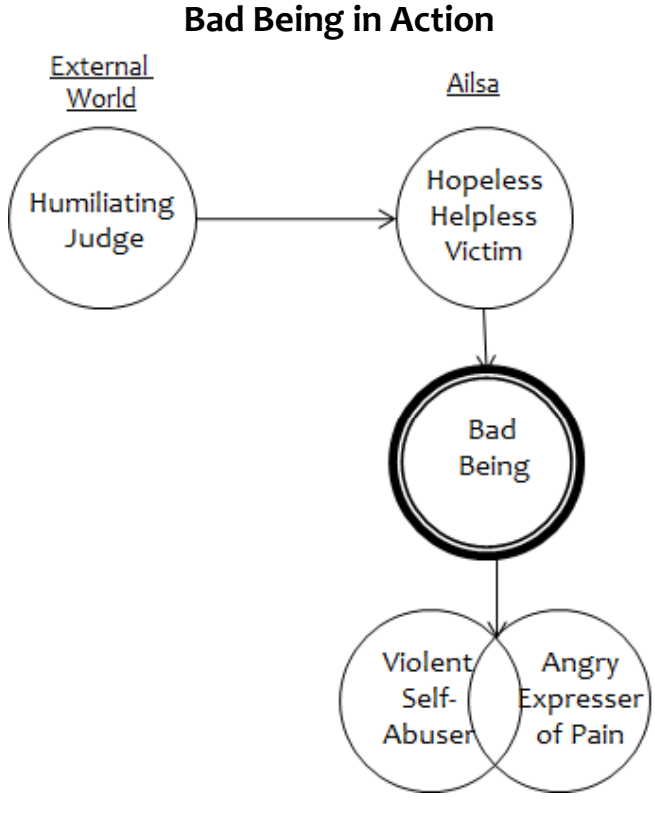
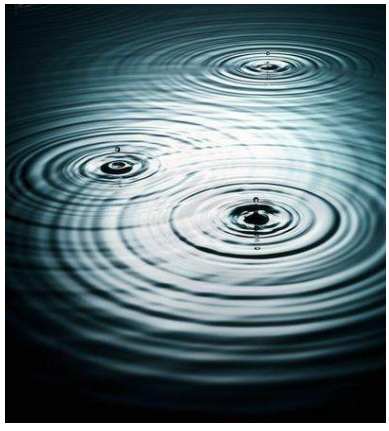


Figure 7: Bad Being in Action

Treatment



The treatment process has been a long one and has involved continued suffering on Ailsa's part. I have provided an ear to hear and help to bear the pain. Starting to work from the point of view that it was up to me to show her that she could trust me, not the other way around, I started to enquire of her as gently as possible about my assumptions about her life, making them explicit and emphasising that they were possibly completely incorrect. Her responses were monosyllabic to begin with, but as time went on, she affirmed some things that I had raised, and then started to offer statements about herself. She started to bring situations in which she had felt humiliated, looked down upon, or objectified, and had self-harmed as a result. I validated her internal experience as best I could, doubling her. I started to wonder with her what the feeling was, and eventually time after time, anger, hopelessness and helplessness were identified and named.

There has been a gradual incorporation of a double into Ailsa's consciousness, as she has moved into secondary representational awareness. This means she has started to reflect on her experiences, in contrast to simply having an awareness of what was happening in the here and now, which is called a primary awareness, or what Moreno would call a somatic awareness. The somatic awareness involves the right brain where "attachment histories and traumatic deficits in regulating intensity of emotions are stored" (Shore, 2014, p.10) and where a wandering associative thought process takes place (Meares, 2005). The left brain, on the other hand, is the locus of the logical, analytical side of the brain, particularly in the Pre-Frontal Cortex (PFC) of the brain. The process of reflection that Ailsa is involved in, in therapy, involves pathways being formed from the right brain to the left brain, and from the emotional centre, called the limbic system, to the PFC, the seat of linguistic expression and executive functioning. These pathways have been absent hither to treatment, rendering her alexithymic, i.e., unable to put language to her internal experience. She has started to speak some of her pain. She has not stopped experiencing the Bad Being, nor has she stopped self-harming. The act of "letting you in" (which means letting me in to her very private self) has been terrifically risky for Ailsa.

> *Mental states that are in essence private to the self may be shared between individuals...self awareness, empathy, identification with others, and more generally intersubjective processes, are largely dependent upon...right hemisphere resources, which are the first to develop.* (Decety & Chaminade, cited in Shore, 2014, p.11)

But slowly Ailsa's voice, and her self, uncontaminated by the Bad Being, has emerged in the therapy space, and in her relationships with others in the social environment. She has desires and wants and motivation. She wants a "normal life". She has even verbalised her desire for a relationship with a man. All these expressed desires and wants have a cost, as she butts up against the Bad Being, the Alien Self, creating a sense of her undeserving worthlessness and nothingness. The self-harm acts, often severe as a rule, have become dangerously risky. She is putting herself on the edge of death, which has always been the deal right from the beginning. She is giving herself the near death abuses she experienced from others as a little child, continuing on where others have left off, having internalised this way of treating herself. The strength it will take to ride through this is enormous and to some extent, lies in the realm of her Creative Genius. It remains to be seen whether Ailsa can find equivalent value in the power of reflecting and understanding herself and metabolising her experiences through verbalisation, and through catharses of integration and abreaction, to counter the Alien Self without continued self-punishing harm and constant risk of death by her own hand.

Concluding Thoughts

My work with people diagnosed with severe BPD has been extremely stimulating to me. I became aware of how puzzled and ignorant I felt about the specifics of the suffering incurred in this condition. The Alien Self as a concept brought about more understanding which seemed to communicate itself in my work. Some people who work with Ailsa still think of her as "manipulative" and think she is "putting it on". As someone who has been through many roller coaster events with Ailsa, and who has had the privilege of being "let in" and trusted (to some extent) by her, I marvel at the discrepancies of human perception and human experience that can create such polarisation in the perception of another person. But I am the lucky one. I have the privilege of relating to someone in the most delicate and respectful way, and for that to perhaps make a difference. I trust I take this understanding to other people suffering from this disorder. I hope this article will stimulate other psychodrama practitioners to discuss, reflect on and to be compassionately creative in their work with people diagnosed with this disorder.

References

Bateman, A. & Fonagy, P. (2004). *Psychotherapy for Borderline Personality Disorder: Mentalization-based treatment*. NY: Oxford University Press.

Celani, D. (2007). A structural analysis of the obsessional character: A Fairbairnian perspective. *The American Journal of Psychoanalysis*, *67*, 119–140.

Clayton, L. (1982) The Use of the Cultural Atom to Record Personality Change in Individual Psychotherapy, *Journal of Group Psychotherapy, Psychodrama and Sociometry, 35(3)*, 111-117.

Fairbairn, W.R.D. (1952). *The repression and return of bad objects (with special references to the "war neuroses")*. Psychoanalytic studies of the Personality. 59-81. Routledge & Kegan Paul.

Meares, R. (2005). *Metaphor of play : Origin and breakdown of personal being*. (3rd ed.). NY: Routledge.

Moreno, J. L. (1946). *Psychodrama: First volume*. (4th ed.). New York: Beacon House.

Ogden, P., Minton, K., & Pain, C. (Ed.s). (2006). Trauma and the body: A sensorimotor approach to psychotherapy. NY: Norton.

Sherrard, E.M. (1983). *The use of the psychodramatic role of the ideal parent in therapy*. Unpublished psychodrama thesis. Australia and New Zealand Psychodrama Association.

Shore, A. (2014). Masterclass address presented at Child Trauma Conference, Melbourne, Australia, August 4th, 2014.

Winnicott, D.W. (1967) Mirror-role of the mother and family in child development, In: *The predicament of the family: A psycho-analytical symposium* (ed. P. Lomas). London: Hogarth Press.

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