

STRUCTURALISATION:

Its application to Borderline Personality Disorder

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At a time when psychotherapy theory and practice is undergoing a confluence, it is important to acknowledge the historical antecedents to present theory and practice. This can create a situation where clinical experience which has been built up over a period of time can be integrated. Historically psychotherapy divided into several schools in the 1920's and 1930's with each theorist emphasising an aspect of human functioning. At this time when Freud and his followers were developing an understanding of working with intra-psychic functioning within the transference relationship in psychotherapy and *lung* diverged to develop a theory of the self, the trans-personal and collective unconscious, Moreno diverged to develop an emphasis on the group, and developed the methods of psychodrama and sociometry. The theoretical model was based on the concept of an underlying structure of roles and the interactions between them.

This paper is stimulated by recent theorising about borderline personality disorder by Anthony Rule (1997). Rule, a present day theoretician and practical clinician who is treating fragmented individuals for whom analytical methods provide a limited theoretical base, has begun to use concepts which Moreno developed while treating psychotic patients at his private hospital in Beacon, New York. (Marineau 1989, Fox 1987). This article compares Rule's theorising with that of Moreno. It describes a particular development of Moreno's theory which has been applied to psychotherapy with fragmented and difficult personality disorders.

A Comparison of Rule's and Moreno's Theorising

Rule (1997) discusses borderline personality disorder and describes "a model of borderline functioning--the *multiple self states model*-which explains many of the features of BPD in terms of the alternating dominance of one or other of a small range of partially dissociated 'self states' ." He goes on to describe his model as one derived from cognitive analytical therapy and to summarise key concepts. He states "Behaviour and experience are organised by *procedures* involving repeated sequences. . . . Procedures organising relationships involve predicting or seeking to elicit the responses of the other, and are called *reciprocal role procedures* The procedures acquired in childhood through interaction with parents and other caregivers embody socially derived meanings and values Procedural learning involves the internalisation of what has first been enacted, experienced and understood with others A person may be characterised by describing their *repertoire of reciprocal roles*. The sources of psychological distress and dysfunction may be usefully understood in terms of the repertoire of role procedures causing and maintaining the problems." Rule (1997) goes on to describe borderline patients as prone to abrupt and discomfiting shifts between markedly contrasting states and proposes that these are switches between partially dissociated self states. He says that

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"Borderline patients have a small number of such self states, each of which can be characterised by its pattern of reciprocal role procedures and accompanying mood, behaviour and symptoms." (p.83)

Moreno (1939, 1940, 1943, 1945, 1951, 1953, 1962, 1964) developed a theory of the person and development based on the role concept. Each role has a set of feelings (affects), thoughts (constructs) and actions. Moreno views the person as interacting with his/her environment through his roles and role structures. For Moreno, role is defined as "the functioning form the individual assumes in the specific moment he reacts to a specific situation in which other persons or objects are involved." (Moreno 1964). A role is therefore a unit of behaviour which is observable. Ryle (1997) is using such a concept.

Moreno develops a concept of three types of roles: *somatic roles* which are based on body experience, *psychodramatic roles* which are developed early and belong in the fantasy world which presses for enactment through *social roles* which are taught as part of the family and general culture.

Clayton (1975) summarises underlying principles of Moreno's personality theory which is based on systems theory, on dynamic and ever changing interrelationship. These principles can be summarised as:

- (1) Spontaneity and creativity are primary and positive phenomena which contribute to the organisation and expression of personality. The spontaneity factor is present at birth when the child is born into a totally strange and novel set of relationships. (Moreno 1964)
 - (2) The (functioning) form is created by that peculiar pattern of interpersonal relations which develops from the time of human birth (Moreno 1939) and the cultural patterns of the society in which the individual lives. (Moreno 1961-62)
 - (3) The self is a system of roles and the psychodramatic or phantasy aspects of roles are continually pressing for expression and may take socially useful or socially disapproved of forms. (Moreno 1964)
 - (4) Roles strive towards clustering and unification. Operational links form between roles. (Moreno 1964)
 - (5) The concept of the cultural atom can be used to describe the operational links between roles. The cultural atom provides a structure for looking at units of behaviour and the operational links between them. It also provides a means of mapping the internal structure of roles which may not be shown or enacted so that they are unobservable. (Hale 1981, Williams 1989, Holmes 1992)
 - (6) Roles are relational, interactional and form interlocking systems. The self structure is governed by a homeostatic principle which governs the functioning of the individual and keeps clusters of roles in a dynamic equilibrium. (Moreno 1945)
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- (7) The nature of catharsis is "not only a finding of resolution from conflict, but also a realisation of self, not only release and relief but also equilibrium and peace. It is not a catharsis of abreaction but a catharsis of integration." (Moreno 1953)

Theorising after Moreno

Building on these concepts Clayton (1982) used the cultural atom to record personality change in individual psychotherapy. She says "Clusters of roles can be recorded in three gestalts, each of which has a central identity which acts as the integrating force for the role cluster." The first gestalt she has named the *pathological or dysfunctional gestalt*. This represents the unresolved pathological aspects of the parents' personalities together with the role responses of the child. She says "Whenever severe psychopathology is encountered, the person, whether temporarily regressed or permanently adjusted to a pathological identity, enacts the roles within the pathological gestalt." This by necessity means that, when the patient is regressed, communication must be with and through the paucity or poverty of roles available.

The second gestalt Clayton (1982) calls the *coping gestalt*. "This cluster of roles represents the best means of coping that the person learned in the family system. The coping behaviours are modelled on the behaviours of parents and significant others who provided solutions to developmental crises and the family pathology." In severe disorders the coping identity is usually brittle and superficial.

The third gestalt of roles is termed the *individuated gestalt* and represents the balanced set of roles which draws together the themes in the person's life.

incoming material. The pathological gestalt is organised by one or more child roles. The individuated gestalt when organised at its highest level allows for the natural flow of spontaneity and creativity. Spontaneity is defined as "a new response to an old situation or an adequate response to a new situation." (Moreno) Creativity is released at various levels through the body and the physical senses, through realistic planning, through emotional expressiveness and through experiences of a "transcendent level of being."

The greatest problem for the psychotherapist occurs when there is no homeostatic principle governing the individuated gestalt of roles. Communication must then be with and through roles which represent a developmental arrest. At times these are clusters of roles which lack an organising role, which would give homeostatic stability to a well developed and stable gestalt.

Furthermore in severe personality disorders which Grotstein (1986) has described as a disorder of self regulation, clusters of roles or more complete gestalts of roles are in a dynamic state and as Rule (1997) says changes are often abrupt and "discomforting to the individual and to those in relation to him or her, and may lead to behaviour which is not appropriate to the context."

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Van Koesveld (1984), Di Lollo (1987) have applied the method of using the cultural atom to measure change during individual and group psychotherapy. Reynolds (1996) has applied the concept during treatment of dissociative identity disorder.

The creative as organising principle

In an unpublished paper on dissociative identity disorder, Clayton (1984) refers to another principle put forward by Moreno. She states "A study of multiple personality suggests that the integrative creative self which is larger than the emerging constellation of roles is one organising and integrating force in personality. She refers to Moreno's concept of "the creative genius" and to the Oxford dictionary's definition of genius as "creative and inventive capacity" and "tutelary spirit of person or place". She postulates that systemic organisation or structuralisation of the personality can be observed during the clinical treatment of dissociative identity disorder. She summarises her clinical observations; "the process of integration appears initially to take the form of a primitive organisation of role states into "good and bad me". Later integrative connections form between roles thus forming clusters. Integrative connections form between clusters of roles and an organising ego. This organisation disintegrates as connections form between clusters of roles and a transcendent state of being which Moreno has termed the creative genius." Her clinical observation suggests that there will be a series of destabilisations as each new homeostatic organisational structure emerges.

Blanck & Blanck (1974) emphasise that during assessment of clients for psychotherapy it is important to assess their ego functioning. They discuss this issue in relation to the implications for the transference in individual psychotherapy and the outcome. They state that where there is not an intact ego "ego modification subsumes four specific types of impairment: ego defect, ego deviation, ego distortion, ego regression." Those patients with an *ego defect* have impairments which are constitutional, so far as is presently known. Blanck & Blanck say that "*ego deviations* result from those aspects of development that depart too early from the normal. ... An *ego distortion* is an impairment of the ego which results from internalisation of faulty perceptions of self and object representations. An *ego regression* is the result of a backward movement of an ego function from a higher level of development to a lower one, usually manifesting itself in loss or domination of function." (p 93)

Conclusion

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