

THE CLINICAL PSYCHODRAMATIST

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The clinical psychodramatist is concerned with the structure of personality and with the possibility and process of personality change. The clinical psychodramatist is a group psychotherapist and relates to the body of literature in that field. This paper presents some ideas which are being formulated in the area of group and individual psychotherapy. The paper gives some definition of borderline and narcissistic personality states; outlines the ideas of Kohut in relation to self psychology and discusses articles which apply self psychology concepts to the area of group psychotherapy. An attempt is made to translate these ideas into psychodrama terminology and to critically review the state of psychodrama theory in relation to personality development and psycho-pathology.

The Recognition of Borderline States in the Diagnosis of Personality Disorders

For some time there has been an attempt to come to terms with diagnostic criteria which describe what are termed borderline states. These are persistent ways of relating which represent disorders of the self. The person with a disorder of the self has an inability to sustain a constant sense of self and to organize experience in a consistent pattern. The person is changeable, impulsive, fears aloneness, and is constantly at risk of fragmenting. The person experiences functional chaos and enfeeblement. People with disorders of the self use others in their environment as self objects, as representations of parts of themselves. They are constantly at risk from loss or change because they have no boundary between themselves and others.

Sugarman and Lerner (1980) describe several characteristics of the borderline state. These characteristics are intense affects and lapses in impulse control such as narcissistic rage; erratic interpersonal relationships which are connected with inconsistent self identity; predominance of the process of splitting and projective identification in defending; a tendency towards idealisation and denigration; phantasies of omnipotence; fears of isolation and abandonment on the one hand and merging and invasion of others on the other; greater interest in the use of the other person rather than in the person for his own sake; a terror of loneliness and the accompanying feeling of emptiness; identifying with a grandiose self in the presence of excessive self devaluation.

Goldstein (1983) notes that the term borderline comes from psychoanalytic literature and has recently become an official psychiatric nomenclature in the DSM III. The term borderline has been used in the literature to refer to patients who were diagnosed as borderline schizophrenic or to patients who were seen as psychopathologically falling between the neuroses and the psychoses. Kernberg (1980) however views the borderline as a specific stable pathological personality organization, characterized by a specific kind of underlying structural configuration. He has devised a structured interview which differentiates borderline states from psychotic and neurotic states. This interview examines the strengths and weaknesses of the borderline ego structure. Strengths include relative intactness of reality testing, of thought processes, of interpersonal relations and of adaptation to reality. Weaknesses include poor impulse control and poor frustration tolerance, use of primitive ego defenses, identity diffusion, and affective instability. Usually a detailed history over time is needed for these weaknesses to emerge clearly. The borderline person may adapt well to reality superficially, often does well in a job but has difficulties because of the constant inner emptiness and loneliness which gives them pain. Anger, depression, lonely and empty feelings are frequently emphasized.

Developmental Arrest and Disorders of the Self

Disorders of the self can be seen from a developmental framework. Blanck and Blanck (1974, 1979) discuss various theories relating to early childhood development. They summarize Mahler's work and restate her organizing principle that "major aspects of intrapsychic and behavioural life are organized around processes of separation-individuation." (p. 21). The child proceeds from symbiotic unity with the mother figure through four sub-phases of separation-individuation. During this process the differentiation of self occurs until psychological maturation brings the awareness of a fuller realization that one is a whole individual and that others are separate. The child coming from an undifferentiated matrix of the world proceeds through autistic phase, a symbiotic phase and then four sub-phases of separation-individuation which Mahler termed differentiation, practising, rapprochement and "on the road to object constancy" sub-phases.

Kohut and Wolf (1978) relate the developmental arrest of disorders of the self as lying in the differentiation and rapprochement sub-phases. They indicate that it is not the diagnosis of symptomatology but the process of

treatment which has illuminated the disturbance of persons with borderline states. They indicate that in the process of therapy these persons reactivate certain narcissistic needs which reflect the insufficient or faulty response which the person received during early childhood development and which resulted in the disorder in the development of the self. He identifies two basic needs. One is for a mirroring transference in which the person is asking for a reflecting back or mirroring which is accepting and confirming of the self and which assists in the process of integration of fragments of the self into a whole. The second need is for an idealizing transference in which there is a need for a merging with a source of idealized strength and calmness. It is necessary for persons with disorders of the self to have a continuing relationship to the treatment person as a self-object, that is, an object that can be seen as part of the self and as available to confirm the developing sense of coherence, vitality and harmony in the person. There are two kinds of self objects: those who respond to and confirm the person's innate sense of vigor, greatness and perfection and those to whom the person can look up and with whom he/she can merge as an image of calmness, infallibility and omnipotence. Once the self has crystallized and become firm then it allows the realization of its own unique pattern of action--of ambitions, goals, skills, activities-- an independent centre of initiative. It is within the consistency of the relationship with the self object that the nuclear self will crystallize. It is not dramatic events which have caused developmental arrests but an unwholesome atmosphere during the formative years. Kohut and Wolf say that "the essence of the healthy matrix for the growing self of the child is a mature, cohesive, parental self that is in tune with the changing needs of the child." (p. 417). This gives a direction to the position which the psychotherapist must take.

Application of Self Psychology to Group Psychotherapy

Harwood (1983) indicates that persons with disorders of the self can benefit from a combination of individual and group psychotherapy. Harwood indicates that because the internal structure of these persons is so vulnerable they require individual sessions before being introduced to a group. The individual sessions establish a firm relationship with the therapist as self-object and can deal with the person's fear of fragmentation. The group offers a wealth of self objects. The group's individual members, the group as an entity and the therapist are all self objects. Within the group through the process of empathy during optimum frustration of the person's narcissistic needs and

attachments the person's internal structure of the world changes. Harwood says that curative factors in the group provide many aspects of the transference which Kohut and Wolf refer to.

Macaskill (1982) studied therapeutic factors in a group with borderline patients using Yalom's (1975) therapeutic factors questionnaire. One of the prime factors identified by the group as therapeutic was self-understanding.

Stone and Gustafson (1982) indicate that considerable work is necessary before persons with borderline states recognize that their inner worlds are dominated by archaic needs and that they do not take others into account as separate, autonomous persons. Much of this recognition is gained through interpersonal interaction. Attention needs to be given to cohesion in the group and to the appropriate maintenance of boundaries. The aim of the group is to provide ^{an} atmosphere where developmental arrests and damage to the self can be exposed and explored. Confrontation, that is, drawing attention to a behaviour or describing the effect the behaviour has on another person, is a useful component of effecting change in groups. With persons who have disorders of the self the therapist needs to maintain an empathic component to the interaction to understand the emotional position of the person being confronted. When impulsive behaviours occur the source of the anxiety or frustration which has produced this response needs to be explored empathically. These persons require ready empathy in many forms. The therapist can convey a genuine respect for the person's efforts to remain intact. Schwartzman (1984) discusses the use of the group as self object. Reparative measures are needed to restore, protect, repair or stabilize the sense of self where this has been damaged. The therapist needs to view the person's relation with the group as a whole as an attempt to establish a reparative self object which will assist in the process of repairing the self.

Saretsky (1981) says that "successful reminders of the relative permanency of love objects seem to be necessary for new states of self to be experienced and experimented with. If the therapist and the group are able to satisfy these frustrated maturational needs, the necessary groundwork seems to be supplied for a revitalization of an internal image of a good love object. The group provides a challenge to the therapist and members to deal with an emotional demand in a more adaptive way than the original parents did under similar circumstances.

Relationship of Self Psychology Concepts to Psychodrama Theory
and Practice

Moreno treated psychotic states and it is likely that a number of these were borderline states or disorders of the self. His monographs indicate that within the structure of his hospital at Beacon, New York, he provided patients with the self objects which people their inner lives. He used auxiliary egos to concretise the self objects of the person. Optimum frustration of the inner structure brought about a progressive ability to relate to reality and a progressive separation from the auxiliary egos. In the context of this treatment Moreno developed the concepts of the social atom and the cultural atom to describe the inner structure of the patient as well as the social reality. Moreno (1978) commented that the social and cultural atoms are manifestations of the same social reality. He indicated that how we perceive our present social reality and how we behave in the here and now reflects our inner structure of the world. There is a need to use Moreno's concepts and to differentiate more clearly between the inner structure and the outer reality which are often confused. The cultural atom concept can be used to record inner structures and structural change during psychotherapy. Clayton (1981) postulates that we all have three gestalts of roles -- a coping gestalt which represents the best coping behaviours we learned in our families, a neurotic gestalt which represents the unresolved pathological aspects of the family and an individuated gestalt which represents a mature individuated identity. Most people have all three and shift their inner structure from time to time depending on the situation. Times of stress are likely to stimulate old patterns of behaviour and perception. People with disorders of the self are constantly in a state of internal chaos. They live in the world of a neurotic gestalt. The people they meet are self-objects, parts of the pathological gestalt or the coping gestalt. They are attempting to resolve role relationships which have never found adequate resolution. In psychodrama sessions people are allowed to return to situations where the roles were first learned and this is helpful where people have developed a core real self. However, where there are disorders of the self there is no adequate healthy integrating force. In a paper entitled "The Creative Genius as Organizing Principle in Personality", I speculated about disorder at several levels of integration in multiple personality. From observation there appeared to be a disorder in the absence of clustering of roles, in the lack of relationship between the ego which organizes on the basis of reality and the role clusters as they emerged and a further lack of connection between the ego and what Moreno termed the creative genius. This term creative genius

has a similiarity to the self in self psychology. Thus in disorders of the self roles are poorly organized and there is an absence of an integrating sense of identity.

We cannot assume then that people with disorders of the self will benefit from the psychodrama process unless the process within the group contributes to the growth of a stable sense of self and to the development of the structures of the individuated gestalt of roles, which provides a less vulnerable sense of identity. Rob Van Koesveld (1985) has written an article demonstrating the process of change in an individual in a psychodrama growth group. He uses the cultural atom in various forms to record the process of change. The cultural atom can also be used to describe the present role relationships in a group. In clinical psychodrama there is a need to differentiate the inner structure of self objects of the person from the outer reality of the person. Sherrard (1983) proposes that individuals who enter psychodrama groups need to have developed an effective internal role for self parenting otherwise fragmentation of the personality can occur too easily. He says "When people find themselves in relations of power differential which parallel those of their original parent-child relationship they regress to the infantile role they used in their childhood social atom. They require an ideal-parent to enter their childhood and do (repair work) for them", (p.1.) Sherrard says that in the treatment of vulnerable personalities the psychodramatic role of the caring ideal parent can be developed in surplus reality on the psychodrama stage and can be incorporated and used consistently during the treatment. He gives clear clinical examples to illustrate his thesis and says that from his observations some persons have a clear role perception of the ideal parent and can therefore enact and incorporate the role permanently into their psychodramatic world. In this case the psychodramatist can constantly make use of this in the psychotherapy. Other more vulnerable personalities are unable to construct a caring ideal parent and they make very slow progress in changing their beliefs and cognitive structures. They need long term continuity with a single therapist. Sherrard proposes that the ability to enact the ideal parent role can be used diagnostically to exclude some people from groups until they have developed sufficient strengths to benefit from the group process.

Sherrard comments "In my practice I have found it economical of time and effort to suggest the creation of an ideal parent as soon as it becomes apparent that these functions are not being served nor are likely to be served easily from existing role constellations in a protagonist's range of roles". (p.2)

When treatment of people with borderline states is undertaken it is important for the auxiliaries and the Director to relate to the developmental arrest and the need of the person for self-objects. Moreno (1977) says "We realize that he (the patient) must have charged and tainted all persons and objects of his immediate environment with some aspect of himself.... the solution was then the resurrection of the whole psychological drama, or at least the crucial scenes of this drama, re-enacted by the same persons in the same situations in which their association had begun", (p.181-182). Old patterns will be repeated as the client reveals their inner world and the auxiliaries take the roles. The psychological dramas need to be experienced in a new context and with a new experience in order for developmentally appropriate reparations to be made. Kohut and Wolf give information about the kinds of mothering experience which are absent at various levels of developmental arrest.

Summary

This paper describes the diagnostic criteria which define the diagnosis of borderline state. It relates the borderline state to disorders of the self which are described developmentally by Mahler and Kohut. Several articles which apply self psychology to group psychotherapy are reviewed. Much more needs to be written and researched in this area. Finally the article emphasizes the need for the clinical psychodramatist to differentiate between the use of the cultural atom to describe the here and now situation and the use of the cultural atom to describe the inner structure of the person. The paper presents Sherrard's thesis that the ability to enact a caring ideal parent which can be incorporated into the psychodramatic treatment is an indicator of whether vulnerable personalities will benefit from group treatment.

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