psychoanalysis and personality disorders[1]

Peta Welsh[2]

A history of character and personality in psychoanalysis

> [...] even the psychoanalysts, are full of the idea of "total personality". At any rate, it is always the unifying unity which is in the foreground. I have never understood this, for if I am a psychoanalyst I am also a man, and as a man my experience has shown me that the principal characteristic of my own human life and, I am sure, that of the people who are here – and if anybody is not of this opinion I hope that he will raise his hand – is that life is something which goes, as we say in French, *à la dérive.* Life goes down the river, from time to time touching a bank, staying for a while here and there, without understanding anything – and it is the principle of analysis that nobody understands anything of what happens. The idea of the unifying unity of the human condition has always had on me the effect of a scandalous lie.[3]

It is worth remembering that much of the psychiatric diagnosis and treatment of personality disorders finds its roots in the history of psychoanalysis. Since at least the 1920s in the clinics and the writings of Object Relations, Self Psychology, and Ego Psychology, the problematics of diagnosis and treatment of those with disturbed patterns of relating has continued, culminating for the moment at least, in the Mentalization Based Therapy[4] proposed by Bateman and Fonagy – Fonagy who continues to call himself a psychoanalyst. That this topic had rarely been directly addressed in the Seminar of the *Freudian School of Melbourne* perhaps speaks to a squeamishness in engaging with such a distinctly psychiatric diagnosis and a diagnosis that is predicated on a notion of personality that Lacan argued was a lure and indeed a lie.

While Freud cautioned that analytic success is given by the form of the illness, he nevertheless stated that the diagnosis may come only after an analysis, that is, after it has become clear that the problem is not one of hysteria or phobias or obsessionality, but is more of the order of abnormal developments of character, or psychotic or narcissistic disorders. He cautioned against treating these latter two. And yet there are those of us engaged in public psychiatry practice who are unwilling or unable to screen for such contraindications, and indeed some are attracted to the opportunity to work in one of the few areas in public mental health that does not seem amenable to medicine and to pharmacotherapies to any significant degree. It seems useful to me to think about what it might be possible to say about the personality disorders, especially those considered to be clinically troublesome at least, and dangerous at worst, beyond the oft-heard glib statements of 'BPD is the new hysteria' or 'it's just perversion'.

My interest in this topic was born out of my experience in working with those categorized by psychiatry as personality disordered and that particularly heterogeneous group 'the borderline personality disordered' and the questions that arose in that work. While much of the literature on the diagnosis and treatment of borderline personality disorder (BPD) has been dominated by Object Relations theory (Kernberg[5], Gabbard[6]), and latterly the various hybrid cognitive and behavioural approaches (DBT, ACT, MBT[7]),the dominance of these categories in psychiatry seems to pose the question of what it is possible to formulate about these clinical presentations in psychoanalytic terms. Specifically, how is it possible to approach the

diagnosis and treatment of personality disturbances in a way that does not seek to promulgate the lure of the unity of the self?

So, to begin with, words: specifically those of *character* and *personality*. While in common parlance these terms seem to be used interchangeably, the clinical fashion for that of *character* in the 19th and early 20thcenturies seems to denote a moral intonation in contrast to the somewhat antiseptic quality of the term *personality*. It is my observation that the term *character,* having been associated with the qualifiers *good, bad, sound, weak*, etc., has, since the advent of the dominance of American psychiatry and the publication of the American Psychiatric Association's Diagnostic and Statistical Manual of Mental Disorders (DSM)[8], been replaced in both common and psychiatric parlance with the term *personality*, a term that lacks the moral weight of its predecessor.

As is so often the case, a return to etymology yields interesting results. The word *character* refers to a characteristic property that defines the individual nature of something. It has its derivation in the ancient Greek *kharakter* as in 'a stamping tool' denoting a distinctive mark, feature or trait. Thus *character* refers to the mark of distinction but also has its derivation as a marking or stamping tool.

The word *personality* as Lacan remarks in a number of places has its relation to the Latin word *persona* denoting a mask, particularly that of a dramatic mask, but also from the Latin *personalis* which denotes the quality of being a person, as distinct from a thing or an animal.

In "The Dissection of the Psychical Personality"[9], Freud seems to use the term *personality* almost interchangeably with that of *psyche* while Ego Psychologists such as Sterba later conceptualize *character* as "designating the features of personality which are more or less indelibly engraved upon it".[10] As with the *stamping tool* this conceptualization evokes something of Freud's "*ein einziger Zug*"[11] and Lacan's *unary trait*.[12]Thus character seems to refer to traits that distinguish one from another; the term *personality* refers to the psychical system that denotes a person. In the present day the term *character* does not seem to have any traction and *personality* is the word, denoting a unity or a synthesis of these traits into the whole person and a stable one at that .This unity is evident in one of the diagnostic criteria of BPD: – "identity disturbance such as a markedly and persistently unstable self-image or sense of self"[13], connoting in the negative that the norm is a sense of self that is stable and knowable as such. Thus there is a movement from the use of *character* that denotes a mark or a trait that serves to distinguish one from another, to a preference for this word *personality*, a term that functions only to mark one as a person. Something of the distinctiveness of each one gets erased here, replaced by a totality of identity.

While Freud didn't have that much to say on the subject of personality disorders as they might be understood in 21st century psychiatry, in 1932 he posited that, "abnormalities of character have developed in the place of transference neuroses".[14] He differentiated these abnormalities from both psychosis and narcissistic conditions – the latter probably referring to what in DSM terms are classed as those characterized by dramatic, emotional and erratic presentations. For Freud, these character abnormalities seem to refer to the predominance of particular character traits in an individual and as he observed in "Some Character Types Met with in Psycho-Analytic Work"[15] and were not necessarily associated with subjective distress or impaired psychosocial functioning.

In 1908 and again in 1911, Freud wrote of the relationship between certain character traits and the type of neurotic illness. In "The disposition to obsessional neurosis"[16], and "Character and Anal Eroticism"[17], he associated certain character traits with a libidinal fixation – in this case between anal eroticism and the qualities of parsimony, obstinacy and orderliness. While he argued that a character trait and an illness were influenced in their development by the same instinctual forces, the difference between them can be understood via the operation of repression. Thus he argued that in contrast to a neurosis, character development occurs either due to an absence of repression or a replacing of the repressed by reaction-formations and sublimations.[18] Here, Freud postulated that the regression to a libidinal fixation that denotes character formation is complete, or smooth, in contrast to the conflict that is characteristic of neurosis. In practical terms, the effect of this difference seems to be a caution against the analysis of character.

Formulated in the early 1800s by British doctor James Prichard, the concept of *moral insanity* appears to be an early attempt to characterize forms of madness that were associated with delusional or illusions.[19] Defined by Prichard as:

> […] madness consisting in a morbid perversion of the natural feelings, affections, inclinations, temper, habits, moral dispositions, and natural impulses, without any remarkable disorder or defect of the intellect or knowing and reasoning facilities, and particularly, without any insane illusion.[20]

One hundred years later, in spite of Freud's caution against the analysis of character, the investigation into character and their disorders was to be the focus of many psychoanalytic writers. Thus Deutsch writes of "The Imposter" as a type of psychopath, and of the "As-If Personality"[21], Fenichel of "Ego disturbances and their treatment"[22], and Michaels manages to fill an entire book on the topic of the relationship between enuresis and delinquency and psychopathic personalities.[23] It is possible to read in the latter work at least, echoes of Freud in the theory of libidinal fixation and the development of characterological problems. While Freud associated enuresis with the burning of ambition, Michaels posits an association between persistent enuresis and disordered personalities such as impulsive and compulsive psychopathic characters. Later he goes on to rework Freud's libidinal types and to add the urethral and the urethral-anal libidinal zones as associated with Impulsive Disorders including the psychopathic, the psychosomatic and the borderline disorders.[24]

This book, published in the 1950s, is a very late instance of the interest in libidinal fixations on character development and disorders. From Freud's "The Ego and the Id"[25] and the subsequent development of the Ego Psychology movement, the emphasis was firmly on unconscious processes rather than on unconscious content, and the processes most of interest were those of the ego defences. Reich in 1925, long before he disappeared into the world of the orgones, published *Character Analysis*[26], wherein he took up Freud's hypothesis of a lack of repression in the development of character, and he related this to those patients who suffered from uninhibited impulses – either sexual or aggressive. He postulated a pathological development of the ego and the superego in these disorders and he attributed this to an inadequate or overly frustrating environment. Echoes of this can be heard today in the formulation of the aetiology of borderline personality disorders. Reich writes:

> Either we understand the *character as total formation* historically and dynamicoeconomically […] or we must relinquish the possibility of success in a great many cases, the cases in which the elimination of character-neurotic reaction basis is the main therapeutic task.[27]

Thus the problem with character. Rather than seeing character traits as indicative of libidinal fixations, Reich hypothesizes that characteristics are different forms of "armouring the ego against the dangers threatening from the outside world and from inner repressed impulses".[28] This armouring produces a chronically altered ego that is inherent in character development and the degree of character mobility – that is, the ability to open up to a situation or to close up against it – constitutes the difference between the healthy and the neurotic character structure. He further posits that character formation is, in the end, the character of the ego and that it represents "a definite form of the solution to the Oedipus Complex".[29]

So here we can see the beginnings of the move from *character* as in *kharakter*, denoting a distinctive mark of one, to that of *personality*, denoting instead the totality of one as a person, and this person is represented by an ego. From this perspective, character traits no longer serve to distinguish one from another. Rather they are called into service by an ego requiring defence from within and without. Anna Freud concurs, suggesting that character is formed by the manner in which the ego solves unconscious conflicts and by the defences used against both internal and external threats.

Reich conceptualized this armouring of the ego as resulting from the infantile sexual conflict, but also as a mode of solving this conflict. He postulated that it becomes the basis of later neurotic conflicts and symptoms of neuroses. This differs radically from Freud's initial view that character sat outside the purview of psychoanalysis. For Reich, treatment of this character-neurotic reaction was the analysis of the resistance, in the form of the defences privileged. For Lacan, this breaking down of the defences so privileged by Reich amounted to no more than "a tracing out of the relation of one ego to another ego", based as it is on interpretations that derive from the analyst's knowledge and in the end, on the analyst's ego.[30] Lacan further critiques Reich's conclusion that the goal of the analysis is for the subject to take his personality as a symptom, and he suggests that this "anthologizing of one's personality" opens the door for all manner of hitherto unknown and asymptomatic character structures. For Lacan, the major problem with Reich's theorization of the analysis of the personality is the conclusion, that is, the end of the analysis. For Reich, the analysis of the defences via the personality-as-a-symptom construct produces a relinquishment of arms.[31] Lacan refutes this as the end and argues that Reich has mistaken the imaginary for the symbolic. Thus Reich's armour is to Lacan no more than armorial, that is, that which pertains to heraldry or heraldic arms:

> This can be seen in the usual formulation that the analyst must become an ally of the healthy part of the subject's ego, when it is completed with the theory of the dissociation of the ego in psychoanalysis. If we thus proceed to make a series of bipartitions in the subject's ego by doing this *ad infinitum*, it is clear that his ego is reduced, in the end, to the analyst's ego.[32]

Lacan's argument here seems to be that this analysis of the defences is an ego-to-ego analysis of the imaginary, which leaves the symbolic intact, and it is this symbolic written on the coat of arms (armorial) that remains after an analysis of character.

Reich concluded that analysis of character resistance in the analysis is the core goal of treatment, which was far from Freud's original contention that its obscurity, as well as the absence of conflict in the development of character, deemed it unsuitable for analysis. As Lacan posits, this approach results not in an end of an analysis but in the reduction of the analysand's ego to that of the analyst.

The clinic of borderline personality disorder

I want to take up the concept of *character* as the mark of distinction in its relationship to Freud's *einzigem Zug* and Lacan's *unary trait*, particularly as it functions (or not) in the case of some of those who present with a diagnosis of borderline personality disorder, and more particularly, those who cut their bodies, 'self-harm' as it is called. The latter is not a particularly useful term as it assumes the function in its very name, that is, to harm the self.

In recent years, psychiatric treatment of personality disorders has moved from the position of viewing these behaviours as simply impulsive or antisocial, or mad, and has begun to listen to the accounts of its patients who frequently report a number of reasons for their actions. One of the important aspects to note is that from this perspective there must be a reason for the cutting, and eventually one must be able to say what that reason is.

In thinking about what it is possible to say about such a heterogeneous group as those diagnosed with BPD, my comments are directed to a group of those who are categorized as particularly severe, chronic, and complex. Within that group I am writing about the ones who do injure themselves but who also share other characteristics not identified in the DSM-IV and which are of interest – in particular I am referring to a paucity of words that cannot be accounted for in terms of educational or cognitive deficits, and an impaired capacity to metaphorize, that is, a difficulty in using metaphor in their speech. It is rare with such patients to hear the phrase 'It's like…' to expand or develop a concept. Frequently these patients are categorized as having concrete thinking. This doesn't seem true to me in a number of ways. In Piaget's theory of cognitive development[33], concrete operational thinking refers to a developmental stage – between about the ages of 7-11years when a child can think logically about objects and events and in particular, achieves conservation of number. Thus they are able to count and to classify objects along a single dimension. According to Piaget, after the age of about 11, the child develops the capacity for abstraction. This stage of formal operations is concerned with the hypothetical and the ideological rather than the concrete. Used in this context, I would posit that rather than being too concrete, these patients suffer from a distinctly pervasive tendency to abstraction. In other words, rather than speaking about a particular thought, event, idea, or fantasy as a singular, countable, phenomenon, they speak in ideologies, having the tendency to expand specific experiences into all-encompassing and generalized terms such as 'bad', 'pain', or 'awful'.

In terms of communication, concreteness refers to that which is specific, defined and vivid. These are not the characteristics of the speech that is produced. While the words are frequently definite and absolute, they are also vague and ill defined, lacking in specificity and vividity. Thus, both in terms of ideation and communication, it seems to be precisely a concreteness that they lack.

In the move away from a counting of the presence or absence of cutting, an accounting for the cutting is demanded. In other words, treatment demands that the patient accounts for him or herself and his or her actions, as if to say, 'Why did you do it?' In contrast to their reputation as ill-mannered and difficult people, these patients when asked that question do their best to be helpful and produce an answer – usually one gleaned from the well-known list: i.e. 'to stop feeling the pain', 'to feel better', 'to feel bad on the outside like I feel on the inside', 'to feel real', 'to feel unreal'. Frequently the complaint that is often presented is one of feelings, for example, 'bad', 'pain', 'awful', 'unbearable'. While it is frequently presented, this complaint is rarely taken as authentic, lacking as it does the specificity or nuanced detail psychiatry requires. It is difficult to elaborate when one has few words and incapacity to use metaphor.

It is important to note that while Piaget and communications theory are addressing the ego, the unconscious has other rules.[34] It is at the level of the signifier that the problem can be better observed. This problem does not appear to be one of feelings; these are what are called into service when other words cannot be found. The problem is more one of counting, and specifically in counting themselves as 'one'. By this I mean that it is difficult to think about what these patients do to themselves if one thinks about their physical form as a body. It is as if the status of their form is taken to be more of the order of flesh, or meat. In other words, something of the libidinization of the body is missing, or is not recognized as such. It is possible to see something of an attempt at rectification of this inadequacy in the way that both the act of cutting and the presentation of the wounded body may be taken as a type of eroticization.

In the paper "Of Structure as an Inmixing of an Otherness Prerequisite to Any Subject Whatever", Lacan asks:

> Where is the subject? It is necessary to find the subject as a lost object. More precisely this lost object is the support of the subject and in many cases is a more abject thing than you may care to consider.[35]

He goes on to briefly critique the dominance in the humanities of the preference for locating unity as the most important characteristic of structure and he argues for a different kind of unity, that is, one that is not unifying. What Lacan seems to be saying in this passage is that in order to have a one, there needs to be a second, and this second is the otherness referred to in the title of the paper.

> It is necessary that this two constitute the first integer which is not yet born as a number before the two appears. You have made this possible because the two is here to grant existence to the first one: put two in the place of one and consequently in the place of the two you see three appear. What we have here is something which I can call the mark. You already have something which is marked or something which is not marked. It is with the first mark that we have the status of the thing.[36]

This mark then, this unary trait, is what is necessary, according to Lacan, for the subject to be. Illustrating his point with reference to the marks he observed, made on the ancient rib-bone of a mammal, Lacan uses Freud's *einzigen Zug* to designate what he calls the "essence of the signifier"[37], and to speak of the otherness that denotes the division of the subject. These marks or traits function as different, not because they are not identical, but because of the appearance of "something which you see is altogether distinguished from what can be designated as a qualitative difference".[38]

I think this is what he intends when he says, in the citation referred to previously, that, 'it is necessary to find the subject as a lost object'. The lost object refers to the mark of the other whose difference is erased in the symbolic. To quote Lacan:

> What happens? If the 'thing' exists in this symbolic structure, if this unary trait is decisive, the trait of the sameness is here. In order that the 'thing' which is sought, be here in you, it is necessary that the first trait be rubbed out because the trait itself is a modification. It is the taking away of all difference, and in this case, without the trait, the first 'thing' is simply lost. The key to this insistence in repetition is that in its essence repetition as repetition of the symbolic sameness is impossible. In any case the subject is the effect of this repetition, in as much as it necessitates the 'fading', the obliteration, of the first foundation of the subject, which is why the subject, by status, is always presented as a divided essence.[39]

For the patients of whom I am writing, there seems to be something of this *unary trait* that does not function, or perhaps, is not, as Lacan puts it, decisive. And that it doesn't function seems to be observed in the two sets of symptoms I spoke of: the cutting and the kind of speech they produce. The cutting – especially the type that is carving flesh, carving words, repeatedly cutting the same place over and over again – this seems to me to be an act that is trying to somehow create a hole that is not there. This suggests that there is in some way a problem with the libidinization of the body. The holes that are already there, that might be libidinized, aren't sufficient. Perhaps they are not decisive enough. Evidence for this kind of thinking can be found in the proliferation of theorizing about the role of disturbed attachment in the aetiology of BPD. That is, the notion that a problem with early caregivers in some way produces this disordered personality. One way of thinking about attachment is that it is another way of talking about the libidinization of the body, that is, one derives a sense of one's body in relation to another. This sense of one's body as body, I suggest, is in some way impaired, or indeed absent in the patients of whom I write. In the absence of the penetrating signifier, the knife, or the blade, is called into service.

Notes

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[2] Member, *The Freudian School of Melbourne, School of Lacanian Psychoanalysis*.

[3] Lacan, Jacques. "Of Structure as an Inmixing of an Otherness Prerequisite to Any Subject Whatever". Accessible at: www.lacan.com/hotel.htm

[4] Bateman, Anthony/Fonagy, Peter. "Mentalization based treatment for borderline personality disorder". *World Psychiatry*1 (2010): 11-15.

[5] Kernberg, Otto. *Borderline conditions and pathological narcissism.* Northvale NJ: Jason Aronsen, 1985.

[6] Gabbard, Glenn. *Management of countertransference with borderline patients.* Hillsdale: Analytic Press, 1994.

[7] I.e., Dialectical and Behavior Therapy; Acceptance and Commitment Therapy; Mentalization Based Therapy

[8] American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* Fourth edition, Text Revision.Washington: American Psychiatric Association, 2000: 654

[9] Freud, Sigmund. "New Introductory Lectures on Psychoanalysis and Other Works. Lecture XXXI: The Dissection of the Psychical Personality". *Standard Edition* 22. London: Hogarth: 56-79.

[10] Sterba, Richard. "Character and Resistance". *The Psycho-Analytic Quarterly* 20 (1950): 72-76.

[11] Freud, Sigmund. "Group Psychology and the analysis of the Ego". *Standard Edition* 18. London: Hogarth: 65-144.

[12] Lacan, Jacques. *The Seminar of Jacques Lacan. Book IX: Identification.* Tr. Cormac Gallagher. Accessible at: http://www.lacaninireland.com

[13] American Psychiatric Association. *Diagnostic and Statistical Manual of Mental Disorders.* Fourth Edition, Text Revision. Arlington VA: American Psychiatric Association, 2000.

[14] Freud, Sigmund. "New Introductory Lectures on Psychoanalysis, Lecture 34: Explanations, Applications and Orientations". *Standard Edition* 22. London: Hogarth: 135-156: 154.

[15] Freud, Sigmund. "Some Character Types Met with In Psycho-Analytic Work". *Standard Edition* 14. London: Hogarth: 309-333.

[16] Freud, Sigmund. "The disposition to obsessional neurosis, a contribution to the problem of the choice of neurosis". *Standard Edition* 12. London: Hogarth: 311-326.

[17] Freud, Sigmund. "Character and Anal Eroticism". *Standard Edition* 9. London: Hogarth: 167-176.

[18] Freud, Sigmund "The disposition to obsessional neurosis, a contribution to the problem of the choice of neurosis". *Standard Edition* 12. London: Hogarth: 311-326: 323.

[19] Augstein, Hannah. "JC Prichard's Concept of Moral Insanity – a Medical Theory of the Corruption of Human Nature". *Medical History* 40 (3): 311-343.
[20] Prichard, James. In Hannah Augstein: "JC Prichard's Concept of Moral Insanity – a Medical Theory of the Corruption". *Medical History* 40 (3): 311-343.
[21] Deutsch, Helene. "Some forms of emotional disturbances and their treatment". *Psycho-Analytic Quarterly* 11 (1942): 301-321.
[22]Fenichel, Otto. "Ego disturbances and their treatment". *The International Journal of Psychoanalysis* 19 (1938): 416-438.
[23] Michaels, Joseph. *Disorders of character: Persistent enuresis, juvenile delinquency and psychopathic personality.* Springfield: Charles C. Thomas, 1955.
[24]Michaels, Joseph. *Disorders of character: Persistent enuresis, juvenile delinquency and psychopathic personality.* Springfield: Charles C. Thomas, 1955.
[25]Freud, Sigmund. "The Ego and the Id". *Standard Edition* 19. London: Hogarth: 28-39.
[26] Reich, Wilhelm. *Character Analysis.* Tr. Theodore Wolfe. London: Vision Press, 1948.
[27] Reich, Wilhelm. *Character Analysis.* Tr. Theodore Wolfe. London: Vision Press, 1948.
[28] Reich, Wilhelm. *Character Analysis.* Tr. Theodore Wolfe. London: Vision Press, 1948.
[29] Reich, Wilhelm. *Character Analysis.* Tr. Theodore Wolfe. London: Vision Press, 1948.
[30]Lacan, Jacques. "Variations in the Standard Treatment". *Écrits.* Tr. Bruce Fink. New York/London: W.W. Norton, 2006: 281.
[31]Reich, Wilhelm. *Character Analysis.* Tr. Theodore Wolfe. London: Vision Press, 1948.
[32]Lacan, Jacques. "Variations in the Standard Treatment". *Écrits.* Tr. Bruce Fink. New York/London: W.W. Norton, 2006: 269-302, 281.
[33] Piaget, Jean & Bärbel, Inhelder. *The Psychology of the Child.* Tr. Helen Weaver. New York: Basic Books, 2000.
[34]Freud, Sigmund. "The Unconscious". *Standard Edition* 14. London: Hogarth: 159-215.
[35] Lacan, Jacques. "Of Structure as an Inmixing of an Otherness Prerequisite too Any Subject Whatever". Accessible at: www.lacan.com/hotel.htm
[36]Lacan, Jacques. "Of Structure as an Inmixing of an Otherness Prerequisite too Any Subject Whatever". Accessible at: www.lacan.com/hotel.htm
[37]:Lacan, Jacques *Identification. The Seminar of Jaques Lacan. Book IX*. Tr. Cormac Gallagher. Accessible at: www.lacinireland.com: 33.
[38]Lacan, Jacques *Identification. The Seminar of Jaques Lacan. Book IX*. Tr. Cormac Gallagher. Accessible at: www.lacinireland.com :34.
[39]Lacan, Jacques. "Of Structure as an Inmixing of an Otherness Prerequisite too Any Subject Whatever". Accessible at: www.lacan.com/hotel.htm