TRANSACTIONAL ANALYSIS PSYCHOTHERAPY OF MIXED PERSONALITY DISORDER

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INTRODUCTION

If normality is viewed as a continuum, which even Freud talked about, at the one end of that continuum there are personal adaptations, while at the other end there are personality disorders. The model of personal adaptations is one of numerous attempts to understand and classify individual differences. The model was developed by two innovative practitioners: Taibi Kahler [1] and Paul Ware [2], humanistically oriented psychiatrists and psychotherapists. According to it, these adaptive mechanisms do not refer to mental health or psychopathology, but above all reveal a specific adaptive style of a person. Besides test material, the basic way of diagnosing personal adaptations is on the basis of dominant motivational driver. Motivational

Summary

The paper presented here demonstrates what transactional analysis can achieve in the treatment of mixed personality disorder and points out to the challenges. The approach in question is integrative transactional analysis which also incorporates, in its diagnostics and choice of interventions, the theories and techniques from other modalities, dynamic and systemic. The concepts from transactional analysis that have proven resistant to postmodernist critique, unlike other concepts, such as games, transactions, or ego states, are the concepts of life script and personal adaptations. Script analysis and working on changing one's personal adaptations classify contemporary transactional analysis in the group of narrative therapies.

Key words: mixed type personality disorder, personal adaptations, integrative transactional analysis, cultural script

drivers represent internalized parental moral and value judgments and messages which a child takes during his/her life and which trigger his/her behavior. Namely, a person thinks that he/she will be and will stay accepted as long as he/she respects these messages.

According to the transactional analysis theory, each culture and subculture contains a repertoire of dominant drama twists accompanied by dialogues, drama characters and script themes [3]. Bern defines a script as a life plan developed in early childhood primarily under the influence of parents. Once formed, the script directs the behavior of a person in all important aspects of his/her life [4].

The initial diagnosis of the patient whose psychotherapy treatment will be presented was: mixed personality disorder

with elements of borderline syndrome accompanied by unspecified psychosexual developmental disorder. The dynamics of intrapsychic personality stagnation as well as behavioural indicators of disorder in mental functioning could be identical in many categories. For this reason, insisting on one specific diagnosis is not necessary in order to start a treatment. The symptoms of the following personality disorders are recognized in the patient: dissocial personality disorder, histrionic personality disorder, borderline personality disorder, as well as narcissistic personality disorder.

Psychosexual developmental disorder is reflected through the presence of chronic dissatisfaction and disconcertment due to the repetitive pattern of sexual relationships without emotions, experienced intimacy and bonding. The patient regards her gender identity, youth and physical appearance as her only qualities, through which, by having numerous sexual relationships, she proves her worth and success. On the other hand, since perception in personality disorder is distorted, deviant sexual behavior can paradoxically represent for her a mechanism which she believes can help her to experience intimacy with another person.

CASE OUTLINE

The patient is 30 years old, single and has no children. When she started the therapy she was not in an emotional relationship. She lives alone. From closer family members, she has a mother and a half sister, who do not live in the same city. At the time of starting the therapy, she was working as a "hot line" operator and was occasionally providing sexual services to a smaller number of familiar clients. The contacts with her closer family are rare, very often conflicting. As a dominant pro-

blem, she mentions fear of not being able to experience love. The difficulties have to do with unsatisfactory emotional and sexual experiences with men. The psychotherapeutic work was carried out through individual psychotherapy lasting for two years. The initial therapeutic contract was to establish social control of rage through learning and application of safe ways of showing emotions. Since uncontrolled escalation of emotions in personality disorders increases the risk of hurting oneself or someone else, the initial contract, formulated at the beginning of the psychotherapy, was the contract of self-protection [5].

DISCUSSION

Exteropsyche, neopsyche and archaeopsyche are phenomenologically manifested as taken over (imitative), operational and regressive ego states. Three ego states which we refer to in transactional analysis are Parent, Adult and Child [6]. According to the structural analysis of the patient's Ego state, ego state Child contains fear supported by the fantasy about the possible repeated rejection by a close person [6], similar to the experience she had in childhood with her parents. Precisely because of this, in this phase of therapy it was important for the patient to have new correctional experience regarding that part of her personality which was falsely attributed as "bad", ego state Child.

Once she started to feel safe and empowered following corrective "transference" interventions which intensified her feeling of acceptance, protection and support [7], after the first two months of psychotherapy a stable contact with the patient was established. Looking from the outside, this was reflected in her readiness to authentically express and analyse anger when it

appears during the session. As Fanita English claims, a learned, often encouraged emotion from early childhood becomes a reflex response used to manipulate others, so-called racket feeling which is a substitute for other possible affective experiences [8]. Through the developmental - reparative therapeutic relationship, it happened occasionally that authentic sadness appeared after expressed anger. The sadness appeared after realizing who in fact the suppressed object of anger was. Usually it was her mother. In this phase, when a stable contact between the patient and the therapist had already been established, the periods of work on overcoming developmental deficits through purposeful "spot-reparenting" interventions alternated with the periods of decontamination of ego state Adult of the archaic ego syntonic content [9]. The mentioned therapeutic processes were used in order to improve emotional literacy and fluency [10]. The development of emotional literacy was one of the key elements of therapeutic contract since the same emotion can be experienced and communicated in a completely different way, with different social outcomes depending on which ego state was cathected.

All mentioned interventions can be considered as preparatory cognitive work for the introduction to script change. Analyzing the racket system [8], confronting rejection, redefinition and passivity [11] represented part of psychotherapy process which gradually led to the desired change in behavior. Psychotherapeutic interventions which lead to script change involve re-examining and abandoning the distorted system of beliefs, opinions and behavior influenced by life script. Besides this, the psychotherapist, by combining a directive and nurturing approach, confronts the patient with that behavior which represents the script enactment in

the psychotherapeutic session, but outside it as well.

After the patient began leaving the phase of transference cure and entering the phase of script cure [9], what was opened was the theme of defining the indicators of contract fulfillment as criteria for establishing a suitable moment for the termination of therapy. Transference cure involves the patient's perception of the psychotherapist as a substitute parent figure who prevents and stops him/her to follow the script dictate. Unlike transference cure, script cure is reflected in the patient's ability to enact, independently analyse and stop the script [12].

In this phase the interventions were mainly directed at summarizing perceptions and transferring experiences from therapy into practical decisions and actions which led to the change of living conditions and quality social interactions. The patient said that she got acquainted with people with more enthusiasm than before, that she tolerated more easily the separation from and occasional absence of friends. She was actively working on developing a wider social network of support since she understood and felt the importance of having quality contact with others in order to improve her own well-being and functionality. For the same reason, she became motivated to put an effort into developing more quality communication with her closest family members, which she also succeeded in. Despite occasional arguments and small disappointments, she regained the sense of belonging to her family, to which they responded with acceptance according to their capacities and maturity.

After establishing the therapeutic contract, the completion of psychotherapeutic process took six months. The dynamics of sessions during this period was once a month. The risk that exists in such perso-

nality types is the development of symbiotic connections in long-term psychotherapeutic relationships or the sense of rejection due to the therapy termination followed by worsening of symptoms. Since one of the script themes was the fear of abandonment and disappointment, it was essential to give her time to realize that for her further psychological development it was important to finish one cycle of working on herself with the sense of realistic success and to learn, on her own initiative, to end a relationship showing mutual respect. Unlike other related regressive interventions, such as building new structures of ego state Parent and rejecting the old ones through psychotherapy (reparenting technique), working on building new ego state Parent involves something else. Namely, continuous work on building Self by the patient (self-parenting) is based on a conscious decision that for certain deficient developmental experiences the patient responsibly, that is from the ego state Adult, takes over the role of her "new parent" [13,14]. Of course, this phase did not go without challenges. It happened that the new parts of introjected Parent were in conflict during this phase with the relics of the pathological content in ego state Child, thus indicating the direction of further psychotherapeutic changes. After self-reparenting, relying on decontaminated and energetically invested ego state Adult, the patient continued to be persistent in resisting social provocations, even potential accidental insults, and by doing so she demonstrated a high degree of care and protection regarding herself and her surroundings.

What preceded the termination phase of psychotherapy, and pointed towards the fulfillment of the contract, was establishing a satisfactory partner relationship which lasted for six months. This

was her first stable emotional experience. Her new behavior, assertiveness, warmth and openness contributed to her feeling loved and safe in this relationship. The patient's way of thinking and acting in this relationship provided numerous indicators for the script change.

CONCLUSION

From the presented case we can see that besides analyticity and unconditional acceptance, personality disorder therapy also requires a specific kind of support and directness in work, learning about the limits and consistency, while providing security and certainty in a relationship at the same time. Since persons with border personality organization have a tendency to project ego-ideal beyond the boundaries of Self, it was expected that the patient would look for motivation for transformation in the therapeutic relationship itself. The anger emotion which the patient demonstrated during the therapeutic work was sometimes very intensive and was too big for containing. Berne himself points out that transference and counter-transference are integral, spontaneous and unavoidable phenomena of a good psychotherapeutic relationship [6].

The way towards autonomy has just started for the patient. The period of testing and affirming her new decisions, convictions and goals is in front of the patient. We predict that in the future there will be strong emotional reactions in the situations provoking the theme of separation and disconnection, due to the activation of the memories of being rejected in childhood. The therapy does not erase early memories but only neutralizes their toxicity and changes their significance and meaning.

PRIKAZ TRANSAKCIONO- ANALITIČKE PSIHOTERAPIJE MEŠOVITOG POREMEĆAJA LIČNOSTI

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Kratak sadržaj

Rad koji je ovde prikazan ilustruje primenu transakcione analize u psihoterapiji mešovitog poremećaja ličnosti. Radi se o integrativnom transakciono analitičkom pristupu koji, u dijagnostici i izboru intervencija takođe integriše teoriju i tehnike drugih modaliteta, dinamskih i sistemskih. Transakciono analitički koncepti koji su pokazali otpornost na kritiku postmoderne za razliku od drugih koncepata, kao što su igre, transakcije ili ego stanja, jesu koncept životnog skripta i personalnih adaptacija. Analiza skripta i rad na promeni personalnih adaptacija savremenu transakcionu analizu svrstavaju u red narativnih terapija.

Ključne reči: mešoviti poremećaj ličnosti, personalne adaptacije, integrativna transakciona analiza, kulturni skript

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