



On the Borderline: Some Observations on Internal Pathological Organizations, Patterns of Early Attachment and their Later Emergence in Criminal Offending and the Therapeutic Relationship

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Abstract

This paper considers some of the proposed links between developmental deficits and anti-social criminality. There is particular emphasis on the apparent lack of internal containment that many offenders demonstrate and an exploration of the linkage between the psychodynamic concept of pathological organizations and earliest attachment patterns. So called pathological organizations, considered to indicate intra-psychic object relational defensive structures, are also explored in relation to deficits that criminal offenders may have experienced due to a failure in earlier life to internalise capacities to meaningfully symbolize their experience within the primary caregiver relationship. Clinical case material is presented for illustrative purposes.

Keywords: Pathological; Organizations; Attachment; Criminality; Symbolization

Introduction

Psychoanalytic theories of early developmental life are dominated by the idea of omnipotent phantasy, with the neonate either totally out of touch with 'reality' or grasping a modified grandiose form of it. In the extreme, later psychic breakdown by an individual tends to be viewed in the light of a regression to this early infantile mode of psychological functioning. Patrick Galloway, in an inspired paper on psychotic and borderline processes, observes:

Thus, in the main, psychoanalysis views human nature in its unmodified early aspect as mad, bad and selfish; the psychological equivalent of original sin [...] something of a paradox is experienced by those working with patients who have endured very great abuse, neglect and childhood suffering, as have many criminals: what impresses most is how well they have managed and not so much how evil they have become [1].

Galloway is apposite in his description of the resilience and enduring qualities of the human spirit, particularly in relation to experiences of neglect, abuse and suffering that many young people who turn to crime have experienced. In order then to more fully understand the criminal mind and the nature of specific criminal activity as it relates to particular developmental conflicts, a detailed forensic analysis of the offence and its evolution is required. That the re-arrangement of the external world (enacted through the particular crime committed), represents an attempt by the individual to externalise what is most urgently prescient psychically, impresses one in work with offenders.

In addition, the cauldron of psychodynamic treatment is powered and propelled by the evolving repetition of affective phantasies, wishes and desires in the relationship with the therapist (transference), and in those affective phantasies and emotional resonances stirred in the therapist (counter-transference). In this way, and through careful and detailed consideration of the individual's offence(s), the crime committed is often in essence a 'forensic fingerprint' that illuminates patterns of psychological functioning beyond conscious recall or verbal representation. Analysis of the evolving nature of the offences committed by an individual can reveal increasingly desperate attempts to represent his/her intra-psychic conflict. These attempts are indeed

re-presentations of earlier conflicts that now find outlet alexithymically in later life.

Object representation, Symbolization and Mentalization

The origins of these developmental conflicts have been subject to a wide range of theoretical interpretations by psychoanalytic practitioners. Early writers such as [2-4] had suggested a particular form of symbolisation involving an equivalence being made between the symbol and the thing symbolized. Expanding upon these ideas [5], particularly through her work with schizophrenic patients, introduced her theory of symbolic equation. Recalling her experience with one patient, Segal observed: ...there was no distinction between the symbol and the thing symbolized [...] He blushed, stammered, giggled and apologized after bringing a canvas stool. He behaved as if he had offered me an actual faecal stool. It was not merely a symbolic expression of his wish to bring me his stool. He felt that he had actually offered it to me [5].

Segal linked the operation of symbolic equation with attempts by individuals to defensively fuse their rudimentary selves with objects. This form of fusion was postulated to involve omnipotent attempts to deny separateness/aloneness, and the consequent sense of loss that would be entailed by such a realisation.

The inability to move toward whole object representation, or in a Kleinian sense, 'the depressive position', appears then as the hallmark of narcissistic identificatory processes. The individual may then experience a frank confusion between self and other, for in essence a

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differentiation has not been internalised, or if a degree of differentiation has been achieved, this may exist with fragility in the individual's psyche, and be vulnerable to disintegration through alcohol/drug misuse, experiences of loss, etc. In a previous papers I have explored, in some depth, the earliest forms of symbolic incorporation and pathological processes as these appear manifest in psychotic thought and action [6-8]. However, later Kleinian theorists have also explored a psychological mode of functioning that appears to exist on the border between the earliest phase of infantile life (paranoid schizoid position) and a subsequent stage of childhood development (depressive position). This constellation of mental phenomena, referred to in Kleinian literature as pathological organisations appears to describe and elucidate the processes operative in borderline and anti-social personality individuals. In my own work with recidivist offenders presenting with a history of substance misuse, the concept of an internal pathological mental organisation has proven extremely helpful; 'providing an increased understanding and awareness of the meaning and function of the criminal activity evidenced by such individuals.

Three major characteristics, identified by Kleinian writers, in relation to borderline/anti-social personalities, have been suggested:

They appear to have become developmentally 'stuck' between the paranoid schizoid and depressive positions with a range of complex defences that are employed to ward off anxieties concerning complete disintegration and the avoidance of feelings of guilt and responsibility linked to 'onward movement' to the depressive position.

They evidence excessive levels of aggression and envy, linked by Kleinians to the death instinct, and yet they seem capable of facile forms of 'stable' relationships. The latter appear organised around the triumph of 'bad' parts of the self over 'good' parts of the self.

The stability of the personality, though fragile, is buttressed by a rigid system of defences, known originally as narcissistic organisation (Rosenfeld, 1964) and then more recently as pathological organisations [9], (Spillius, 1988).

In developing further our understanding of pathological organisations, Kleinian theorists have sought to extend Bion's original contribution, in which he described and differentiated the psychotic and non-psychotic parts of the personality [10,11]. explored the internal conflicts that exist in such individuals, focusing on the opposition between aspects of the self capable of experiencing dependency, and those aspects that tended to adopt a 'mocking' attitude to such relations. In so doing, there was evidence of futility, despair, destructiveness, and often self-destructiveness; these modes of functioning tending to dominate. Money-Kyrle [12] described the same internal structure in terms of a battle between 'sane' and 'insane' parts of the self. The idea that an object or group of objects become organised around the dominance of the death instinct, and are then idealised, was described by [13]. However, [14,15], description of an extremely sadistic and punitive super-ego structure that dominates the internal world of the individual, whilst recalling earlier psychoanalytic theories on criminality, appears highly persuasive. In order that this structure is maintained, i.e. perpetuating an idealised belief in the destructive aspects of the personality, Brenman argued that a gross restriction of perception, a narrow mindedness and an elimination of human understanding is necessary. He contends that this involves: the worship of omnipotence which is felt to be superior to human love and forgiveness, the clinging to omnipotence as a defence against depression and the sanctification of grievance and revenge [14].

On an individual level, the resistance to change evidenced by borderline and anti-social personality individuals impresses the clinician in the day-to-day work of therapy. However, an over-emphasis on the intra-psyche processes hypothesised to operate, is fraught with danger. The danger relates to a myopic attitude when considering the inter-social matrix into which each of us is born. In recent years, attachment theorists [16,17] following [18] have stressed the role of 'mirroring' by the primary caregiver in the evolving capacity of the infant to move toward what they term 'second order' symbolic representations [19] is succinct in describing the regulation of affect and how this apparently leads to whole object representation in relation to the other:

We suggest that the meaning or sense of the affect develops out of the integrated representation in self and other. The combination of the representation of self experience and the representation of the reaction of the caregiver elaborates the child's teleological model of the mind, and ultimately enables him/her to interpret and understand affective displays in others as well as arriving at the regulation and control of his/her emotions. The reflective function of the caregiver prompts the child to begin organising self-experience according to clusters of responses which will eventually come to be verbally labelled as specific emotions (or desires) [19] (Conference paper).

Fonagy here presents a theory of developing mentalisation that, one might suggest, bridges psychoanalytical concepts involving emotional affective states and attachment perspectives concerning emerging cognitive capacities. This psyche-soma depiction can be extremely helpful in work with offenders, and particularly in gaining a deeper appreciation of their language acquisition, and employment of metaphor. The disruption or deregulation of the attachment bond appears much more cogent when considered in this light, and in relation to the psychological processes described by Kleinian writers as pathological organisations. My sense is that the inability of borderline and anti-social personalities to traverse the difficult bridge between part object and whole object representation tends to leave them trapped mid-way; fearful of a backward return which threatens psychological disintegration, and equally of forward movement which requires toleration of loss and the pain so entailed. Psychological development is never purely linear, though it is possible to conceive of symbol incorporation involving distinct nodal points that can be considered as milestones toward coherent symbolic representation.

Sohn [20] discussing the early relationship between the primary caregiver and the infant, describes a process which he terms attunement. Optimally attunement depends on the ability of the caregiver to enter, in phantasy, the internal world of the infant. In so doing, the caregiver is capable of mentalising and metabolising the affective states experienced by the infant, and crucially, modulating these affects so that they can be tolerated and incorporated by the neonate. When this process operates consistently and with an ongoing valence of continuity, it appears that a formative holding environment [21], capable of promoting security for the child is created. This is a reciprocal process that I have previously referred to as a condition of mutual sustainability [22].

Aspects of developmental dynamics and anti-social behaviour

In the absence of ongoing sustainability between the infant and the primary object, I described the processes of negation and, what was termed syllogistic conjoinment, leading to either a foreclosure on symbolic representation or a conflation between object and symbol. The psychoses – organic, functional and substance-induced – appear

indicative of this form of mental activity. We will undoubtedly learn much more in coming years about the innate capacities certain individuals possess, and that act as protective factors against the development of psychotic symptoms, even though they have experienced profound developmental deprivation. However, my focus now is on a provisional outline of certain developmental dynamics that appear fairly consistently with offenders who evidence borderline and anti-social personality traits.

The operation of a pathological organisation chronically distorts both internal and external reality. The following vignette perhaps illustrates this point:

A borderline patient who had been attending weekly therapeutic treatment became increasingly enraged during a session. Initially, I found it difficult to even establish the origins of his manifest anger, as he became more flushed, banged his fist upon his chair and glared at me. I began to seriously suspect that a physical attack was imminent. Finally, it emerged that he believed, with absolute conviction, that I had told a member of the nursing staff about his profound dislike of another patient. He then announced he was leaving the day hospital ...'and you can't stop me'... intending to go home and overdose on medication he had been ...'saving up'.

Any attempt in such a circumstance to eloquently frame psychodynamic interpretations based on Oedipal conflict (therapist/nurse, etc.), sibling rivalry, the eroticisation of medications, projective identification (involving the communication of the patient's extreme rage/fear by projection into the therapist and the subsequent identification), or such like, would, I venture, have proven facile and ineffectual. In essence one is aware that inter-personal relationships have temporarily, at least, been denuded of any semblance of reality. There is a sense of being caught up in what feels like a mad whirlwind, propelled by conflicting feelings of fear, anger, rage, confusion, etc. Thankfully in this case, after a prolonged period of dialogue, which also involved other members of the multidisciplinary team, the patient was able to return home, accompanied by staff, and relinquish a substantial amount of psychotropic medication which had indeed been 'saved up' over many months.

The theatricality of such situations alerts us to the 'excitement' generated through these extreme expressions inherent in pathological organisations. Attempts to omnipotently and sado-masochistically control objects underlie these sensations of 'red hot' excitement [23-25]. In terms of recidivist offending that involves inter-personal violence, car crime, terrorist activity, etc., I believe the offending itself assumes an addictive quality, based upon the generation of the excitatory affect. That many of the individuals so involved also develop serious patterns of actual addictive substance misuse, possibly reflects an 'outworking' of these early developmental dynamics. The early childhood histories of individuals exhibiting borderline and anti-social personality characteristics often reveal inconsistent and destabilising patterns of interpersonal relationships. One patient commented, in an offhand manner, '... my mum was all over us when she was drunk, but when she was hungover you must not go near her'. The psychological splitting evidenced by adults, who have experienced chronically inconsistent early relationships, seems to demonstrate an extension of these internalised representations. Idealisation of a particular individual rapidly switches to unabashed and savage denigration.

Noticeable, too, is an attempt to 'concretise' bodily experience, as the external world becomes a receptacle for split off aggressive elements

of the psyche. At extremes, or in the absence of an external target, rage and wrath is turned back on the subject's own body, evidenced in the pervasive patterns of self-mutilation often found in borderline patients. Most crucially, however, there has been, at some point in early life, a hint that a meaningful and reliably containing relationship, capable of facilitating sustainability over time, is possible. It seems that this experience is sufficient, for the preservation of a nucleic and fragile core-self that awaits with incredible tenacity, the conditions that could facilitate further development and growth. However, this rudimentary self construct appears effectively 'imprisoned' through the dominance of early identifications linked to inconsistency, violence, abuse, envy and over-indulgence. A condition of the survival of the core self, fragile as it is, appears to be a willingness to submit to the aggressive and destructive tendencies of what Sohn (1985) has termed 'the identificate'.

Sohn contends that this central feature of an individual's pathological organisation, the 'identificate', involves the individual utilising omnipotent projection in order to expropriate the qualities of the other. He further describes how becoming the other induces or enhances the sense of omnipotence, whilst the self can triumphantly revel in the omnipotent gratification that is generated.

The dominance of these destructive wishes has consequences for the individual, as Hinshelwood (1989), in reviewing Sohn's concept describes. These consequences are, according to Hinshelwood:the devaluation of the object whose qualities are expropriated through this invasive identification, and; The splitting and therefore weakening of the self.(1989, p. 384)[24] is succinct in his description of the internal dynamics often met with in borderline and anti-social personality type offenders:

If we assume that a primitive destructive part of the self exists in all individuals, an important determinant of the outcome will be the way this destructiveness is dealt with by the remaining parts of the personality. In psychotic patients this destructive part of the self dominates the personality, destroying and immobilising the healthy parts. In the *normal* [my italics] individual, the destructive part is less split off so that it can to a greater extent be contained and neutralised by the healthy parts of the personality. There remains an intermediate situation in which the balance is more even, which results clinically in borderline and narcissistic states. Here the destructive part of the self cannot completely ignore the healthy parts and is forced to take account of them and enter into a liaison with them [24].

I agree with Steiner that the clinical picture here rather resembles an internal world that is radically fragmented, these individuals often evidencing what appear to be mutually contradictory words and deeds, thoughts and emotions, and inter-personal relationships. One patient, wholly unable to tolerate the dependent and needy aspects of himself, first introduced these in the treatment situation through his relationship with his two dogs. When I interpreted this to the patient, he poignantly observed: I don't know what I'd do if anything happened to those dogs, I'd be lost without them.

Projection and projective identification is also apparent. Many patients report breeding fighting dogs, such as pit bull terriers, Dobermans and bull mastiffs. These quite fearsome animals appear to act as both receptacles for the aggressivity of individuals, though also as objects for the 'de-toxification' of aggression, through the loyalty and tenderness that owner's exhibit. Furthermore, patterns of ambivalent attachment appear to dominate more generally, reflecting perhaps this specific attachment sub-type in earliest infancy, which appears as a

substratum underpinning borderline and anti-social personality type offenders.

The following clinical case is presented in order to illuminate some of the points previously discussed with regards to both defensive mechanisms and deficits in symbolization exhibited by certain individuals displaying anti-social offending behaviours.

Clinical Case: Brent

Brent, aged 39 and recently released from prison, presented for assessment ostensibly in relation to a long term pattern of substance misuse and the supposed link this pattern had to his offending. The offences that led to conviction and imprisonment involved criminal damage, assault, and resisting arrest by police officers. Previous attempts to supervise Brent in the community, under the auspices of a Probation Order had floundered, as Brent failed to keep appointments, and eventually absconded rather than submit to the authorities following the breach of bail conditions. No stranger to the psychiatric/psychological assessment process, Brent had revealed, and it was subsequently confirmed, that he had suffered a sustained and brutal period of sexual abuse between the ages of 7 and 8½ years. The perpetrator of the abuse, one of Brent's elementary school teachers, was later convicted for these offences.

The most immediate childhood sequelae of the sexual abuse involved nightmares, enuresis, withdrawal from normal social activities and a pattern of hyperactive attention-seeking behaviours by Brent. The family doctor prescribed a sedative for the young boy, and the precipitatory cause of the symptoms remained unknown, and unspoken of by Brent, until charges were laid against the perpetrator many years later; these allegations being made by other victims of the abuser.

Perhaps the psycho pharmaceutical intervention, by the no doubt well-intentioned family Doctor, acted as a precedent for Brent's drift toward substance misuse in his mid to late teenage years. There appeared to be no history of alcoholism or drug addiction in the case of Brent's parents. However, by his mid 20s, Brent was drinking heavily, on a daily basis, and in addition he regularly consumed large quantities of cannabis, cocaine and sedative medications. Despite this he managed to complete an apprenticeship as a tradesman, and eventually established a reasonably successful small business. He had also married in his late teenage years, though the marriage produced no children. In more recent years, Brent's increasing reliance on alcohol and drugs, coupled with his at times violent and bizarre behaviour, had resulted in the breakdown of his marriage and subsequent separation from his wife.

The details recorded above are sufficient in order to understand something of the symbolic processes, verbalised and enacted by Brent, to which I now turn. From my first assessment interview with him, and during the course of much of the therapeutic work that followed, Brent reminded me how dangerous it had proven in the past, for him, to recall anything of his experience of childhood sexual abuse. Indeed, so toxic was the subject, that I was cast in the role of a potential re-abuser should I raise any issues connected with Brent's previous exposure to what had obviously been an extreme trauma. Clearly, through the agency of transference, the resistance toward confronting the specific circumstances of the abuse created, substitutively, an anticipated repetition of that abuse in Brent's initial relationship to myself. Over many months of treatment, it appeared that Brent came to the realisation, that I would not attempt to force or

coerce him toward exploring what remained so devastatingly painful for him. Rather, there was a focus on attempting stabilisation in relation to the very destructive pattern of alcohol and drug abuse that Brent had developed. The combination of depressant drugs (alcohol/cannabis/benzodiazepines) and a psycho stimulant (cocaine), appeared to further represent the 'splitting' processes that enabled Brent to maintain a degree of 'psychic equilibrium'. Manic episodes of alcohol/drug binging were invariably followed by depressive crashes, during which times Brent ruminated for long periods on suicidal thoughts. The analysis of reported events, occurring whilst he was severely intoxicated, indicated the sense in which Brent's experience of abuse continued to be enacted. One occasion, which precipitated a period of hospitalisation, resulted in Brent staggering along a rail track toward a railway tunnel. The symbolic meaning of this act, in relation to the infantile abuse, does not I think require further elaboration at this juncture. What is of course of primary importance at such times is the safety of the patient, and in addition, the safety of those that may be affected by such behaviour. Out-patient work with substance misusing forensic clients will always involve an element of risk, and one must remain alive to the idea that even when all appears to be going well, individuals at liberty within the community continue to present risks that are largely unquantifiable. The current emphasis on offender risk analysis within the British Criminal Justice system perhaps says more about the system's need to appear 'in control' through 'quantification' rather than face the painful truth – that the complete elimination of risk is impossible.

During the months that followed Brent's discharge from hospital, therapy continued on a weekly basis and there appeared to be longer periods of relative calm when he would abstain from substance misuse. At these times, Brent appeared to be highly motivated and determined, and it seemed that a corner had been turned. However, these periods of relative calm, that encouraged a sense of hope within the wider multi-disciplinary team, were frequently and suddenly shattered by a relapse to drinking and drug use, and further aggressive 'acting out'. On one level, it might be suggested that just as the sexual predator tends to 'groom' a potential victim, Brent appeared to be 'grooming' members of the team – promising much, only to later 'abuse' their trust in him, through callous, narcissistic and self-seeking behaviour. This process of 'identification with the aggressor', well known to psychodynamic therapists, which acts defensively in order to counter potentially overwhelming fears of acute anxiety and annihilation, can prove 'baffling' and destabilising for some members of a multi-disciplinary treatment team. At such times, 'cooling' things down, so that the individual's behaviour can be considered, explored and the affects processed without recourse to technical psychological jargon, is essential.

Of importance at this stage was a consideration of the disjunction between the spoken word and the actions of Brent during this phase of the therapeutic process. The dichotomy that is evidenced between the two, i.e. what is said, what is claimed, what is rehearsed, in opposition to what is actually done/what occurs, focuses our attention again on the splitting processes that are manifestly operating here. Though the behaviours exhibited by Brent at this stage appeared not only self-defeating but also self-injurious, I believe they can be thought of as operating on a continuum that moves progressively from verbalisation and disclosure toward non-verbal communications. The latter appear to act as desperate attempts to both assuage acute states of anxiety, through the search for some form of psycho-physiological containment, and as symbolic re-enactments of prior

trauma. It is in this sense that the seemingly senseless and destructive actions perpetrated by offenders can reveal much about psycho-social conflicts, and the attempts that individuals make to confront these. So too in such cases, the stamina and reliability of the therapist will be tested, often owing to the patient's previous experience of inconsistent and unreliable affective responses during the early attachment period of infancy. After all, if the parent fails to 'survive' the child's aggression, as Winnicott (1958) had suggested, the child will continue to attack in order to establish some form of boundary. The symbolic boundaries that enframe the therapeutic process – regularity of sessions with fixed start and end times, for example – can optimally encourage the individual to experience a sense of security leading to the development of 'basic trust'.

Over many months Brent, in testing the boundaries of the therapeutic alliance and those within the wider multi-disciplinary team, appeared to accept that containment for his anxieties, his rage and his pain might be possible. As I mentioned earlier, and as can often happen, the senses retain much of what has been repressed in terms of cognitive functioning. In this way, though no coherent narrative of the events surrounding the abuse may be available to an individual, sensory experience can unlock deeply disturbing and distressing memories. When this began to occur in Brent's case, quite spontaneously midway through a therapeutic session, it appeared as if he might be, for a time, completely overwhelmed emotionally. That he was able not only to 'survive' this mutative session, but to return again week by week and face so many aspects of his experience made malignant by sustained infantile abuse, is testament to an inner strength of considerable magnitude.

The presentation of this case in no way seeks to absolve individuals from responsibility for actions that they undertake and that may have serious implications for others who are affected by these actions. More pertinently, I think the emphasis should be on a 'realistic' criminological analysis of repeat offenders and the meaning of the offences perpetrated. Ironically, a failure, to do so, may result in further entrenchment within penal practice perpetuating a tendency to custodial sentences, bereft of therapeutic interventions, and which in all likelihood will only provide a form of 'temporary containment' for such offenders. Contemporary criminologists [26,27] have pointed out the danger of such penal practices, in that they transpose splitting processes from the individual onto the criminal justice/societal level. In order to further explore the painful thoughts, feelings and emotions defended against by such processes, much will be asked of all, willing to approach such a challenge.

Conclusion

Whilst it would be misleading to suggest that there exists an isomorphism between borderline/anti-social personality and offending, it is true that a significant number of individuals with criminal records meet diagnostic criteria in this regard [28], in a small scale systematic study of borderline personality disorder and criminal behaviour, which was then linked to attachment patterns, demonstrated some interesting findings. He found that a group known as 'sudden murderers', evidenced an ambivalent attachment pattern to dominant mothers, whilst they tended to experience fathers as rejecting, negative and hostile [29] Authors researching sudden and explosive violent crime have stressed the fragility of the perpetrator's self construct, which is vulnerable to criticism, insults and belittling rejection. Ruotolo (1968) linked these ego-dystonic acts to the splitting and projective identification employed by such individuals. The symbolic importance

of the act or the victim in relation to split-off aspects of the self has also been highlighted by investigators [30-32].

Although further research will be required in order to explore the linkage between infantile attachment patterns and modes of object relating, it seems reasonable to posit a provisional linkage between:

The effects of a lack of mirroring and mentalisation by the primary caregiver on the later ability by the infant to empathically identify with the other, or not, as the case may be, and;

Following insecure patterns of attachment, whether ambivalent, anxious/avoidant or disorganised, the increased use of defence mechanisms such as splitting, projection and projective identification, reflecting an inability by the individual to incorporate second order symbolic representations.

In addition, we may be aided in better understanding the symbolic relevance of particular criminal acts, through a consideration of those psychodynamic and psycho-social factors which we meet with daily in work with offenders. Linking intra-psychic dynamics on the level of phantasy with the inter-social expression of this, following prior attachment patterns, requires a careful analysis of the offender's narrative. In so doing, the process of story making and story breaking by offenders may be illuminated.

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