

Borderline Personality Disorder and Creativity: what prevents and what promotes its development.

Currently, Cognitive Behavioral Psychotherapy for Borderline Personality Disorder aims for improving mentalization and decreasing emotional dysregulation. Regarding the Psychodynamic approach, Kernberg focuses on the interpretation of transference to reveal patients' primitive defensive mechanisms and help them to acquire more mature ones, needed to deal with aggressiveness considered innate, in line with Klein.

To stay within a psychoanalytic approach but moving beyond the concept of original aggressiveness, the author refers to the Human Birth Theory of the psychiatrist Massimo Fagioli.

At birth, human beings face with an external stimulus which was absent in the intrauterine environment: the light which strikes the retina determining the activation of the cerebral substance. This is part of a global reaction of the newborn: the annulment pulsion. The pulsion, containing vitality, is a disappearance fantasy of the light, of the stimulating environment, of the Self as a newborn being. It also determines the onset of a libidinal and psychic Self as a transformation of the foetus's relation with the amniotic fluid into an internal reality having the image of the object and the possibility for the newborn to have an object-relation with the qualities of calm and warmth. Thus, at birth, thought appears as the capability to imagine and the first image of a libidinal Self in relation to the object. Fagioli called it the intuition-hope that the breast exists.

If mother does not have goodness and warmth, the intuition-hope will not be confirmed. This deficiency will lead the newborn to introject the physical breast, annulling its internal qualities. The introjected breast (made to disappear inside himself/herself) will become a bad breast and then it will be projected into the mother. She will thus become the persecutor capable of making him/her disappear.

Thus, the child will become increasingly blind, unable to see the total image of the mother-object, which will be perceived as increasingly frustrating. The "solution" will be the annulment pulsion against the mother (who will also be the projected identification), thereby annulling himself/herself as seeing being. So, the newborn becomes split (mouth split from eyes) and anguished by his/her own libidinal reality.

In this paper anger, greed, ambivalence, projective identification, castration anxiety and annulment pulsion will be proposed as research topics to understand and treat BPD. They are supposed to be causal factors of instability (of self-image, interpersonal relationships and mood), abandonment anxiety, sense of emptiness and impulsiveness. Greed, ambivalence and massive use of projective identification can explain dysfunctional relationships (rapid shifts from "all good" to "all bad"). Annulment pulsion as a solution to sadomasochism can explain the breakups and the resulting crises of emptiness and dissociation, sometimes even with "self-consoling" behaviors (sexually promiscuous behavior and drug use).

It follows that the setting of the psychotherapeutic relationship must include the interpretation of the dynamics described above. Interpreting the unconscious to reveal the connection between greed, sadomasochistic relationship, annulment pulsion and loss of libidinal-seeing possibilities. Allow the patient to recreate these possibilities by finding the origin of their loss in the relationship between the libidinal Self and the disappointing breast.

In BPD the situation may be more complicated than in “neurosis”. Often the anguish, impulsivity and suicidal behaviors require pharmacological therapy or frequent hospitalizations in hospital ward.

The therapist must be able to keep the setting boundaries intact, to preserve a time and a space in which he/she can propose the disappearance fantasy towards the physical world, towards conscious events in order to recreate a relationship with the unconscious.

In this way therapist will propose to the patient a relationship in which he/she will be able to gradually perceive the qualities of a good object interested in his/her internal reality. The more he/she keeps them inside himself/herself without making them disappear, the more he/she will realize the disappearance fantasy towards his/her own situation of non-seeing being, developing an internal image and his/her own psyche.

Therefore, according to this theoretical-methodological approach, the treatment is contingent upon therapist's fantasy, as capability to imagine, but also upon therapist's creativity. The latter is meant by Fagioli as the possibility of transforming images into language, into verbal thought, to allow the patient to find the fusion between unconscious and conscious mind. The same fusion, with consequent possibilities of being creative, that has been lost by the patient when he/she began to introject the physical breast losing the possibilities of intuiting its own internal unconscious content.

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