

THE CREATIVE GENIUS AS AN

INTEGRATING PRINCIPLE IN

PERSONALITY

Lynette Clayton

The Creative Genius as an Integrating Principle in Personality

Lynette Clayton

It is possible to analyse the progress of a person in psychotherapy using a psychodramatic concept, the cultural atom (2) to record gestalts composed of roles organised around identities (multiple autotele in psychodrama terminology). In some cases as in a case of multiple personality this is not possible because of the disintegrated personality structure. A study of a multiple personality suggests that the integrative creative self which is larger than the emerging constellation of roles is one organising and integrating force in personality. Dr. Moreno, in conceptualising spontaneity theory, wrote of this integrative creative self as the creative genius in man. The word genius as defined by the Oxford dictionary means not only "creative and inventive capacity" but also a "tutelary spirit of person or place." The tutelary spirit is that which serves as guardian or protector of a person or place.

In 1970, in a conversation with the author, Dr. Moreno alluded to a concept of man's psyche as "outside of the body", as having an existence which is larger than the roles which express it in the real world. The study of a case of multiple personality can help us to understand some of the phenomena which Dr. Moreno had observed and had himself experienced.

In a recent article Greaves (3) summarises the literature on Multiple Personality. He reviews all reported cases and discusses and resolves the question of authenticity of the multiple personality syndrome.

He summarises the definitions, characteristics and diagnostic issues involved. He notes the presence of neurological dysfunctions of various kinds particularly headaches, qualitative and quantitative EEG differences between different personalities and the presence of amnesia and fits. In his section on the etiology of multiple personality he discusses various approaches. Multiple personality can be seen as a defensive response to an environment where the person experiences ambivalence and major psychic and/or physical trauma. He distinguishes the multiple personality syndrome as belonging to the borderline group of disorders (i.e. lying between the neuroses and psychoses in the degree of disturbance involved). He outlines the psychoanalytic theory relating to the formation of borderline states and summarises it in the following description.

"What seems to happen in the borderline states is that the process of object relations formation, essential to the development of both a sense of self and a mature ego, becomes extremely disrupted. Frustration of needs gratification by parents (i.e. neglect) can lead to regression to the pure narcissistic state and autarchic functioning. In any case, the lack of sufficient positive introjects to serve as the basis (core) for strong, positive ego cohesion, or the presence of numerous negative (painful) introjects, leads to the formation of a personality with an unstable ego, laden with chronic anxiety, which tends to decompensate under stress, and which is characterised by poor interpersonal bonding and major interpersonal anxiety over issues of intimacy and trust". (3, p. 587).

He then discusses alter personalities as dissociations which encapsulate attitudes and emotions which would produce intolerable anxiety and traumatic pain if they were expressed in the family situation. In this way alter personalities are an "emergency escape specific to a particular arena of adaption, and, in terms of one's

overall quality of life, an adjustment which ultimately extracts a damaging price. (p. 590).

Greaves then discusses the unique developmental course of multiple personality and various forms of treatment, with both unsuccessful ^{and} successful outcomes. In summarising recent work by Allison, Greaves gives eight steps in the treatment process:

1. Recognition of the existence of the alter personalities.
2. Intellectual acceptance of having multiple personalities.
3. Co-ordination of alter personalities.
4. Emotional acceptance of being multiple.
5. Elimination of the persecutors.
6. Psychological fusion.
7. Spiritual fusion.
8. Post fusion experiences.

Greaves concludes that "prognosis for complete or near remission of multiple personality through the joint efforts of patient and supportive therapist, making use of various techniques of integrative psychotherapy and/or hypnotherapy, must now be regarded as favorable". (p. 594)

What psychodrama theory can offer is a method of observing and recording the structure of the personality using the cultural atom during the process of integration. This involves conceptualising the multiple personality as a collection of roles or clusters of roles without integrative connections.

Psychodrama theory which describes the personality in terms of roles and role clusters has already been described in a previous article (1). Each role has a set of feelings (emotions), thoughts (constructs) and actions which the person uses to function in the specific moment he reacts to a specific situation in which other persons or objects are involved. Each role is one expression of the larger creative self, the creative genius. The person is the "creator of his own role, its author and actor at the same time". (5). Each role and its content is tied developmentally to a context and a time in the person's life. The person diagnosed as a multiple personality has multiple role states or clusters of role states which from the point of initial trauma develop no connecting links between them and have variable connective links with the conscious regulating ego¹ which represents only a partial expression of the creative genius. In other words, in the multiple personality there appears to be a problem in integration at three levels: between role states or role clusters, between role

¹ I use the psychoanalytic term ego here since it best describes the phenomena observed during the treatment of Janine. Dr. More does discuss multiple extrojections or split autotele (5) but the autotele refers to an experiential holistic view of the self rather than an organising principle.

clusters and the ego, and between the ego and the creative genius. This statement about the structure of the multiple personality has neurological implications in that neurological brain pathways containing memory for feelings, thoughts and actions, the components of role states, must act in parallel. Without an integrative self one set of stored material is prevented from contacting another even though quite involved clusters of roles may have developed. It has implications for sensory and physiological states since these may vary widely without an integrative self.

The conceptualisation can be illustrated from a case of multiple personality. In this article the case of Janine is discussed and the structure of the personality at various times during the psychotherapy is presented using the cultural atom. In this way it is possible to look at the way in which the personality formed integrative links. The initial diagrams of the cultural atom were drawn by the therapist to record the process of psychotherapy. The later diagrams were drawn by Janine to act as a guide in the final stages of hypnotherapy. The process of treatment is categorised in broad developmental phases which Masterson (4) outlined in his book describing psychotherapy with the borderline adult.

Janine, aged 26, was referred for psychotherapy during a hospitalisation with "hallucinations, psychotic and irrational behaviour and self inflicted lacerations to the abdomen". She reported that she had "gaps in memory" and that she had been anxious and prone to

wander since she was 12 years old. By the age of 26, Janine had had at least 11 admissions to general and psychiatric hospitals and at least 41 weeks of observation as an inpatient. At times she presented with trauma following a car accident, at times with lacerations, and at times with fits.

Janine lived near her parents and came from a family of four children all of whom were married. She had left school at the age of 16 and worked as a nursing aide. She married at the age of 19 and helped her husband establish a thriving building business. She had home help to assist with the four children who were born to her each one year apart. Before the final child was born to her at the age of 24, her husband separated from her so that she was divorced at the age of 25. Janine and her mother-in-law, who both belonged to a small fundamentalist religious group, did not accept the separation and divorce. They believed that Janine's husband would return. Janine's husband described her to the doctor as having four separate personalities. However, a firm diagnosis was not made by medical personnel until one year after psychotherapy began.

Psychotherapy began in May 1977.

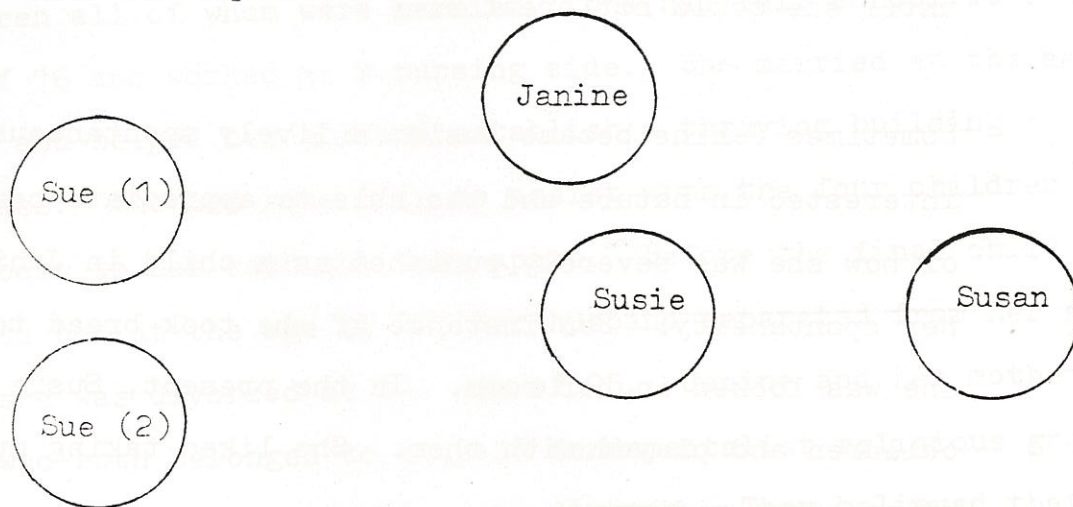
After several psychotherapy sessions, Janine began to dissociate from time to time, firstly into "Sue". Sue was usually set off by a telephone ringing or another metallic sound. Sue had two roles: as the child Sue (1) she was terrified of being bad. She often said "the bell is ringing and I must run and find what the old lady wants or she will be very angry". Sue (1) felt no

pain. The other Sue (2) was an old lady who lived in a house with a fireplace and had a lace tablecloth. This old lady, with white hair tied back in a long plait, told her callously to cut herself and let the bad flow out. When this happened and Sue was alone she cut deeply usually into the abdomen once causing penetration of the abdominal cavity. She talked of doing vicious things to Janine's children such as squeezing one small child until she could not breathe.

Sometimes Janine became Susie, a lively spontaneous person who was interested in nature and was able to appreciate beauty. She talked of how she was severely punished as a child in Janine's family for her spontaneity. For instance if she took bread to feed the ducks, she was locked in her room. In the present, Susie accepted Janine's children and played with them. She liked taking music lessons and going horse riding.

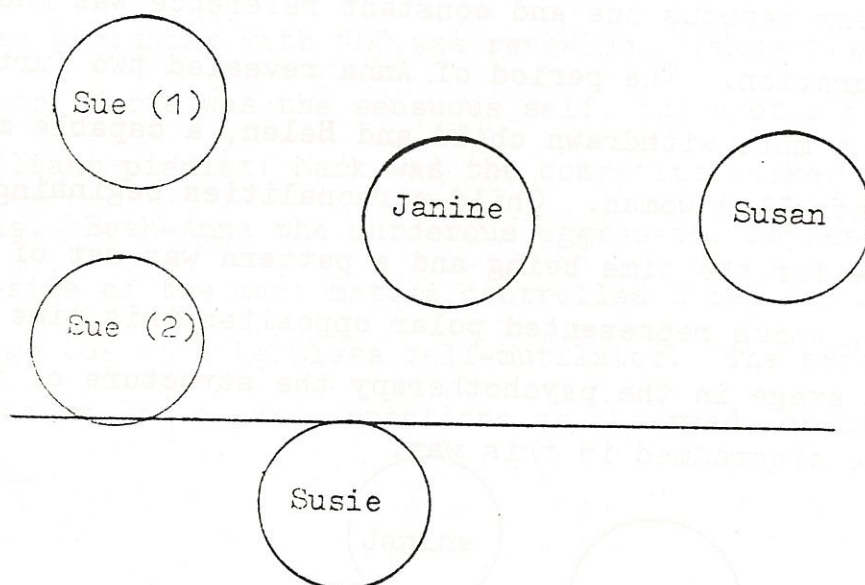
Susan arrived one day after Janine had held her head and said "I've been hit". (Later it was discovered that Susan probably originated when Janine was knocked from her bicycle by a car.) Susan shouted and fought but once firm limits were set on her running away, she sat down and talked. Susan hated all people but especially the gardener at Janine's school who used to molest her sexually when she went to the school toilet. Susan perceived that all people were attacking and destroying each other so that she had to get away either physically or by exteriorising from her body by a trance-like meditative state.

By this stage in the psychotherapy, a stage characterised by symbiosis with the therapist, disintegration of Janine's personality and turmoil in the family, the cultural atom took the form of several roles with no connecting links. Although Susie was aware of the existence of Sue, Susan and Janine she had no control and little time for expression. The cultural atom looked like this:



The second phase of psychotherapy which lasted seven months was characterised by violence and misunderstanding. Susan began to act out by stealing and lighting fires. Janine who was usually an affectless compliant person often showed the thought patterns and affect of either Sue or Susan. The decrease of splitting into good and bad and the beginning of ambivalence towards the therapist was apparent when Janine painstakingly made and framed a tapestry of two girls and presented it to the therapist saying "I felt like burning this at every stitch". The violent episodes culminated in Janine's cat being killed and pulverised on the kitchen floor during a dissociation. Since it was considered dangerous for children to be around, the two youngest children were placed with foster parents

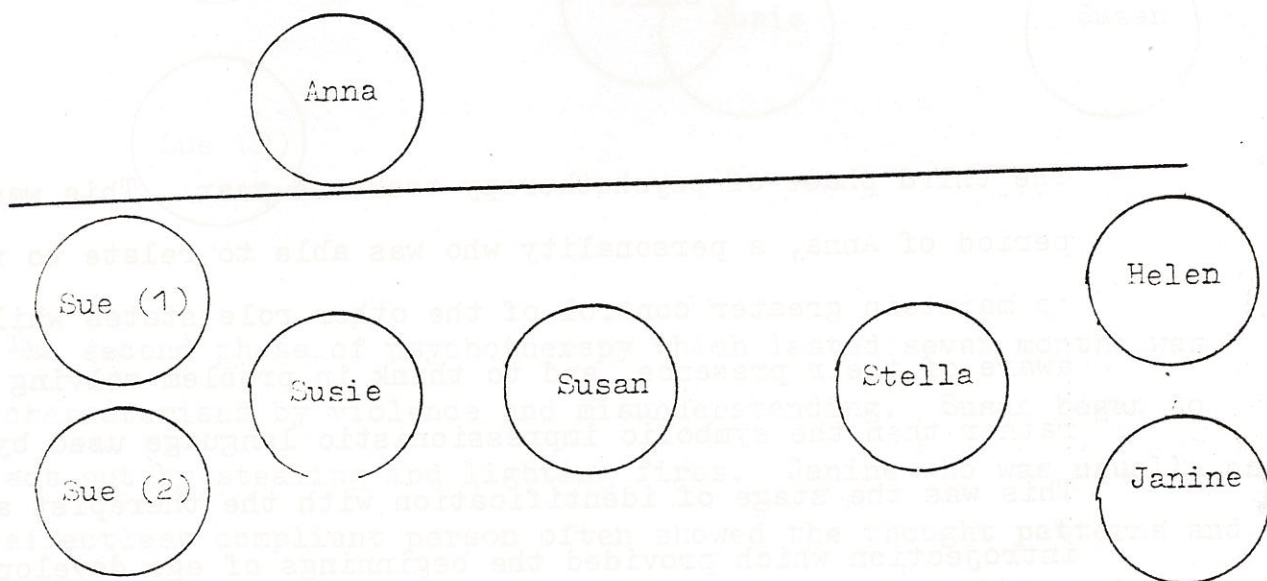
The cultural atom appeared to have the beginnings of organisation around a good/bad split "me" with the "bad me" having control of expression.



The third phase of psychotherapy took one year. This was the period of Anna, a personality who was able to relate to reality, to maintain greater control of the other role states while being aware of their presence, and to think in problem solving language rather than the symbolic impressionistic language used by Janine. This was the stage of identification with the therapist and introjection which provided the beginnings of ego development. As Anna gained in strength and control, hypnotherapy was begun².

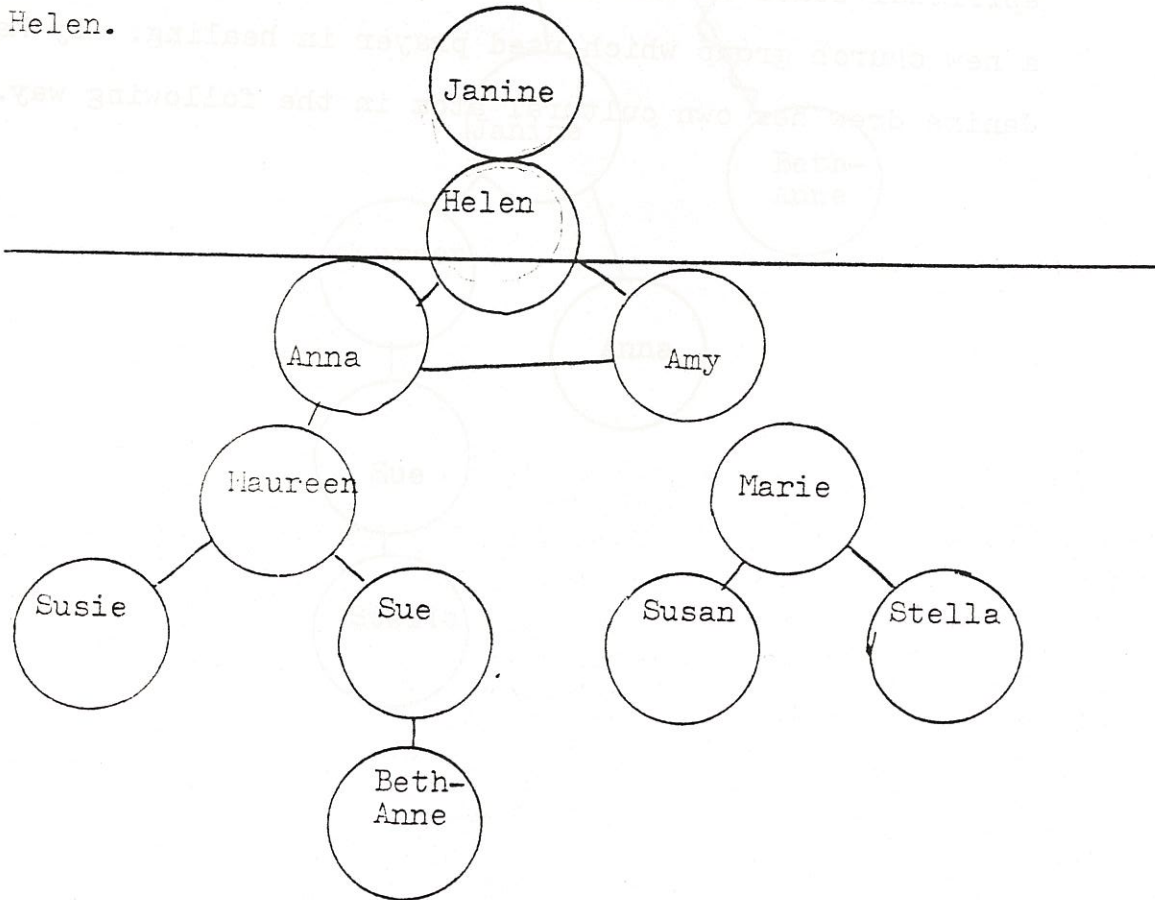
² Dr. Ken Woo, a general practitioner had observed Janine's multiple personalities and from this time Janine was treated outside the hospital setting so that the sick role was not encouraged.

The hypnotherapist used hypnotherapy to call out role states by name so that integrative connections between roles could be built. The balance between integration and disintegration in the personality was a very tenuous one and constant reference was made to the goal of integration. The period of Anna revealed two further personalities: Stella, a mute withdrawn child and Helen, a capable mature, emotionally controlled woman. Child personalities beginning with "S" were complete for the time being and a pattern was set of duality, Helen and Sue, which represented polar opposites, this time in maturity. At this stage in the psychotherapy the structure of the personality could be diagrammed in this way.

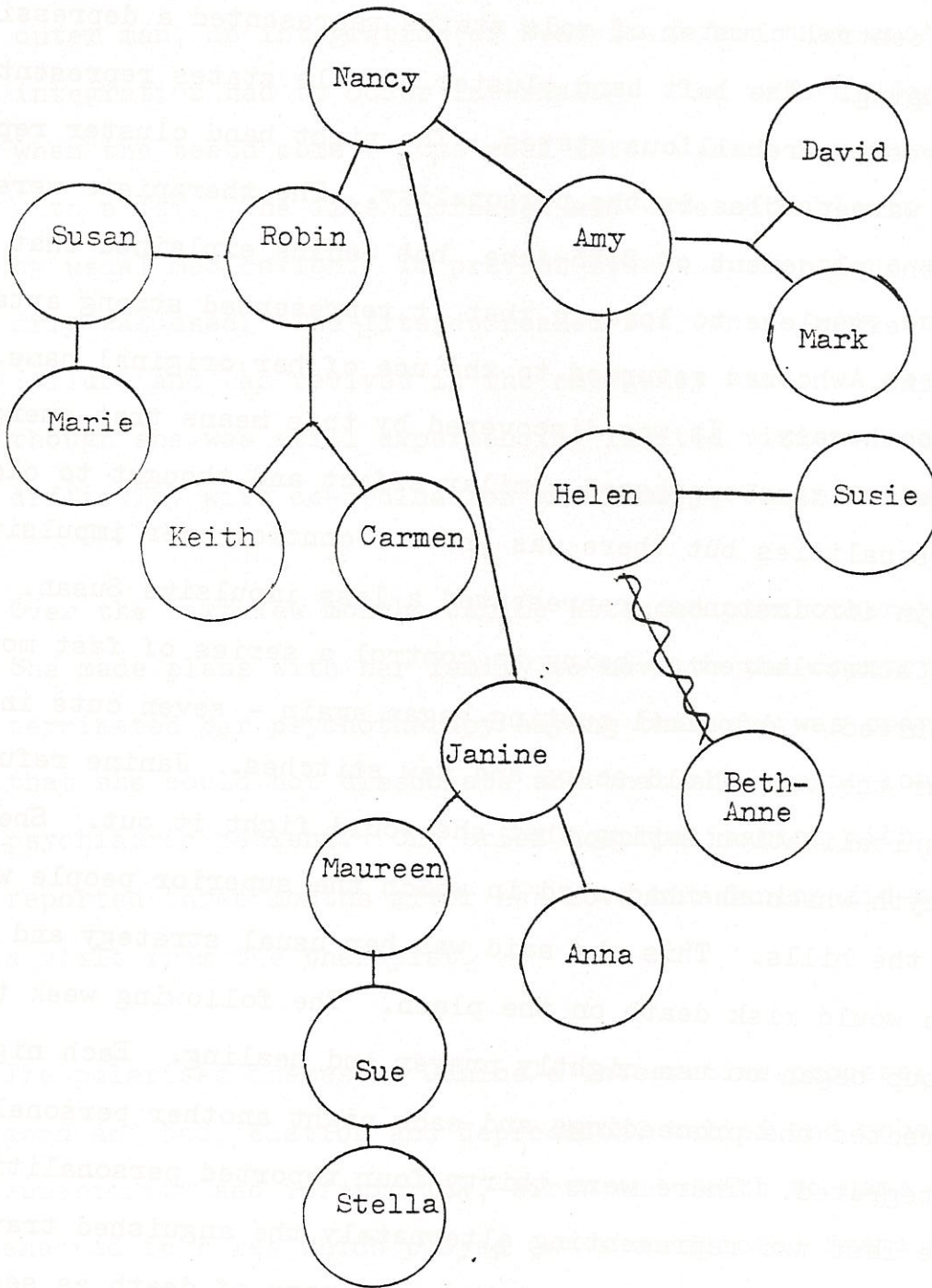


Stage four of the psychotherapy was the period of Helen which lasted four months. After a decompensation with severe depression occurred shock treatment was given. Helen appeared as dominant in the personality structure and operating in co-operation with Anna and Amy formed a knowledgeable controlled and stable personality for a

period of time. The ego appeared to be shared in function between Helen who controlled internal splitting, Anna who maintained contact with the outside world and Amy who used "I" and had a strong concept of a separated "me". A further set of roles with names beginning with "M" was revealed. Maureen was the nurturing mother; Marie was the sensuous self, the erotic prostitute and the brilliant pianist; Mark was the competent worker who mowed the lawns. Beth-Anne the murderous aggressor, represented the polar opposite of the more mature controlled triad and appeared to change Sue to a helpless self-mutilator. The personality structure had clear connections as observed, or as described by Helen.



Stage five was characterised by instability of the higher level personalities which we had hoped would provide progressive integration. Because of the improvement in stability the children were to return home. However the youngest child was found to have a fast growing cancer of the kidney and spinal cord. Janine spent most of the next eight months nursing the child through progressive deterioration until she died at home on the birthday of her oldest sister. During the eight months a guiding spirit emerged called Nancy. Nancy spoke prophetically and symbolically about Janine. She used parables, gave short concise statements about the spiritual state of the therapists and formed a strong link with a new church group which used prayer in healing. By May 1980, Janine drew her own cultural atom in the following way.



The central cluster of role states represented a depressive grouping. The left hand cluster of role states represented aggressive rebellious states. The right hand cluster represented the warmer roles in the personality. The therapists were puzzled by the placement of Beth-Anne, but Janine explained that coldness was very close to love in that it represented strong attachment. Janine, who had returned to the use of her original name, requested hypnotherapy. It was discovered by this means that emerging new personalities expressed similar affect and thought to older personalities but there was greater control over impulsive behaviour. Robyn for instance, represented a less impulsive Susan. Once Nancy was acknowledged as being in control a series of fast moving events occurred. Abdominal cutting began again - seven cuts in a week over the top of old scars and new stitches. Janine refused hospitalisation saying that she would fight it out. She described a myth which she had read in which the superior people withdrew to the hills. This she said was her usual strategy and this time she would risk death on the plain. The following week the church group began to use nightly prayer and healing. Each night Nancy directed the proceedings and each night another personality was integrated. There were thirty four reported personalities in all, the last two representing alternately the anguished travail of giving birth and the anguished aloneness of death as seen from Christ's body on the cross. For a week after integration occurred Janine appeared well balanced, mature and emotionally stable. Then Nancy appeared to say that this was an integration of the

outer man, an integration of behaviours but that another integration had to occur internally. She warned "Don't be afraid when the teeth come". One week later Janine was taken to hospital with a fit. The fits increased and were not able to be controlled by usual medication. To prevent status epilepticus an intravenous drip was used. The fits decreased but Janine went into respiratory failure and was revived in the emergency ward. A week later though she was still experiencing limited vision, confusion, difficulty with co-ordination and memory, Janine returned home.

Over the next few months Janine attended psychotherapy fortnightly. She made plans with her family to move to the country. She terminated her psychotherapy saying that she was starting again, that she could not dissociate and that she was no longer a psychiatric patient. One brief hospitalisation with fits was reported three months after her move but Janine did not request a visit from the therapist.

The polarised themes in Janine's integrative process, themes of good and bad, elation and depression, belief and unbelief, superiority and inferiority, birth and death to name a few, were enacted in roles which played out a conflicted drama of life and death proportions.

Summary

A psychodramatic technique which records role states, the cultural atom, can provide a means of observing and recording stages in the integration process in the multiple personality where the disintegration of the personality is severe. The process of integration appears initially to take the form of a primitive organisation of role states into "good and bad me". Later integrative connections form between roles thus forming clusters. Integrative connections form between clusters of roles and an organising ego. This organisation disintegrates as connections form between clusters of roles and a transcendent state of being, which in psychodrama terminology has been termed the creative genius in man.

Lynette Clayton
Clinical Psychologist
Trainer, Educator and Practitioner
in Psychodrama.

March 17, 1981

Bibliography

1. Clayton, Lynette. The Personality Theory of J.L. Moreno. Group Psychotherapy and Psychodrama, 1975, 28, 144-151.
2. Clayton, Lynette. The Use of the Cultural Atom to Record Personality Change in Individual Psychotherapy. Unpublished paper, 1981.
3. Greaves, George B. Multiple Personality 165 years after Mary Reynolds, Journal of Nervous and Mental Disease, 1980, 168:10, 577-596.
4. Masterson, James. Psychotherapy with The Borderline Adult. A Developmental Approach. N.Y. Brunner, 1976.
5. Moreno, J.L. Psychodramatic Shock Therapy. Sociometry, 1939, 2:1, 1-30, reprinted in Group Psychotherapy and Psychodrama, 1974, 27, 2-29.