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THERAPY WITH A BORDERLINE NUN

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This article presents a case history of a borderline nun/artist, using a language derived from the arts to describe the diagnosis and treatment in a manner which integrates the psychological, bodily, and spiritual.

Psychological treatment of the religious brings unique problems. First, their communities are different from most secular environments and families, so that their presenting problem occurs in a special context. The communities have their own traditions, laws, and customs (Meissner, 1965). Group norms include a positive emphasis on formality and respect, attachment to group ideals rather than personal friendships, a clearly defined hierarchy and set of rules governing daily schedules, work and social interaction. Group goals are strenuous, reinforcing high ideals of "God and the Right Life" (Simpson, 1946), and demand renunciation, love of God, and detachment from self-love (Tamart, 1961). While these practices are necessary for spiritual training, they may, at the same time, reinforce latent patterns of pathology. In such instances, it would be difficult to distinguish healthy spiritual detachment from schizoid detachment, healthy self-renunciation from poor self-esteem, and healthy transcendence from escape from reality. Further, while the communities are organized along both familial and communal lines, it can be difficult to differentiate a functional from a dysfunctional family. For example, group rules may enforce patterns which occurred in the dysfunctional nuclear family. For some religious persons therefore, the highly disciplined and hierarchical organization of the community would repeat childhood patterns of enforced silence and lack of intimacy, workoholism and lack of spontaneity, emotional denial and intolerance of nonconformity.

The first problem in the diagnosis and treatment of religious persons is to understand the uniqueness of the group context as their present family, to distinguish functional from dysfunctional patterns, and to understand psychological and spiritual health in terms of their ongoing lifestyle and values.

The presenting problems of such individuals often manifest a combination of psychological and spiritual issues which may indeed overlap, such as, feelings of depression which are compounded with a sense of meaninglessness, loss of self-esteem, loss of joy, vitality or hope, or a loss of faith in God.

For example, a religious woman may suffer from incongruence between ideal and real self-image. It might appear that she had internalized the ideal of the feminine religious person as the "virgin" or "transcendent woman," and expected herself to embody "love, joy, peace, kindness, goodness, faith, continence and modesty." (Dubay, 1969). Also, religious and mystical experiences, encouraged within the meaning of a religious and mystical experiences, encouraged within the meaning of a religious context, may appear to a secular clinician as a pathological state. For example, Dame Julien of Norwich reported her revelation as a "sickness" which lasted one week, during which time her body "began to die," she was unable to speak, she saw visions which she described as "ghostly shewings" lasting approximately five hours (*Viz*, "I saw the red blood trickling down under the Garland." [Huddleston, 1952]). An attempt to diagnose individual pathology, therefore, requires sensitivity to the cultural context as well as individual problems, even when they appear strange.

Few therapists are trained to understand nor do most traditional psychological tests include, spiritual or religious dimensions. Moreover, recent studies have shown that therapists tend, in fact, to be prejudiced against religious issues, and would

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skew their diagnoses toward pathology. Therapists trained to appreciate spiritual as well as psychological issues will aid not only in the diagnosis and treatment of the religious person, but also in the treatment of any suffering human being.

The language of psychology is inadequate to describe religious states. Religious states, such as awe or ecstasy, are often silent, or are best expressed in a symbolic language of art and iconography. Both the diagnosis and the treatment process itself should be expressed in a non-dualistic language suitable to convey the subtle composition of psyche and spirit. (Prigogine and Stengers, 1984). One attempt at a language which describes action rather than structure is that of Shafer (1976). Also art therapists have been searching for a language to describe the symbolic processes of the psyche (Robbins, 1989). This language would use the symbolism of art for both diagnosis and treatment of the conditions reflecting a combination of mind, psyche and spirit, body and action (Serlin, 1976).

The following will describe a case in which symptoms show a mixture of psychological, artistic and spiritual concerns. The setting was a residential treatment center for the religious persons. The patient was seen for individual therapy twice weekly for seven months by the author, and was also in other therapies such as art therapy, bioenergetics, women's group, and massage.

The language used to describe the case is based on phenomenological description (Van den Berg, 1972) and defines the world of the patient *as she appeared* in the consulting room. Diagnosed as borderline personality disorder with paranoid and depressive features, she demonstrated her symptoms in her body language and in her art compositions. Instead of the traditional case history, this study uses a hermeneutic of form and process to describe how her mixture of psychology, art and religion appeared and changed during the course of treatment.

Case Illustration

Body Language

R's body symbolized her condition. Of average height, she was grossly overweight, and had flaccid muscle tone. She walked with a limp, due to severe arthritis. Her extremities were not relaxed, and she did not like to be touched. Dark-skinned, her black-and-white hair was pinned up on her head, and she wore a boldly printed black and white shirt. When she came in the door, she seemed to come too close toward me, and both of us pulled back. Finding the right distance and touch, even metaphorically, seemed difficult.

The sense of darkness and weight was evident in R's history. She was born in a Southern country where, during the war, her mother was killed in front of her while she was nursing. Refusing to take milk thereafter for several months, she had malnutrition. Her stepmother then abandoned her, and placed her in a series of orphanages and then a foster home in this country. R describes her foster mother as rich, blond and cruel, who was nevertheless in relationships and marriage with successful and sadistic men. She apparently teased the adopted dark little girl and could not love her. R grew up feeling that she was an unloveable outsider.

After college and several unsuccessful relationships with men, R concluded that the world was indeed dangerous, and men usually sadistic. She realized that she would never have children, and entered the convent to become a celibate nun and teacher of small children. Convinced that she would find in God a stable relationship, a "consistent man," she expressed both her trauma and her passions toward God and religious community. Recurrent severe depressions and suicidal ideation, compulsive eating and overweight, she would pray for God to provide light and a world of beauty and peace to rescue her from darkness. When even prayer failed, however, and God also abandoned her, she came to the treatment center in desperation as "the last stop on the road." The main symptoms of borderline personality with paranoid and depressive features were conveyed through her body and in her encounter with me. Her body was soft and sticky, and lacked clear external boundaries. She would seem to merge momentarily with me, and only great anger helped her separate and then isolate herself in suspicion. With arthritis in her extremities, she was unable to protect herself, and was easily hurt. Her despair was registered in her black clothes, her weighty body, and her sinking movements.

Composition and Diagnostics

R's borderline and characteristic of splitting and her religious issue of all-good or all-bad were reflected in her use of color and form. A gifted artist, R painted canvases of bold black and white strokes. Bright red was often used to provide contrast, which she would call "blood." The splitting showed up in how she polarized her community into allies or enemies, and how she saw the world in terms of light or dark. "Dark" was still evil; I was dark-haired and reminded her of both stepmothers. R's ethnic clothes represented an effort to reclaim her heritage, but she nonetheless continued to speak of her darkness, internal and external, with disgust.

Symbolically, the split between dark and light represented R's inability to accept her own darkness of anger and resentment. Unable to scream or even to raise her voice, R had no outlet to express the violence still within her. Her fellow community residents sometimes described her as "dark and spooky," "negative" or "witchy"; she had a way of quietly "oozing" hostility so that she would seem to be calm while others seemed to "catch" something negative. In fact, her own theology caused her to look for only the "good" in herself or in the world. Unable to find a place for the "not-good" or "good-enough," she continued to split good from evil and project her evil outward onto others. Her early psychological trauma was repeated in her religious context; just as R could not imagine herself as containing both good and evil, so she could not image God to contain both.

Unable to pray one day, she experienced one moment in the community chapel as "it all coming together." The room "darkened," her "constricted heart opened," she remembered

a line from the Psalms of "Let your heart open up:, her mouth felt dry and she reported feeling warm blood course through her hands.

Instead of her usual hopelessness, she felt a sense of anticipation, as if she were "like a child watching a gift being opened." This experience seemed the same to her as one she felt during the anniversary of her mother's death, so that she thought this experience symbolized "an end to grieving." The compositional split of black and white, therefore, symbolized her diagnostic issues of good and evil, trust and distrust, and hope and despair, and was reflected in body, psyche and spirit. Overcoming this split was experienced as a sense of things "coming together," and was felt in the subsequent integration of body and affect, religious, personal and communal relationship.

Psychological Space

If the verbal sessions were interpreted as a dance composition, then it would be apparent how R's use of space represented her psychological and religious issues.

For example, R's body and use of space around the body showed a massive, relatively inert and intense lump surrounding by empty space. There was missing a dynamic interplay of form and space, or leavened matter which responded with a light reaction to things or people around it. She lacked the childhood ability to play in what Winnicott calls the "transitional space between mother and child." R described herself as "too intense" and of not knowing how to have the right touch in her relationships with others. She described her own body as intense and dark. She connected her experience of intensity and constriction to the pain in her joints, and then to her world-view, "I see too much, people are frightened of me. When I see so much, I feel body pains." As she said this, her brow was furrowed and she was pulling into herself rather than extend herself out into space. Her memory is of having been intense and analytic even as a child, and of having "vigilantly scrutinized" people ever since she was five years old. R did not know how to "open up" or "lighten up."

Using an action language of space and flow rather than of diagnostic category helped identify R's problems and point to treatment. For example, R reported that the problem with her suspicion and despair was not so much the feelings themselves, but the way in which they would seem to engulf her. She lacked a strong enough ego to avoid drowning in affect. Using a focusing exercise, however, she was taught to "step back from the pit" and simply observe her emotions. This gave her a moment in which to identify feelings that were triggered by her past, and not necessarily proportionate to the present reality. Previously, R had reported that although her "head" knew reality, her "feelings" were much more primitive, unintegrated with her intellect or spirit, and she was unable to stop them from "taking over." Since R's presenting problem included a feeling that others were persecuting her, an inability to separate her past trauma from present and future reality, her experiential ability to pause and clarify her responses helped R greatly with reality-testing.

The language of space also helped to objectify and operationalize R's problem with fusing and separating. With uncertain boundaries, she quickly "fused" with me. First, she identified with me, as one of the "dark" ones who knew about "dark powers." On the other hand, she pushed me away, expecting me to be "cold and critical." Able to tolerate touch only when it was clinical (as in her massage therapy[1]), she craved, but could not accept, a caring or nurturing touch. R reported that none of her stepmothers or foster mother had held her, and she was suspicious of any hugs. In the language of Masterson, her "part-object" representation of mother was projected onto me, and manifested her ambivalence. Although she would not accept care, she nevertheless reported feeling abandoned if passed too quickly in the hallway. Others in the community felt the ambivalence of being pulled into her "personal space" while, on the other hand, being pushed away. At first denying and unable to see herself, R was essentially able to use the language of space and form to mirror herself. She could then understand other's reactions to her in a language which gave her some control over her actions.

[1] Optional weekly massage therapy by a local professional.

Therapeutic Process: Language of Art

She described herself, after a long history of trauma, as "severely damaged." The meaninglessness of her life was described as "disjointed . . . the pieces used to fit together and now they don't."

Reframing R's spiritual and psychological crisis as an aesthetic one helped to reduce the pathology for her and restore a sense of dignity. As an artist, she was familiar with the lives of other female artists such as Virginia Woolf or Sylvia Plath who could not stem their own tides of chaos and despair. A successful artist is one who can be submerged in the unconscious or chaos, and find the form in it. Rollo May describes the therapeutic process of the artist as a creation in which there is a "discovery of new forms, new symbols, new patterns on which a new society can be built . . . those who present directly and immediately are the artists—the dramatists, the musicians, the painters, the dancers, the poets, and those poets of the religious sphere we call saints. They portray the new symbols in the form of images—poetic, aural, plastic, or dramatic, as the case may be." (May, 1975).

When R and I were able to diagnose her problem as "the center not holding" and as a breakdown of form, then treatment goals could be formulated as the re-creation of form. This meant literally organizing her room and diet, holding her spine straight and creating her own "holding environment," and finding functional form in her compositions, her prayer, and her relationships with the community. By integrating opposites, she could live not only in the extremes of black and white, but in the "greys." Here, life and spirit were present in the small moments during her day, God appearing over the lunch table. Instead of the absolute despair, she began to experience hope and spirit in her own humanity.

The Healing Arts

Our dance together was a dance of projected intensity, hot and cold. Over the course of time, we began to experience humor, lightness and nurturance together. Her body lightened up, she walked without a cane, she hugged me. We began to play in the transitional space of relationship. For Winnicott, therapy is about "two people learning to play together." For R and me, "dancing together" was a language and a process to heal her splits between psychology and religion, mind and body, God and evil. Art was our language, as our therapy was a form of healing art.

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