

Identity, Instability and Inebriation: A Psychoanalytic Exploration of the Mediating
Effect of Borderline Personality Disorder on the Association Between Separation-
Individuation Outcomes, Substance Use Disorder and Alcohol Use Disorder

By

David Gottlieb, Ms.Ed.

A Doctoral Project Submitted in Partial Fulfillment of
the Requirements of the Degree of Doctor of Psychology
in the Department of Psychology at Pace University

New York

2018

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PREVIEW

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ACKNOWLEDGEMENTS

Well I'm on my way

I don't know where I'm going

I'm on my way

I'm taking my time

But I don't know where

-Paul Simon

This project discusses the importance and implications of adolescence and for good reason. During my time at Pace University I was able to explore new life possibilities while reorganizing my personality in a mature and personal way allowing me to “find myself.” My mentor, advisor, and friend Beth Hart provided a positive constant image during this formative and challenging time and to her this project is dedicated. Beth’s knowledge of human development, and adolescence in particular, allowed me to flourish under her tutelage at Pace.

Thank you to Nils Myszkowski for helping me to swim in the choppy and challenging seas of statistics and for serving as consultant on this project. No matter how confused I was he provided me with clarity and support.

Thank you to John Stokes for his unwavering dedication and scholarliness and for being an outstanding role model of professionalism. Thank you to Leora Trub for teaching me so much about psychology and for helping me to thrive through graduate school, externship and internship. I am lucky to have her in my corner.

Thank you to my clinical supervisors at Pace - Lenore Proctor, Kate Oram, Judith Lasky and Margery Kalb. A special thank you to Kate and Margery for their guidance, wisdom and friendship, and, along with Beth, for exposing me to the depth, complexity and sheer humanity of psychoanalytic thought. I hope to continue on the path that you have shown me.

Thank you to my cohort at Pace for their support during the past five years and especially to Joseph Reich for being my psychology *chavrusa*.

Thank you to my friends, Nechemia Adler, Yosef Franklin, Akiva Goldschein, Menachem Greenberg, Dovid Levy, Nachi Schepansky, and Dovid Welcher. I could not have made it without our many conversations and good times together.

Thank you to Paul Simon whose lyrics are used as an epigraph. His music has been the soundtrack to years of my life and has provided me with inspiration, comfort and joy.

Thank you to my siblings, Meir, Moshe and Deena and to their spouses Faigy, Miki and Naphtaly. You have always loved me and supported me in my endeavors and challenged me when you thought I needed it.

My parents deserve special thanks for sharing the ups and downs of yeshiva, undergraduate and graduate school with me. Thank you to my mother for always providing a home to come back to and for creating an environment that provided me with endless opportunities for intellectual stimulation. Thank you to my father for providing me with a model of curiosity and learning that continues to motivate and encourage me in my own pursuits.

Lastly, thank you to my wife Amy. You joined me 3/5ths of the way through graduate school and showed me that being a good psychologist really means just being a good person. I love you.

PREVIEW

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Abstract

Substance Use Disorders (SUD) and Alcohol Use Disorders (AUD) are among the most prevalent psychological disorders and represent the biggest single burden on health care costs in the United States. SUD and AUD have been found to be strongly associated with Borderline Personality Disorder (BPD) with the link between them unclear. This study explored a psychoanalytic approach to personality development that suggested that deficiencies in separation and individuation during toddlerhood and adolescence lead to maladaptive personality outcomes that can cause SUD and AUD. It was suggested that BPD would act as a mediator between the variables suggesting that deficiencies in separation-individuation lead to BPD and then SUD and AUD. This paper contributes to the understanding of these mental illnesses by reviewing the psychoanalytic literature about how these illnesses develop and providing statistical support for these ideas.

Participants in this study are 1275 ethnically and racially diverse adult outpatients between the ages of 18 and 63 undergoing psychotherapeutic treatment at the McShane Center for Psychological Services at Pace University's clinic in Downtown Manhattan. The Profile of Depression and Individuation (PADI) and the Personality Assessment Inventory (PAI) were administered to participants and mediation analyses were run to determine the relationships between eight scales of the PDI and eight scales from the PAI. The vast majority of the hypotheses tested were found to be significant lending empirical support to the psychoanalytic propositions that separation-individuation

difficulties underlie psychopathology in general and more specifically, they are at the root of BPD, SUD and AUD. Support was also provided for the hypothesis that separation-individuation outcomes lead to BPD and then AUD and SUD. Limitations, implications, and directions for future research are discussed.

PREVIEW

Chapter 1

Introduction

Substance Use Disorders (SUD) and Alcohol Use Disorders (AUD) are among the most prevalent psychological disorders (Lane, Carpenter, Sher, Trull, 2016) and represent a significant cost to society (Grant, et al 2006). Over 21 million Americans had AUD or SUD in 2014 (Center, 2014). In fact, Alcohol Use Disorders are the biggest single burden on health care costs in the United States (Schuckit, 2009). SUD and AUD have been found to be strongly associated with Borderline Personality Disorder (BPD; Carpenter et al., 2016). This study will explore a psychoanalytic approach to personality development that suggests that deficiencies in separation and individuation during (toddlerhood and) adolescence lead to maladaptive personality outcomes that can cause SUD and AUD. It is further proposed that BPD will act as a mediator between the variables suggesting that deficiencies in separation-individuation lead to BPD and then SUD and AUD.

Chapter 2

Literature Review

Children are existentially dependent on their parents or caretakers, relying on them for their emotional, physical and psychological sustenance. Without a caretaker, a child will quickly perish as it cannot handle either internal and external demands. Nevertheless, much the way a child has an inborn mechanism which seeks dependency on a caretaker it also seeks to loosen the bonds to that same caretaker, mere weeks after it is born (Kaplan, 1978). There are multiple processes involved in a child's development that pave the way for adolescent individuation and assumption of responsibility for oneself. Individuation begins during the first three years of life, is pushed to the background during childhood, and is revived as adolescents struggle to separate from the parents of childhood. If all goes well, a person is able to finally separate from their parents and begin their adulthood. This section of the paper will explore the process of separation and the possible adaptive and pathological outcomes.

Separation-individuation of birth thru toddlerhood.

Margaret Mahler helped elucidate the developmental stages of a child's relationship to its primary caretaker during the first few years of its life (Kaplan, 1978). Mahler (1974a) observed that there is a difference between the physical birth and psychological birth of a child. The first stage, which occurs immediately after birth, was initially called the *autistic phase* because infants are relatively protected from outside

stimulation and are almost exclusively attuned to their bodily cues. After approximately five weeks, infants begin to recognize that their cries are answered by a caretaker and the child begins to yearn for the physical and emotional connection with the mother. This is a human child's first psychological contact. Interestingly, Benjamin (1961) found with electroencephalographic studies that the infant tends to become unusually overwhelmed at five weeks, perhaps because it is the breaking of the autistic shell that had marked its life until then. The baby then begins molding its body to its caretaker and experiences a state of symbiosis and even bliss as its emotional and physical needs are perfectly attended to. This is known as the *symbiotic phase* because the baby feels unified with the caretaker and oblivious to the outside world. This lasts until, approximately, the 5th month at which time the infant begins the *separation-individuation* phase which lasts until nearly the end of the third year. As will be seen below, separation and individuation are interwoven processes. Separation refers to the physical and emotional distancing from the caretaker while individuation refers to the development of one's own physical and psychological processes (Mahler, Pine and Bergman, 1976). Together, they comprise the *separation-individuation* of toddlerhood and are distinct from the second separation-individuation process of adolescence which will be described later (Kaplan, 1984, Blos, 1979).

Mahler divided the phase of separation-individuation into a number of subphases:

Differentiation/Hatching (4.5-10 months).

At this point, babies will move out of arms' length of their caretaker, and if possible, slide down their caretaker's body to the floor, but will keep their caretaker

nearby. They are moving towards the outside world and hatching from the symbiosis that had hitherto seemed to be their life. Mahler suggests that this is the psychological birth of the infant.

Practicing (10 months- 16 months).

Kaplan (1978) refers to this stage as the beginning of a baby's "love affair with the world." The baby has learned to stand and to walk representing a triumph of his body over physical space. The baby, who can now go where he¹ wants, has the entire world to explore and is delighted by this ability. Despite the child's confidence in his abilities, he generally stays within visible proximity to the mother; he is *practicing* in the sense that he is seeing what it is like to be physically separate and not one person with the mother. It is only at the end of this stage that the child begins to recognize that while he has the entire world to explore, it will not always be with his mother by his side.

Rapprochement-(16-25 months).

This stage marks the recognition by the child of his separateness from his mother and his need to manage the anxiety that results from this discovery. Indeed, in comparison to the apparent lack of concern for the mother's presence during the practicing phase, the child is now desperate to share every new skill or discovery with his mother because he finally recognizes his mother's separateness (Mahler 1974b). The child finds himself in conflict wanting both to separate from and remain one with his mother. This leads to temper tantrums because of the intensity of the conflict. The child's recognition that he does not have full control over his mother leads to further frustration at his lack of omnipotence.

¹ The pronoun "he" will be used to refer to the infant even though an infant can also be she. The caretaker will be referred to as "the mother" even though the caretaker can be male, or a grandparent or other. This follows Kaplan's (1978) style.

The resolution of this phase at the age of 3 is marked by what is termed *on the way to emotional object constancy*. The child recognizes that his mother is separate from him and that her physical absence does not threaten him. This is because he has internalized a positive constant image of his mother that enables him to feel secure even in her absence. As will be discussed below, this is an important stage that borderline patients do not achieve.

Adolescence

Adolescence is a tumultuous time during which a person's psychic organization undergoes significant restructuring (A. Freud 1958; Jacobson, 1961). This time period had not always received the psychoanalytic attention that it warrants, for a host of reasons. Despite Freud's (1905) explanation that adolescence is a seminal time when one's sexual energy is directed towards others and away from their mother and father, his discussion of infantile sexuality initially caused the field of psychoanalysis to focus on infantile stages (A. Freud, 1958). Additionally, there are similarities between the separation-individuation of toddlerhood and adolescence. In fact, Ernest Jones, an early psychoanalytic writer, indicated that adolescence is a mere recapitulation of one's conflicts and development during toddlerhood (1922). Furthermore, Mahler's descriptive theories about toddlerhood bear similarities to adolescence and have also been misunderstood to mean that adolescence is a repetition leading many psychoanalysts to refer to adolescence as "the second separation-individuation" (Kaplan, 1984). This notion has been highly criticized and disproven because toddlerhood and adolescence have very different challenges and opportunities. While Blos (1978) refers to adolescence as "the second individuation" he is careful to note that the phase of toddlerhood is not involved

in the higher-order adolescent process of “psychic differentiation.” Kaplan (1984) is also adamant that adolescence carries its own challenges while allowing that the challenges of toddlerhood are re-navigated. The task of early separation-individuation is to internalize a constant whole object which integrates both the good and bad aspects of mother, while the task of the second separation-individuation of adolescence is removal of parental authority and the development of a self that assumes responsibility for one’s individual life. The next section will explore the outcomes of healthy adolescent separation and individuation, which results in a sense of identity and goal-oriented direction, while incomplete or partial separation can result in a host of psychopathology including loneliness, depression, anxiety, grandiosity, risk-taking and suicidal behavior.

A. Freud (1936a, 1936b, 1958) indicates that her father’s insistence on the formation of psychopathology as a result of oral, anal and oedipal conflict during the early years of life caused the role of adolescence to take a back seat and become the “stepchild” of psychoanalysis. Kaplan (1984) adds that therapists found working with adolescents to be difficult and therefore did not focus on the importance of this life stage. In reality, Freud (1905) felt that pathological personalities are consolidated during adolescence when the ego is unable to handle the drives brought on by puberty. However, the public was so taken by the notion that infants had sexual drives that the importance of adolescence became secondary.

More recent research and theory support the contention that adolescence is a formative time that has an important role in shaping one’s mental health. Adolescents with a personal identity and optimistic outlook are expected to have a strong buffer against depression while those without these qualities can suffer from depression or

narcissism (Bleiberg, 1994; Cramer 1995; Bell and Chandler, 1989) as well as acting-out and enmeshment with their parents (Kaplan, 1984). Navigating adolescence successfully will result in a sense of self (Tyson and Tyson, 1990) as well as a sense of comfort in one's body and direction in life (Austrian, 2002).

Arnett (2000, 2004) has identified a new life stage termed "emerging adulthood between the ages of 18 and 25 extending the individuation process into young adulthood. During emerging adulthood people explore life directions and possibilities without settling into a career, marriage or ideological perspective. While he suggests that this is a unique time period situated between adolescence and adulthood, the tasks that are described are related to the adolescent achievements that have been described heretofore. Thus, the essential tasks of adolescence can be delayed, but must necessarily be worked through to achieve stable functioning.

Melancholia, mania, suicide.

S. Freud (1909) is perhaps the first theorist to write about separation from one's parents. He suggests that children idealize their parents and feel secure because of their conviction that their parents are flawless. As children mature they will be confronted with the reality that not only do their parents have flaws, but that other adults have qualities that appear superior to their own parents' qualities. The child cannot tolerate this and will develop elaborate fantasies in which they are the offspring of more prestigious parents, from whom they derive authority- a process that Freud called the "family romance." However, Freud asserts that recognizing the humanness of one's parents allows one to divest authority from them and develop one's own understanding of the world. The failure to recognize parental imperfection and thus separate can result in

mental illness. Freud suggests that the ability to separate from the previous generation and develop one's own moral authority is the bedrock upon which societal progress rests, but indicates that it is one of the most painful psychic developments that one can achieve.

In a later paper, Freud (1917) elaborates on the psychopathology that can result from incomplete separation from parents. He derives this through clinical observation of someone in a state of melancholia (depression). He observes that someone in a state of mourning and someone in a state of melancholia appear symptomatically similar and that the two states are brought on by similar circumstances. Death or break-up from a loved one or even a loved abstraction (like a political cause) can cause dejection, a lack of interest in activity and a loss of the ability to love. Fortunately, the ego does maintain a capacity to mourn the lost love and return to normal behavior. Polmear (2004) explains that this process happens through a mourner gradually accepting the reality that the deceased is gone. By revisiting the many aspects of the relationship that was had, one can stop emotionally investing in the departed and free up libido for other relationships.

In a later paper, Freud (1917) elaborates on the psychopathology that can result from incomplete separation from parents. He derives this through clinical observation of someone in a state of melancholia (depression), noting that the mourner and the melancholic appear symptomatically similar and that the two states are brought on by similar circumstances. Death or break-up from a loved one or even a loved abstraction (like a political cause) can cause dejection, a lack of interest in activity and a loss of the ability to love. Fortunately, with adequate development the ego has the capacity to mourn the lost love and return to normal state of mind. Polmear (2004), explaining Freud's theory, notes that this process is possible when a mourner gradually accepts the

reality that the deceased is gone. By revisiting the many aspects of the relationship that was had, one can stop emotionally investing in the departed and free up libido for other relationships.

However, incomplete mourning or the inability to mourn can result in a state of melancholia. Freud highlights the fact that the melancholic experiences a loss of self-regard that the mourner does not. While the world has become impoverished for the mourner, the ego itself seems impoverished to the melancholic. The intensity of self-reproach and lack of associated shame for these self-reproaches in the melancholic presents a puzzle. How can the ego rise up against itself in such a dramatic way? Closer examination shows that the intense reproaches do not apply to the self but to a loved one, the original object. In Freud's (1917) famous words "*the shadow of the object fell upon the ego (p.249),*" which refers to a relationship that had been disappointing and became shattered. Instead of normal removal of libido from this disappointing object and displacement onto a new one, the libido is withdrawn into the ego establishing an identification with the lost object. Thus, one's libido has not been withdrawn from that object, as it would during normal mourning, but has become bound up in the object within the ego. Attacks meant for the object are directed towards the self- resulting in a harsh and critical superego that has taken on the sadistic aspects of the internalized object.

Following the idea that self-reproaches of the melancholic are really directed against an internalized object can help to explain suicide as well. Freud (1917) suggests that the ego is able to direct the hostility that it feels towards an external object against itself only because the external object has become bound up within the ego. In suicide, a

person is not really attacking the self, but rather murdering a harsh and parasitic internalized object. Thus, the inability to separate can result in depression and suicide. The ego is also willing to turn on itself because it experiences the harsh criticisms of the internalized object as a sadistic and unrelenting superego. An externalization of the death instinct in the form of aggression or sadism allows both constructive and destructive instincts to coalesce and allow for a libidinal satisfaction in destroying the self (Warren, 1976) as well as punishment of the original sadistic object (Freud, 1917). Laufer (1984) points out that it is very rare for a pre-pubescent child to attempt or commit suicide. Rather, it is the move towards adulthood and the inability to separate and mourn the loss that stimulates the adolescent's attempt to gain control of themselves through attacking the internalized parent.

Freud (1917) also discussed the illness of mania, which is marked by overenthusiasm and exuberance. While mania appears to be the opposite of melancholia, Freud alleges that it is an attempt to deal with the same melancholic inability to mourn, separate and free libido. Someone with mania has pushed aside or denied the complex, temporarily, resulting in a great surge of libido. This is similar to a man with crushing debt who wins the lottery. The quota of mental resources that had been used to focus on easing the debt have now been freed and may lead to overenthusiasm. Similarly, Freud feels that the exuberance often seen in alcoholics results from the freeing up of libido that had been tied up in the internalized object. One can take this a step further and suggest that Freud is alleging that a reason for alcoholism is a need to free up mental resources that have been consumed with incomplete mourning. Thus, Freud suggested that an incomplete mourning or separation from parents can result in an ego that is unable to

carry out its functions normally and lead to melancholia, mania or suicide. Individuation requires mourning- the removal of parental authority and grieving the loss of childhood bonds.

Ego psychology and adolescence.

A. Freud (1958) suggests that after the initial stage of separation during toddlerhood a more stable personality is observed during the latency period (5.5 years- puberty). The ego has learned to manage id impulses allowing the child to focus on establishing himself at school and developing friendships. Loewald (1979) elaborates that the incestuous infantile passions of the early years have been relinquished enabling the child to see himself not as a lover, but as the child of two parents. This gives him the ability to focus on the priorities of school and friendship during the latency stage. Blos (1963) suggests that the child must begin establishing his own ego and superego during latency to have a chance at navigating the complications of adolescence. During puberty, an increase in hormonal and biological drives overwhelms the ego and disrupts stable character formation. The sexual drive, in particular, opens up previously unthought-of possibilities including a reawakening of the oedipal struggle. However, the adolescent is beginning to separate from the parents and will not turn to them for the support and affection that they had previously provided. They also no longer rely on their parents for moral authority and a sense of direction because it is now time for them to develop their own superego and ego-ideal. The conflicts and confusion that the adolescent experiences lead to ambivalent and confusing behaviors including wildly differing interests from week to week. This reflects the alternating temporary dominance of id or superego