

INCEST ENVIRONMENT AND NARCISSISTIC IDENTITY DISORDER

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Abstract: In a society undergoing a political transformation, economic and especially technological, witnessed the change of values and social and family roles. These rapid changes are happening not only socially, but also personally. This can be seen in the structure and functioning of individual personality. Milestones in the development of personality are more uncertain and more fluid, which raises numerous issues regarding the development and organization of individual personality. In my cabinet, held both in the country and in England, we have seen that more and more people, but especially young males, shows personality disorders specific for narcissistic pathologies identity, namely borderline personalities. It is worth noting that most patients consists of young men who during their development had various problems with authority, beginning with paternal authority, to various forms of social authority. In this article, I will try to capture the relationship between authority, whose first model is the father, by the way he does his paternal job and sense of identity during personal development. The Authority aims to impose limits, to establish certain guidelines throughout the process of maturation and personality structure. Unfortunately, today, more and more patients have narcissi-identity disorders, which makes us ask ourselves numerous questions about what identity is today, if there is any difference between virtual identities and real ones, and what Identity an individual is reporting when talking about himself.

Keywords: paternal authority, incest environment, identity, identity narcissistic disorder, borderline

The roots of personality development are increasingly uncertain, which raises many problems in the development and organization of the personality of the individual. In my cabinet work, both in the country and in England, I have found that more and more people, especially young men, have narcissistic identity disorders, namely frontier personalities.

The borderline personality disorder is described as a prolonged disorder of personality functioning in a person over the age of 18, a disorder characterized by mood swings. The disorder typically involves unusual levels of unstable instability, "black and white" thinking or extreme thinking (as a defence mechanism); Interpersonal relationships, self-image, identity and chaotic and unstable behaviour, and a sense of self-disorder. In extreme cases, disturbance at the level of sense of self can lead to periods of dissociation.

A large number of studies show that there is a close link between childhood traumas (eg physical or sexual abuse) and borderline personality disorder. Child abuse and trauma appear to be related to the development of a borderline personality. Many borderline people have a history

of abuse or separation in childhood. In general, abuse is done in the family, verbally, physically or sexually.

In this article, I will try to capture the relationship between authority, whose first model is the father through the way in which he exercises his paternal function, and his sense of identity during the development of his personality.

The culture in which we are, and here we refer especially to Western culture, proliferates the uniqueness of the individual and personal happiness. It is very important to develop our individuality and become autonomous. Thus we can participate in social life and on the couple and family through free elections in accordance with our way of feeling and thinking.

In the family, the father is the one who holds the authority. The Authority has the role of imposing limits, setting certain benchmarks during the process of maturing and structuring the personality. As Lacan said, the father is the one who imposes and represents the Law, and the wishes of the subject relate to this Law, implicitly to the paternal figure. Also the father, says the same author, is the mediator between the Law and the desire. As long as the authority exercises its function, the law will be maintained and will enable the subject to satisfy the desires in relation to reality and not in relation to his fantasies, especially those of omnipotence. The lack of authority, the authority that determines the human subject to switch from the principle of pleasure to the principle of reality, reduces the ability of symbolism, the expectation of the individual, and it will seek the immediate satisfaction of desires without taking into account reality and social norms. The ban on the satisfaction of any desire is confronted with a subject of refuge in the phantasm of omnipotence, which will pose great problems in the process of social adaptation and integration.

The Father is the owner of the authority and bearer of the interdict. Widlöcher defined the notions of authority and interdiction of paternal function in relation to the Oedipus issue. He states that the father has the role of an Oedipus banner. According to him, "super-ego formation depends, in both sexes, the incorporation of moral consciousness in consciousness child is at first embodied the father." The child will thus assign his father bans, duties, orders.

Duché shows that the father's authority is awaited by the child, but that it must not manifest itself in the form of authoritarianism, despotism or tyranny. The authority exercised by the father depends on the relationship between the parents. "A satisfying affective relationship for both parents is the guarantor of the father's authority."

Paternal function interferes with affective development, making possible the autonomy and independence of the child, so necessary for a balanced emotional life (due to the separation function), as well as the self-confidence that will allow the child to cope with future social conflicts (due to the identification function). It interferes equally with the organization of personality, as it allows the creation of a stable supra-ego through the authority function. From my work in the office, I would like to present a case more unique, illustrating all the above.

Case study:

Patient aged 31, the eldest of two children of the family. He is professor of Romanian language, with attempts to become a writer. He has a sister smaller with four years than him. His sister is painting and is marketing director at an international company. This sister is depressed, with psychiatric diagnosis, consumes alcohol daily and has a disorganized life. Unstable relationships, risky sexual relations, extremely concerned with pornography.

The patient, emotionally unstable, came to the cabinet to ask for professional help for the panic attacks he faces. He could not practice his job anymore, he began to appear drunk at classes to avoid panic attacks. Although he has his own home, he was afraid to sleep alone there. He gets drunk and gets away with his parents. He's afraid of "devils and ghosts." He had several relationships, but all were broken up after two years, because he didn't feel loved anymore. The patient says none of his lovers were at the height of his sister or mother. When alcohol does not help him to control his panic, he starts using the grass. Smoking allowed him to relax and to anesthetize physical pain whose source he could not identify.

Status prior panic attack patient is described as a feeling of void, an inability "to know who it is." When faced with this feeling, he resorted to the advice of his father, which explains this void by lack of faith and resorted to confession and thus canon. The father ensures compliance with the canon. The patient had to tell his father if he had relationships with women, if he was looking at porn movies and masturbating. In these discussions, the patient is experiencing a strong sense of shame and guilt, and after discussions with his father, resorted to alcohol and the services of prostitutes.

Anamnestic data:

The patient was raised by his grandmother until the age of 6 years. During this time, he saw his parents on Sunday, to attend with them to the church, and on holidays. After the birth of his sister, he became jealous, but this jealousy was only manifest when he moved home to his parents. For every mischief that he said or did to his sister, his father put him to pray and stand on his knees as his parents and sister dined. Then he was allowed to eat and had to wash the vessels supervised by his father which was singing religious songs.

He slept in the same bed with his father until he was 18 when he went to college in another city. When he was bathing, he had to leave the door open so he would not masturbate. From 12 to 18 he was forced to confess to his father. He was very afraid to lie because he knew from his father that if he lied to confession, the devil would enter his soul.

From 14 to 15, he becomes the mother's confidant who tells him that his father does not satisfy her sexually and does not love him anymore. For the patient this mother's confession was impossible to understand. All his adolescence was extremely controlled by both parents. He did not have his own room, not even his own bed. He had no friends and no sports activity. He was involved with his father in various activities at the church. At age 20, he confessed to his father that he found a girlfriend and started smoking.

His father was extremely disappointed and did not hide it. He asked him not to sleep with this lover until he brought her home, to meet her. When he came home with her, his father and his mother, invited her to the father's office, to the church, where they had a discussion for over an hour. When they returned home, the girl took her bag and left without talking to the patient. Parents explained that she was uneducated and was not pure soul because she refused to confess.

After this experience, the patient decided not to tell his parents anything about his life, but appeared first feelings of panic. He chose alcohol and occasional relationships. Parents accused him of suffering from heart or various diseases because to him.

The patient remembered during the interview that, by the age of 13-14, he was bathing with his sister on Saturday, and his parents monitored them. At one point he had an erection, and his mother had called his father, which took him out of the water and put him in the balcony, naked. When he tells these things, the patient feels anger, but also guilt, because "it is not good to hate your parents, it is a capital sin."

In the present, the patient says he has a very close relationship with his father, discussing all his sexual experiences and all the difficulties he faces. "Only when I'm with him I feel myself. I do not know why, but I want to be truly independent". Something's wrong, neither me nor my sister is good. And my sister tells them all the details of her sexual experiences. It seems to me that they are too curious, too baggy. We never had intimacy, we never felt good enough. He put these things in our head with devils, ghosts, and I cannot escape any of this at my age. "

Diagnosis and psychodynamic considerations:

One of the important features in the borderline personality disorder, which we can see in this case is identity impairment, these people having an unstable or poorly defined self-concept: "Only when I'm with him I feel myself. I do not know why, but I want to be truly independent. "

According to some authors, these identity disorders arise from the fact that the person cannot integrate the positive and negative aspects of the self. In the borderline personality, one of the symptoms is also the diffuse identity. Exactly what the patient says he states that "I feel myself" only if his father.

Another symptom that we find in the case is also the poor ability to test reality. All his beliefs in the devil and his inability to feel loved, are the test of reality. Often the lack of an integrated self-image leads to intense empty inner feelings, described as a physical sensation in the abdomen or chest, the feeling of a hole in itself, being a distinctive feature of this disorder. (Gunderson, 2001).

Another central feature of the borderline personality disorder found in the case presented is the impulsivity: the person engages in potentially self-damaging behaviours - substance abuse, promiscuity, excessive spending, compulsive eating, gambling, and driving with high speed. The patient began to drink alcohol and have occasional relationships when he decided to hide his private life from his father.

The lack of an intimate and personal physical space (it did not have its own room, not even its own bed) had the effect of disturbing the limits and a fixed frame in which to build his own identity. The consequences of this family context on patient development are highlighted by structuring a borderline personality.

Conclusions:

In our case, using an Adlerian approach, we can see that individualization, an autonomous self, builds itself only in relation to others, through participation in the good of others. This sense of social communion, as Adler calls it, is the key to our social and family relationships. Apart from a relationship based on this sense of social interest or how it is known, pro-social behavior, our autonomous, decision-making and attitude in the relationship of couple and family are subject to conditionality, and choices according to our needs can be distorted.

Many of the mental problems are explained by both the linear thinking model and the circular pattern. The medical and psychoanalytic paradigm attempts to treat emotional problems as a symptom that has causality in the patient's history. Including the symptom in the syndrome seeks biological solutions for psychological problems. There are situations when this approach works, but it is also necessary to look at those in the patient's vicinity and to see what their contributions are in triggering and maintaining these problematic emotional states. Relationships between couple and family work on the basis of the reciprocity of its members. As long as a

father views the other partner, respectively the son, as the source of problems (circular thinking) and does not realize that this problem is a co-participation and that the solution is in the hands of the two (circular thinking), the process of solving It will be very difficult. There are many people who remain stuck in the inability to see their own participation in the issues that affect them and at the same time complicate their lives. Here the therapist has the role of showing them that both the source of their difficulties and the possibility of solving the problems can be found through their interaction.

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