



Histrionic Blurriness. A God Image Without Features ***Histrioniczne rozmycie. Obraz Boga bez cech***

ABSTRACT

RESEARCH OBJECTIVE: Exploring the specificity of God Image in histrionic personality organization.

THE RESEARCH PROBLEM AND METHODS: The main research question is: God Image in histrionic subtype of Personality Organization is similar or different from the God Image in Borderline Personality Organization? Methodological strategy of Qualitative Secondary Analysis with the use of CAQDAS of material gathered in a project concerning God Image in Borderline personality organization (Krzysztof-Świderska, 2017) was performed.

THE PROCESS OF ARGUMENTATION: The influence of the pre-oedipal roots of histrionic personality organization on the development of the specific God Image was argued.

RESEARCH RESULTS: Outcomes shed light on certain characteristics of the histrionic God image: idealization and blurriness. The main conclusion is that characteristics of God Image in histrionic patients correspond with Bollas's theoretical approach.

CONCLUSIONS, INNOVATIONS, AND RECOMMENDATIONS: From a methodological point of view in future research, it is recommended to standardize groups in terms of the phase of therapy. It is also indicated that acting out experienced problems in a religious space could be potentially dangerous to those patients.

→ **KEYWORDS:** **GOD IMAGE, PSYCHOANALYSIS, HISTRIONICAL PERSONALITY, CAQDAS, PERSONALITY**

STRESZCZENIE

CEL NAUKOWY: Eksploracja specyfiki Obrazu Boga w histrionicznej organizacji osobowości.

PROBLEM I METODY BADAWCZE: Główne pytanie badawcze brzmi: czy Obraz Boga w histrionicznej organizacji osobowości jest podobny, czy różni się od obrazu Boga w osobowości z pogranicza? Przeprowadzono strategię metodologiczną Jakościowej Analizy Wtórnej z wykorzystaniem

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CAQDAS materiału zebranego w projekcie dotyczącym obrazu Boga w organizacji osobowości borderline (Krzysztof-Świdarska, 2017).

PROCES WYWODU: Argumentowano wpływ przededypalnych korzeni histrionicznej organizacji osobowości na kształtowanie się swego obrazu Boga.

WYNIKI ANALIZY NAUKOWEJ: Wyniki rzucają światło na pewne cechy histrionicznego obrazu Boga: idealizację i nieostrość. Odkryte cechy obrazu Boga u pacjentów histrionicznych korespondują z teoretycznym podejściem Bollasa.

WNIOSKI, INNOWACJE I REKOMENDACJE: Z metodologicznego punktu widzenia w przyszłych badaniach zaleca się standaryzację grup pod kątem fazy terapii. Wskazuje się również, że odgrywanie doświadczanych problemów w przestrzeni religijnej może być potencjalnie niebezpieczne dla tych pacjentów.

→ **SŁOWA KLUCZOWE: OBRAZ BOGA, PSYCHOANALIZA, OSOBOWOŚĆ HISTRIONICZNA, CAQDAS, OSOBOWOŚĆ**

Introduction

An exemplification of modern, deep, and careful psychoanalytic approach to human religious life is Rizzuto's theory of personal faith (Leeming et al., 2010). Belonging to psychoanalytic object relations theory, her approach focuses on the developmental background of the most intimate aspect of religiosity – one's attitude towards an individually developed God Image. Such a God image comprises part of the world of transitional objects (Winnicott, 1953). What is more, the God Image changes in order to maintain a psychological balance over one's lifespan, and those shifts depend on the transformations that these objects undergo (Rizzuto, 1979). This dynamic of personal faith corresponds to Christopher Bollas' statement that "normal" means richly internally conflicted or temporarily ill in so many different ways that the self – understood as an internal structure – is free to articulate its form of being and relating (Bollas, 2000, p. 5). It can be assumed that "normal" personal faith means undergoing numerous internal conflicts. That dynamic process involves responding to the reality and internal objects, continuously trying to maintain psychic balance and simultaneously develop.

In this context, it could be hypothesized that the structural fixation of character also means the fixation of personal faith, thereby, hindering one's ability to adjust to internal – and therefore, external – reality. This hypothesis seems to have been confirmed in the case of borderline patients. Such individuals have God images that remain hostile and instable and that are comprised almost entirely of mother/caregiver attributes (Schaap-Jonker et al., 2002; Krzysztof-Świdarska, 2017).

Another leading theme from the very beginning of psychoanalysis was hysteria (Kohon & Forrester, 1999). Nowadays, hysteria is more a part of culture and everyday

language than professional diagnosis. In 1980, APA officially removed hysteria („hysterical neurosis, conversion type”) from the Diagnostic and Statistical Manual of Mental Disorders (APA, 1980). However, the term *histrionic personality disorder* stayed in the DSM-V, although it describes more of a character fixation than a neurotic disorder (APA, 2013). Moreover, currently research on neurobiological correlates of conversion symptoms are meaningfully developed (Madva et al., 2019). The path from hysteria concept to histrionic personality disorder was well-described attempt to grasp some set of features commonly met in psychiatric and psychotherapeutic settings (Novais et al., 2015). Kohon sees this path as consequence of shift in psychoanalytic theory, inspired or at least orthogonal with social changes concerning treating of sexuality (Kohon & Forrester, 1999). Therefore, causes of hysteria needed to be seen differently than as rooted in social limitation of sexual behaviors. The modern theory of hysteria developed within contemporary psychoanalysis met contemporary diagnostic approach. That theoretical shift has been described by, among many others, Christopher Bollas (Bollas, 2000; Kohon & Forrester, 1999). In his approach, hysteria, like other personality disorders, is determined by limiting relations to the primary object, which restricts unconscious freedom. Kernberg and others have used the term „hysterical” for higher-functioning patients and „hysteroid” or „histrionic” or „pseudo-hysterical infantile” to refer to those in the borderline and psychotic ranges. Thus solving the problem of the heterogeneous diagnosis of seemingly similar symptoms (McWilliams, 2011, p. 335). In all personality disorders, oneself excessively conflicts with a particular primary object and is therefore trapped in a maladaptive fixation. However, the primary object needs to be understood as deriving from many actual self-experiences of existing itself, instead being literally taken as the mother (Colman, 2014). In other words, as Klein and other theoreticians of object relations have emphasized, the primary object also emerges from differing balances in the infant economy of love and hate (Bleger et al., 2013; Klein, 1952). Therefore, if we assume that the God Image changes to maintain psychological balance, we must consider the role that a God Image plays in relation to the primary object of a person (Rizzuto, 1979). Maybe the question is whether the God Image only changes over a lifespan or whether it can shift due to the lability of emotional states, where constancy is about the pattern of changes. Could a histrionic disturbance represent an example of it? Perhaps the God image held by individuals suffering from such a disturbance might somehow play a role in tipping the psychological balance.

Methods

The personality organization diagnostic form (PODF), which is mainly based on Kernberg's theory, was used to select individuals suffering from histrionic subtype of borderline personality organization within a broader group of patients with BPO (Diguer et al., 2006). It has also proven to be useful, reliable and valid in various clinical contexts, such as inpatient or outpatient settings, and within research studies (Hébert et al., 2003, p. 248).

Rizzuto's God/Family Questionnaire was chosen as a method of examining the God Image (Rizzuto, 1979). It is a semi-structured projective method, like sentence completion tests, that makes it possible both to analyze significant individuals from a patient's childhood and God image, and to speculate about the mutual relationships between them. The 10 points of Rizzuto's schema are used to facilitate the task of comparing individuals' God images (Rizzuto, 1979).

The project was carried out in a sequential mixed methods approach (Teddlie & Yu, 2017, p. 89). The use of the PODF form in group recruitment provides quantitative data for sampling (Hébert et al., 2003). Rizzuto's God/Family Questionnaire analyzed with NVivo and patient's interview, history of treatment and documentation of psychotherapy make up a study of each of the 4 cases (Crowe et al., 2011, p. 6). As both types of data were obtained using tools designed within the psychoanalytic paradigm, theoretical consistency was ensured (Creswell, 2009).

In order to reanalyze the raw data in organized way, Qualitative Secondary Analysis with use of Computer-Assisted Qualitative Data Analysis Software (CAQDAS) was performed (Anczyk et al., 2019; Creswell, 2009; Hughes & Tarrant, 2020). To provide numerical data for qualitative methods NVivo Software was used (Zamawe, 2015). Obtained bottom-up categories are good supplementation of psychoanalytic observations. It seems also that it could verify some conclusions. In addition, in homogeneous experiencing' group generalizing of qualitative studies results could be possible to some extent (Pietkiewicz & Smith, 2012).

Sample

The primary sample was comprised of 16 outpatients diagnosed with personality disorders from the clinic of CM UJ in Krakow, Poland. It was all analyzed in the monograph "God from the borderlands" (Krzysztof-Świdorska, 2017). It was comprised of 11 women and 5 men, ranging in age from 21 to 46 years old (with the majority between 21 and 30 years old). These individuals, who were mostly students, had all completed secondary or higher education and were raised Roman Catholic. The PODF forms were filled out by both individual therapists and the researcher. Then, from among this larger group with personality organization pathology, four individuals suffering from histrionic disorders were selected as distinctive cases (Table 1).

Qualitative secondary analysis (QSA) is the use of qualitative data that was collected by someone else or was collected to answer a different research question (Tate & Happ, 2018). In this case research question is: if histrionic personality disorder has its own specificity of God Image, comparing to God Image of borderline personality organization subjects? What is the specificity of this God Image?

Table 1. Examined Patients

Anonymized data	ICD-10 diagnosis	Personality organization	Stage of psychotherapy
Natalia S., 25, woman, single, higher education	Personality disorder not otherwise specified (F60.9)	High BPO with fear of abandonment, histrionic	Middle
Agnieszka L., 24, woman, single, student	Other specific personality disorders (F60.8)	High BPO with fear of abandonment, histrionic	Final
Sabina L., 22, woman, single, student	Somatoform autonomic disorder (F45.3)	High BP O with fear of abandonment, histrionic	Final
Agata G., 30, woman, single, higher education	Generalized anxiety disorder (F41.1)	High BPO with fear of abandonment, histrionic (narcissistic?)	Middle

All examined patients were young women, aged 22 to 30 years old. Histrionic diagnoses are very rare in men, and cultural stereotypes are likely related to the low number of diagnoses. According to those stereotypes, men are more often diagnosed as paranoid, antisocial, and as suffering from compulsive personality disorders than as dependent, or simply histrionic (Rienzi & Scrams, 1991). Moreover, all of them were notably single. They were mostly in the middle or final stages of group or individual psychotherapy. In addition, their diagnoses according to the International Statistical Classification of Diseases and Related Health Problems (ICD) varied substantially. This fact is perhaps confirmation that descriptive, symptomatic diagnoses are insufficient for this kind of patient. The APA's removal of the hysteria diagnosis from the DSM classification likely partly stemmed from the fact that the clinical picture of the problem was unclear, and the indications to treatment were difficult to establish (APA, 1980).

Results

Compared to the rest of the group with borderline personality organization described in book from 2017, subgroup of four patents diagnosed as histrionic has more problems with identity diffusion than almost all the rest of the patients in the group (Krzysztof-Świdarska, 2017). It seems to be surprising in the context of their milder diagnosis in comparing to other analyzing subjects. It is also inconsistent with data indicating that identity diffusion is a construct that distinguishes patients with borderline personality disorder from other patients (Wilkinson-Ryan & Westen, 2000). Especially since in the textbook Caligor, Kernberg, et al., it is credited with rather mild failure of consolidation (Caligor et al., 2018, p. 275). Probable explanation invokes a suggestibility, and being easily influenced of histrionic subjects that can make an identity highly unstable (Smith & Lilienfeld, 2021).

There are many indications that this subgroup deserves at least more attention and in-depth qualitative analysis, if not exclusion from the original study (Krzysztof-Świdarska, 2017). Overlapping of diagnostic categories of borderline personality pathology and

histrionic personality was subject of intensive and still open discussion. Some quantitative data indicates that there is no basis for such a distinction (Blagov & Westen, 2008). However, clinically rooted and qualitatively supported Bollas theory show this distinction as valuable (Bollas, 2000).

Using CAQDAS allowed to distinguish categories which differentiates God Image in histrionic subgroup in comparing to the God Image of other subjects included in the group of 16 BPO in original research design (Krzysztof-Świdorska, 2017). NVivo analysis indicate this subgroup has also its own specificity in relation to God Image. God impersonal characteristics are almost unheard of in a group of people with other subtypes of Borderline Personality Organization as well as Idealization of own's subject relation to God. In the rest of the group, these categories are mostly close to 0,0% of God/Family Questionnaire content. Beyond all doubt, qualitative analysis of these homogeneous group of four cases shows a picture of God significantly different from the rest of the BPO patients and deserve separate analysis. See Table 2.

Table 2. Differences between patients with histrionic personality organization and the rest of group in primary research project regarding categories of impersonal God characteristics and idealization of relation with God in percent of God/Family Questionnaire content

Case	Category	
	Impersonal characteristics of God	Idealization of relation with God
Natalia S.	5,19%	15,49%
Agnieszka L.	26,62%	13,59%
Sabina L.	12,21%	7,73%
Agata G.	1,97%	17,96%
Karol J.	0,35%	2,6%
Patrycja D.	0,14%	0,0%
Zbigniew W.	0,91%	0,0%
Jolanta A.	0,31%	0,98%
Anna B.	1,05%	1,05%
Anna F.	0,67%	1,33%
Beata W.	0,0%	0,0%
Krzysztof R.	0,0%	0,0%
Paweł K.	0,0%	0,37%
Edyta K.	1,02%	0,0%
Ewa M.	0,0%	3,17%
Maciej P.	0,38%	1,12%

Three of four examined patients – Natalia S., Agnieszka L. and Sabina L. – had no doubts in the God image that they had created. Interestingly, the one who was wondering

whether to believe in God was also the only group member with an uncertain diagnosis (Agata G.). She had developed many narcissistic defenses in her relation to her God Image, and one can reflect on whether she was more narcissistic than histrionic. What is more, she was only wondering whether to believe because of her fear of being abandoned and left alone. If God were to exist, he could punish her with a loneliness she could not bear. She seemed to struggle with her God, being convinced she would fail and that the defeat would be crushing. This patient gave the most evasive, ambiguous answers (12,08%) and not omitted any questionnaire position (0%), what could be interpreted as growing ability to bear conscious doubts. In fact, it is more typical for neurotic personality organization. (Diguer et al., 2006). What is interesting and not corresponding with stereotypic views on histrionic disorders, none from the examined patients were excessively self-concentrated in relation to God. See Table 3.

Table 3. NVivo analysis and PODF

Category	Case 1 Natalia S.	Case 2 Agnieszka L.	Case 3 Sabina L.	Case 4 Agata G.
Lack of answers	3%	5,81%	0,47%	0%
Incomplete responses	0,98%	15,24%	10,95%	3,77%
Evasive answers	6,14%	1,4%	11,77%	12,08%
Self-concentration	2,13%	0%	3,69%	1,95%
Personal characteristics of God	23,31%	7,05%	6,84%	6,13%
Impersonal characteristics of God	5,19%	26,62%	12,21%	1,97%
Identity (PODF dimension)	-14	-8	-10	-12

All the other three patients “equip” it with only good features but two of them refusing to give God a personal nature or other features that could structure a relationship with him (e.g., justness, demandingness, or the establishment of principles) – prevailed impersonal features (26,62% and 12,21% of all answers) and one seems to see him very childish way (giving presents etc.). In fact, their relation to God image was symbiotic. In one of these three cases, symptomatic consequences of this defensive idealization were clear: the patient suffered from hidden aggressive impulses towards God, which caused obsessive thoughts and anxiety regarding God, and was aware of its pathological character (Natalia S.). The other devalued herself in relation to God as the one who had failed and was unable to derive strength from a relationship with God.

For all the group members, the God Image was an omnipotent, quasi-maternal, symbiotic object. In one case, it was very controlling and aggressive. In the other three cases, it was protective and caring. However, the care and feelings those patients experienced in their relationship with God were mostly sensual. For example, one patient described it as “an overwhelming warmth and brightness.” In two cases it causes great prevailing impersonal characteristics of God descriptions (Agnieszka L. and Sabina L.). In case of Natalia S., even though, the personal characteristics of God prevailed on the

level of conscious declaration of faith, she stated that she believed in God lacked features – “the most powerful matter.”.

All four patients primarily derived the features of their God image from the figure of their mother. Under idealized image, one can find an underlying anger at the real mother who did not provide care, being emotionally absent and sensually inaccessible – “untouchable”. That mother, who met basic needs, but was silently, non-overtly withdrawn, left the patient’s self and object relations impaired for life. In the case of the patient Agata G., who was struggling with God in a way, even her alcoholic father was seen as warmer and more permissive of the psychic separation-individuation process than her controlling and cold mother. This patient had elevated her drama to a cosmic scale. The other two, Agnieszka L and Sabina L, were trying to “fill the psychic gap” via their relationship with God, however still deprived with traits that can give them a structure. Natalia S. in turn was trying to defend herself from difficult feelings toward God and people by childishness and declaration of blur God Image. It is worth mentioning that all the patients were somehow aware of the difficult situation that had probably forced their mothers to concentrate on everyday life needs and made them unable to demonstrate affection.

The patients mostly used primitive psychic defenses to facilitate their belief, and these included projecting their life circumstances to a cosmic level; splitting an object’s positive and negative traits; and denying one group of elements.

All the examined patients used God representations to maintain poorly established self-representations. Three of the four patients seemed to desire symbiotic relationships and to protect the self from all doubts. One patient was somehow struggling for her individual psychic existence in a world dominated by over-controlling God, exactly as her childish world was dominated by her domineering mother. Probably she had a self-structure strong enough to try to stand up for the independence and consciously face her ambiguity.

The God features of all the examined patients derived from organized religion and were overtly negative and were therefore not integrated with the other traits of the God image, no matter a personal God was seen as ever-comforting or unbearably dominant. Institutional religion was always a field of fight with authority.

Discussion

A strong need for a personal faith while simultaneously strongly opposing religious institutions seems to be well-accepted, even by a broad group of believers, and that view also finds wide public support in Poland. Thus, these so-called *non-practicing believers* are an increasingly large group within Polish society, especially among young people. That niche seems to provide a safe way for people to only reject institutional aspects of belief, due to struggles with doubts and feelings of being controlled. Furthermore, many new religious movements seem to give people with this kind of attitude towards religion and beliefs an accepted place to go (Barker, 2013). However, none from patients in this study belonged to a religious community. Probably the negation of the need for structure

in those patients, was too strong to be limited to a particular institution, the Church. 'Dreamed symbiosis' is truly stripped of borders and therefore seems to be impossible within any lawful group or institution. Religious life rooted in any reality is always somehow frustrating. This is especially true for individuals with BPO disorders, as their frustration tolerance is low, regardless of the BPO subtype (Shapiro, 1978). On the other hand, the postulation of Bollas' theory (Bollas, 2000) worth of considering in the context of the God image is that hysterics erotize the work of absence: removing sexuality from psychic and interpersonal realities, the sequestration is sexualized. In this sense, absence is a form of presence. Just as in poems and novels of the Romantic tradition, the longing for an object of love is idealized. In other words, the best object of love is the unattainable one. Due to its transitional nature, the God image need to be unattainable. Logically, it thus presents the perfect object of love for the histrionic individual. Paradoxically, the one of patients whose diagnosis was uncertain could find a place for her doubts and struggles with God; she could at least join a group of skeptics or engage in a discussion with priests, and those activities would represent a form of participation. That approach would allow her to verbalize her frustration, thereby making it easier to bear (Goldstein, 1990, p. 145).

All the features that the God Image did not have in the other three cases (e.g laying down principles) made a relationship with God nearly impossible to realize in any existing religious community. Just as their hunger for ideal maternal love is so strong that one cannot be satisfied with any kind of love in one's real life as an adult. Any other kind of object, religious or otherwise, needs to be rejected, perhaps explaining why all the patients were single. One of them wrote that "Religion doesn't help me with my life because I have my own religion." That is one possible interpretation of the fact that the examined patients did not belong to a religious community. On the other hand, even if nowadays, being irreligious is highly common and accepted, but three of the four individuals in question described a very strong desire for a religious relationship with God. In most of the examined histrionic individuals, God seemed to be 'too good' for any institution – one can say, 'too good to be true.' Therefore, the patients who erotized absence had an absent God, potentially explaining why they had not sought a community to bring God to their real, everyday life. Absence as the best kind of presence is typical for histrionic patients in general (Bollas, 2000). Desire and longing are the most real feelings for them, and so they are trying to repeat these feelings constantly, still believing that their desired, perfect object exists somewhere. They somehow live as slaves to the feeling of everlasting longing and disappointment, even in their religious lives and are ready to leave their self-concentration in relation to longed God.

Conclusions

God Image of three of those patients was just the synonym of symbiotic love. One patient was trying to find a way to leave a world of symbiotic imagination. Blurred and difficult to

describe in terms other than “light,” “warm,” or “touch,” an everlasting longing for God was what the individuals desired so fervently. The question remains open as to whether one can find that kind of pure, symbiotic tie within any religious movement. Perhaps, searching for such a connection is too dangerous in the long run (Lewis, 2011; De Weger, 2016). For that reason, one can conclude that it would be better for the examined individuals to benefit from therapy rather than trying to find or hide to the ‘dreamed symbiosis’ in their religious lives. From the methodological point of view, in the next research plan, it is recommended to standardize the group in terms of the phase of therapy – at the beginning, the characteristics of histrionic disorders seem more distinct and thus the group is potentially homogeneous.

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