REGIONAL IDENTITY IN THE
FOUR COLONIES

Identification, Identity, and Regional Issues: Three Cases

Early in my general psychiatry residency, a patient justified her behavior by the following analogy: “When you’re raised in a town where everybody is a horse thief, you grow up thinking it’s okay to be one.” Later on, another patient explained a relative’s personality by saying that the person was from a certain town! Further, similar events aroused my curiosity about geographical variations in values and ethics.

Case 1

When a 4-year-old boy accidentally started a small fire in one part of the house, his parents put it out quickly. However, instead of comforting him, they accused him of wanting to kill his infant brother and called him “murderer.” There had been no hostile behavior by the four-year-old toward the infant, and the infant, in another part of the house at the time, was in no danger from the fire. As the boy developed into adulthood, he continued to have his guilt bell rung easily and frequently, which led to extra efforts in compliance, volunteerism, and perfectionistic goals. This excess, and its relationship to early childhood experiences, could have continued without awareness had he not been in therapy for other reasons.

Case 2

A 6-year-old girl was adjudicated and called a liar and thief by her parents for doing the usual things typical of her age in regard to fantasy
and property rights. They revived that appellation liberally into her teen years. She was noted to be easily disposed to vicious name-calling of peers whenever they irritated her. When in analysis as an adult, she realized that she had been the victim of emotional and verbal abuse by her parents and had imitated and identified with their behavior in this regard.

Case 3

A 12-year-old boy, a good, compliant student without behavioral problems, was noted by his teachers to have a tendency to hit peers when they frustrated him. When confronted, he apologized, accepted redirection and consequences quite well, then became passive. In later, analytic treatment, this issue was recalled and eventually related to the physical abuse he had received from his parents.

It is readily apparent that identification with the aggressor and imitation were involved in these cases. The behavioral traits were egosyntonic until therapeutic endeavors reified and clarified their unconscious determinants, which were related to early life events.

Regional Culture and Personality

There have been many attempts to define and explore the etiology of personality disorders via psychodynamics, temperament, biology, genetics, ethnicity, and neurotransmitters (Siever and Davis, 1991). Personality dysfunction has been defined in terms of the site and level of distress to self or others. However, as indicated in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV; American Psychiatric Association, 1992, p. 629), the diagnosis is made when there is an “enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, is pervasive and inflexible, and has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.”

Multiple sources may contribute to personality development. Among these are genetic endowment, pre- and postnatal insults, temperament, interference in Stage IV of the sensorimotor period, with a resulting lack of initiative (Sugar, 1987), various child-rearing approaches, positive parental and other authority role models, trauma, preoedipal and oedipal difficulties, sensory deficits, specific learning disabilities, family pathology, chronic illness, developmental disorders, neglect, and emotional, physical, or sexual abuse. While there are pathogenic influences, there are also many positive contributions. Some transient depressive and anxious behaviors in early and midadolescence have to be carefully evaluated to