



Letter to the Editor

Is Anakin Skywalker suffering from borderline personality disorder?

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ABSTRACT

Anakin Skywalker, one of the main characters in the "Star Wars" films, meets the criteria for borderline personality disorder (BPD). This finding is interesting for it may partly explain the commercial success of these movies among adolescents and be useful in educating the general public and medical students about BPD symptoms.

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The "Star Wars" films have all been unquestionable commercial successes. The only recurrent main character in the six episodes is the "Jedi Knight" Anakin Skywalker, who later becomes the villain "Darth Vader". Although some authors have suggested that the universal success of this saga may result from the mythological and religious themes within the storyline (Lyden, 2003), another explanation could involve the principal character's personality.

A psychodynamically orientated exploration of his life history would emphasise elements associated with borderline personality: the absence of Anakin's father and his early separation from his mother (Bandelow et al., 2005) and the use of defense mechanisms such as splitting, projection, and infantile illusions of omnipotence (Gabbard, 1994). Further elements are to be found in the young Anakin's difficulties in emotional and impulse regulation, and dysfunctional experiences of self and others.

Reference to the Diagnostic and Statistical Manual of Mental Disorders, fourth edition (DSM-IV), reveals that the character fulfilled six of the nine borderline personality disorder (BPD) criteria. He presented impulsivity and difficulty controlling his anger and alternated between idealisation and devaluation (of his Jedi mentors). Permanently afraid of losing his wife, he made frantic efforts to avoid her abandonment and went as far as betraying his former Jedi companions. He also experienced two dissociative episodes secondary to stressful events. One occurred after his mother's death, when he exterminated a whole tribe of Tuskan people, while the other one took place just after he turned to the dark side. He slaughtered all the Jedi younglings before voicing paranoid thoughts concerning his former mentor and his wife. Finally, the films

depicted his quest to find himself, and his uncertainties about who he was. Turning to the dark side and changing his name could be interpreted as a sign of identity disturbance.

Thus, even if developmental issues in a gifted child as he struggled with adolescence and young adulthood could also be discussed, Anakin Skywalker presents both psychodynamic and criteriological features suggesting BPD. In our opinion, the relevance of this observation is threefold.

First, there is some evidence suggesting that adolescents present more frequent BPD traits than adults (Chabrol et al., 2001) and that they often identify themselves with others (Porcerelli et al., 1998). The films' success among this age group may therefore be related to the main character's personality. Second, psychiatric patients often suffer from the stigmatisation related to mental illness (Ritsher and Phelan, 2004), and a famous character recognised to be suffering from BPD could be useful in educating the general public about this disorder. Finally, as part of most students' cultural background, this case study could prove useful in teaching the criteria of BPD to medical students and residents.

References

- Bandelow, B., Krause, J., Wedekind, D., Broocks, A., Hajak, G., Ruther, E., 2005. Early traumatic life events, parental attitudes, family history, and birth risk factors in patients with borderline personality disorder and healthy controls. *Psychiatry Research* 134 (2), 169–179.
- Chabrol, H., Montovany, A., Chouicha, K., Callahan, S., Mullet, E., 2001. Frequency of borderline personality disorder in a sample of French high school students. *Canadian Journal of Psychiatry* 46 (9), 847–849.
- Gabbard, G.O., 1994. Cluster B personality disorders: borderline. *Psychodynamic Psychiatry in Clinical Practice*. American Psychiatric Press, Washington, DC, pp. 449–496.
- Lyden, J., 2003. *Film As Religion: Myths, Morals, Rituals*. New York University Press, New York.
- Porcerelli, J.H., Thomas, S., Hibbard, S., Cogan, R., 1998. Defence mechanisms development in children, adolescents, and late adolescents. *Journal of Personality Assessment* 71 (3), 411–420.
- Ritsher, J.B., Phelan, J.C., 2004. Internalized stigma predicts erosion of morale among psychiatric outpatients. *Psychiatry Research* 129 (3), 257–265.

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