

INTRODUCTORY QUOTES

"[Do not] discount the need to view pathology as pathology. A situation involving pathology needs to be dealt with appropriately. And the more information you have about the particular disorder of the other person, the better. That way you know what is the illness and what is more personal. You know what to expect and what it is unrealistic to expect. You are less vulnerable and less judgmental. You can deal with a situation—and the other person—more creatively and with more understanding. You will know how—and when—you need to protect yourself and your own vulnerabilities."

—Drs. Hal & Sidra Stone

WHEN ALARM BELLS SHOULD RING: *Recognizing Personality Disorders*

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"One of the more destructive experiences of being the child of a woman with my mother's disturbance is that the world around her was convinced she was just lovely. I'm sure you know well that some people with Personality Disorders have amazing capacity for reading their environment with exquisite sensitivity (not to be confused with empathy) and then mocking up a behavior that is convincing—as long as one doesn't come too close to their inflamed zones. And so, my reality was consistently denied by the world around me; there must be something wrong with me if I was so upset with that 'lovely' mother. The more desperate I became to get the world to see the hurt and abuse I was being subjected to in private, the more the world (including my mother) told me there was something really wrong with me—after all, my desperation was so hysterical, they all said, so over-the-top! It became a vicious circle making the prospects of being believed—even by myself—slimmer and slimmer. 'Blaming the victim' became the pattern, inside me and out, as well as a tendency not to recognize abuse when it's perpetrated against me. Nobody ever stopped my mother when I was growing up, or helped me learn to stop her."

—Private letter from the daughter of a Borderline Personality Disordered mother

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AIMS OF THIS ARTICLE

Many of us who have chosen Voice Dialogue as a method value its non-pathologizing essence. We may, however, also share what might be called ‘a tendency to project health onto people’—to be so committed to maximizing people’s potential for growth that we risk minimizing the significance and implications of their limitations.

This article is designed to offer a short introduction to the pathologies called ‘Personality Disorders’ so that VD practitioners can:

- be better equipped to screen for appropriate candidates to facilitate and/or train to use VD with others. This is particularly important since there is no process for either certifying or de-certifying VD facilitators;
- more clearly recognize some of the people for whom the use of VD is inappropriate and thus should be referred to a qualified therapist instead;
- work better with clients/students who are the adult children of, or in relationships with people with a Personality Disorder;
- know where to learn more about a kind of pathology that is hard to recognize.

Drs. Hal and Sidra Stone make it clear that Voice Dialogue is not a tool to be used by or with everyone. They have asked me to write this paper.

All of us doing this work feel the ethical weight we agree to carry when we accompany people on journeys into their inner lives. Becoming familiar with the warning signs of psychological disturbance can help us carry that weight more responsibly and with a greater sense of safety. Thus, no matter how long or short a time you have been a practitioner and/or teacher of Voice Dialogue, if you have not received education in recognizing pathology in general and Personality Disorders in particular, it will serve you and your clients/students well for you to seek it out. The aim in gathering this knowledge is not so that you can make diagnoses yourself—it takes a trained clinician to do that—but rather to help you to navigate your practice more consciously.

Obviously, no short article can teach the complex issues of recognizing subtle forms of disturbance. Nor is this paper designed to teach how to treat Personality Disordered individuals. All I hope to do here is to give some indication of when your alarm bells should ring. Also, I will recommend some useful reading to help you orient yourself.

Please note: Diagnostic categories serve a clarifying function to help choose an appropriate treatment or approach. In some growth-oriented circles, unfortunately, there still lingers the misconception that it is more compassionate and tolerant to refuse to think in diagnostic terms and that to think diagnostically is rude or arrogant. Historically, this rejection of the usage of diagnostic terms began as a highly appropriate rebellion, particularly among the holistic, Humanistic Psychologists of the 1950’s and 60’s, against the psychiatric community’s tyrannical, dehumanizing misuse of diagnoses to label people and then discriminate against them.

Diagnostic terms must be used with respect and care. I have no desire to repeat historical abuses. I ask you to remember: a Personality Disorder or any other pathological condition is something that people have. It is not something they are.

(For the sake of clarity, I will use ‘he’ for the disturbed person and ‘she’ for the person in relationship to the disturbed person. Statistically, more women are diagnosed with, for example, Borderline Personality Disorder, while more men are diagnosed with Antisocial Personality Disorder.)

WHAT IS 'NORMAL'?

Those of us who are psychologically healthy, who fall within the bounds of what is considered more or less 'normal,' may take a whole range of psychological capacities for granted. We might not realize that someone whom life has damaged at the outset might lack capabilities we tend to think of as simply what it means to be human:

The capacity to have empathy for another person is normal, for example, to put ourselves in someone else's shoes and resonate to the feelings we imagine we would feel were we in their position. We can feel happy on other people's behalf—even when we wish we had what they have. And we can feel sad for them—even when we're the ones who made them feel bad. We can love somebody for who he is and not just for what he gives us. It's normal to have the ability to see another person as being both fallible and good, to see that the same person who blunders and hurts us is the one who shines and makes us feel good—he or she is just simply a whole human being, just like us, but separate from us. We normal people are able to see ourselves, too, as that mix of better and worse, as someone who could be better but on the whole is good enough. Consequently, we can tolerate feeling ambivalent: "on the one hand I feel so-and-so but on the other hand ..."—even when those feelings are intense and polarized, what Hal and Sidra Stone call 'containing the tension of opposites.'

The ability to feel appropriate guilt is a sign of normality, too, being able to admit when we have behaved in some way that isn't in accordance with our own ethics and standards or beliefs. Then, when we do something we consider wrong, we can feel regret, not just because we got caught but because we have let ourselves down and perhaps hurt another human being.

Our sense of who we are is more or less stable; though we can change and grow, though we can access many different facets of our personality, we remain pretty much who we are whatever environment we find ourselves in. Our moods are more or less stable, too, and when they shift there is usually a reason and we usually can and do control how intensely those moods impact on our surroundings.

The dual capacity to gain insight and then to apply that insight in practice is the crowning hallmark of our normality. We can look at and into ourselves with some degree of objectivity, recognize our actions and patterns, analyze their history, re-evaluate the function they have served, learn from what we discover, and then actually make changes when they are called for.

This capacity to choose is at the core of the consciousness process. It is a precious gift belonging to the 'normal.'

Many of us who have all these capacities to a greater or lesser extent think of them simply as human nature. We may feel safest when we expect everybody to have them and treat everybody as if they did. When they prove not to, we feel more vulnerable. When we 'normal' people send out signals expecting a 'normal' echo in return but what comes back is different, the first thing we're likely to doubt (especially if we're female!) is ourselves: self-doubt, after all, is another capacity normal people have. (Some of us, in fact, have far too much of it; that may create problems but those are usually within the bounds of what

is normal.) Facilitators committed to their own process of consciousness may suspect themselves of projecting, of being in a Bonding Pattern, experiencing ‘countertransference,’ and may ask themselves, “What about me, and this interaction, makes me doubt this person?” Our self-doubt helps us take our share of the responsibility for how things go.

After all, since most of our interactions are with other normal people, the responses we get that we didn’t expect are in fact most often the result of some miscommunication, some way in which the exchange was unclear. Family Therapy pioneer Virginia Satir once said it well: “When somebody tells me I look like a pig, the first thing I have to do is get a mirror. If I do indeed look like a pig, I’ve learned something about myself. If I don’t resemble a pig, then I have to go back and ask the other person what is it about me or our relationship that makes him or her think I do resemble a pig.” Normal people can, and with encouragement often do, do this piece of self-awareness work. We can grasp, when we think about it or are confronted with it, that we’re in a Bonding Pattern with its comprehensible shape and result. Once we figure that out, we can reel in the assumptions we’ve projected onto the other person and see our own complicity in the way things went wrong. Sure, we may do that work under protest, kicking and screaming, resisting and blaming, fearing and running, etc. Ultimately, however, once we have the information necessary to make different choices, we usually do wise up.

We can become aware. The (blessed) capacity to develop an Aware Ego is normal. For people with that capacity, Voice Dialogue is the best consciousness approach I know of!

WHAT IS ‘ABNORMAL’?

Pathology does exist, however. Not everybody who at first seems normal actually is. Some people are wounded, physiologically, psychologically or both, so profoundly and at so early a stage of their development, that genuine deficits occur. (Killingmo) According to the National Institute of Mental Health, many people with one kind of Personality Disorder (Borderline) have experienced abuse, neglect, or separation as young children; 40-71 percent report having been sexually abused. (NIH Publication No. 01-4928) It is no wonder that many people, after such experiences, grow up with holes in their psychological development that leave them impaired. (Be aware that ‘Borderline Personality Disorder’ seems at times to be used in the literature as an umbrella concept covering various forms of Personality Disorders.)

What most of us think of as mental illness is sometimes easy to recognize. When someone is psychotic—hearing voices, being disoriented as to time and place, speaking in incoherent, disjointed sentences—their view of reality is so different from ours that we get the signal loud and clear that something is wrong. It isn’t difficult for a Voice Dialogue practitioner without training in psychopathology to know she ought not to facilitate a person in that condition. People with more severe forms of the mental illnesses called Personality Disorders (so-called ‘low-functioning’), as they are described in the psychiatric diagnostic manual, DSM IV (see Appendix 2), may be law-breakers and thus in prison, or so destructive and/or self-destructive that they are hospitalized. These

too are easier for non-professionals to recognize.

The people with milder forms of Personality Disorders (so-called ‘high-functioning’), meanwhile, present symptoms that are far more subtle and hard to spot. When these people are in circumstances which don’t trigger their vulnerable points, they may look and behave as if they were quite healthy. In fact, people with some forms of Personality Disorders—such as three of the types of Personality Disorders which VD facilitators are most likely to encounter: Narcissistic, Histrionic and Borderline—may even be outstandingly charming and engaging, brilliant and creative. Some appear retiring, shy, even insular, but others may have quite a high profile as prominent citizens and accomplished members of society. Some are Voice Dialogue practitioners. Consequently, they often go undiagnosed or misdiagnosed, even by experienced professionals.

For those of us whose psychological development proceeded normally, VD is an exquisite tool for developing the Aware Ego. For those with major deficits, however, Voice Dialogue alone will do no lasting good and could do harm. It would need to be offered, for example, within the context of a deep, on-going, long-term therapeutic relationship, one which provides a ‘corrective experience over time’ in order to help construct the missing structures where the deficits lie.

Ignorance about Personality Disorders creates crucial difficulties for the ‘normal’ VD practitioner. We can, for example, make an important contribution by using VD to help a basically healthy person balance her narcissist-like behavior by “facilitating her more caring inner selves,” those capable of understanding and meeting other people’s needs. But to ask a person suffering from a Narcissistic Personality Disorder to do that is to hurl him into the void of his most isolating deficit, his incapacity for empathy. We do people no kindness when we ask them to perform beyond their psychological capacity.

WARNING SIGNS THAT A POTENTIAL CLIENT/STUDENT MAY SUFFER FROM A PERSONALITY DISORDER

People suffering from a Personality Disorder will show SOME of the following:

DEFICITS LEADING TO FEELINGS OF EMPTINESS, NARCISSISM, TOXIC ENVY:

- When a person is deeply wounded at a very early stage, genuine developmental deficits may occur; he may grow up lacking some of the basic, essential psychological structures and capacities. These deficits may leave him incapable of gaining genuine insight or authentic, complex, nuanced consciousness.
- The feelings a person who has such deficits experiences may include a deep sense of emptiness and a pervasive feeling of shame. This emptiness may feel like a terrifying void into which he fears he could disappear at any moment and be annihilated.
- Since the sense of self of someone with a Personality Disorder is without a solid foundation, he may be chameleon-like—as if he were one person in one context and another somewhere else. (The concept of ‘the false self’ has its roots in this kind of pathology.) He may misuse the language of VD to rationalize this by claiming, “I’m channeling other parts.”

- Without the capacity to be in an Aware Ego process, he may simply move from part to part. His moods may swing erratically from anger, to depression, to irritability, to rage, to anxiety—and without his doing anything to limit the negative impact those swings have on those around him.
- He may be negligent of everyone’s needs but his own, offering only those expressions of consideration that fit his purposes.
- He may feel a strong need to be the one in control. His strategies for gaining and maintaining power may involve emotional manipulation so subtle, even cunning, that it is hard to pin down or address directly. (This subtlety contributes to making these disorders difficult to spot.) And/or, he may resort to outright emotional abuse, suicide attempts, threats and/or violence.
- As he feels empty, he may use other people as a ‘mirror.’ He may not look at someone else in order to see that other person. Instead, he may seek a reflection of himself to confirm his own existence and that he is being seen in a positive light. (This ‘mirroring’ tendency is central to the pathology called ‘narcissism.’) He may consequently have developed ways to be exceedingly charming and engaging—and seductive.
- His sense of emptiness may cause him to feel deep anxiety whenever he isn’t the center of attention. He may feel that whatever love someone else receives is love taken away from him.
- Thus, he may resent those who receive attention. Under circumstances he finds threatening, he may attack the person who ‘steals’ attention from him as well as the person who looks away from him. He may go to surprisingly unkind and destructive lengths to blacken the reputation of those whom he sees as ‘rivals.’
- He may appear retiring and shy—a bit like a lost soul. He may attract well-meaning helpers and rescuers. These people may then be shocked when the person ‘splits’ them from being all good to all bad and then directs a seething aggression at them if, for example, they disagree with him regarding even a seemingly insignificant detail. Under the surface of that apparent helplessness there may boil an intense envy of those whom he perceives as having more social ease than he feels he has and/or as holding authority and power that he feels are rightly his.

‘SPLITTING’:

- He may be unable to see someone else as a whole person; he may idealize someone for a while and then suddenly demonize her. This tendency to treat someone as all good only to flip and treat her as all bad is a defense mechanism called ‘splitting.’ (To say that someone uses ‘splitting’ as a defense mechanism is another way of saying that he has no tolerance for his own feelings of ambivalence.) For a facilitator, it can be very seductive to hear from a potential client, “You’re the very best of all the VD practitioners /teachers,” or, “No one but you has ever really understood me,” ... etc. Whenever anyone inflates or devalues your worth unrealistically, however, your alarm bells should ring. He may have a

tendency toward splitting.

- He may apply this splitting to himself as well so that he is unable to see himself as a 'good enough' mix of good and bad. Consequently, in order not to feel wholly, shamefully wrong, he idealizes himself. If you ask him to describe himself, he may report only good traits and examples of how he is a victim. Remember a good Jungian phrase here: the brighter the light the darker the shadow.
- As this kind of self-idealization is another form of splitting, his own self-image may also flip so that at other times he feels overwhelmed by self-hatred. A subtle but important distinction to note is that this self-devaluation is not the same thing as self-criticism: feeling only bad is different from having enough awareness to admit to yourself that, sometimes, you're wrong.
- In some more extreme cases, this self-hatred may lead him to harm himself and/or to make suicide gestures/attempts. I can not state this emphatically enough: Always take talk of suicide seriously, even if the person says that it is just a figure of speech. Seriously consider referring the person to a qualified psychologist or psychiatrist—whether you think the person is suffering from a Personality Disorder or not.

INABILITY TO ADMIT TO BEING WRONG, OFTEN USING DENIAL, INCAPACITY FOR INSIGHT:

- He may be unable to admit when he is wrong. Instead, he finds elaborate and often convincing explanations that place all blame consistently outside him. He may assert his 'rightness' with such certainty and so intense an energy that naïve listeners are convinced. He may rally groups of people to fight in his support.
- He may defend himself using denial; for example, when confronted with a problem he simply claims that it doesn't exist and, then, may add, "And what's wrong with her that she thinks it does?"
- Not being able to admit to being wrong stems from an inability to tolerate the anxiety produced by self-doubt. Instead, and in a way which may easily be mistaken for strength, determination and commitment to principles, he sees issues as black and white. He may even act in the world as a daring champion of the causes he considers his own. Unfortunately, this can bring him into positions of leadership and even great power. (History, including our own era, is strewn with the damage done by Personality Disordered political leaders.)
- 'Feelings create facts.' Most of us respond to an event with a feeling. A person with a Personality Disorder may, instead, re-write his version of an event creating 'facts' to justify some feeling that he already has. He may seem to be lying or delusional because no confrontation with the actual facts alters his distorted version of them. This can make people around him feel desperate since he vehemently calls their vision of reality into question. He may accuse the people around him of being crazy—and they may even begin to wonder if they are. (Adapted from Mason & Kreger, pp. 53-54, and Lawson, p. 6.)

- He may have ‘situational competence.’ That is, he may appear as Dr. Jekyll: charming and competent while his fears of shame and abandonment are not provoked, for example in more distant and public relationships. However, he behaves as Mr. Hyde: nasty in his more intimate relationships or when he has the power, for example, as someone’s boss or teacher. The world around him may think he’s wonderful and blame his family or his colleagues/students for their complaints about him.
- He may lack the capacity for insight into his behaviors and into their impact on others. In fact, his psychological stability may depend on his rigid avoidance of insight. Were he to have too great an understanding, the entire construction of his self-protection could collapse. Consequently, standard confronting techniques for taking responsibility and developing consciousness, Voice Dialogue included, can be not only ineffective but also dangerous for him.

EQUALLY AFRAID OF CLOSENESS AND ABANDONMENT:

- He may have a deep fear of abandonment, real or imagined. He may, for example, accuse you of rejecting him when all you have done is move your attention away from him. But, he may also have an equally intense fear of engulfment. Consequently, if you are distant he may try to pull you close and once you come closer, he may push you away, sometimes quite cruelly. This reaction may be extremely confusing for a VD practitioner who presumes that sharing a deep moment will advance the work.
- Another way of putting this is that he has issues with boundaries so that he bounces between total enmeshment and total isolation.

LACKING A CAPACITY FOR EMPATHY:

- A lack of empathy is a characteristic deficit among people suffering from a variety of forms of Personality Disorders. Since other people aren’t quite real to someone with these disturbances, he doesn’t have the ability to grasp or feel bad about the pain he causes them. Yet, he may be uncannily sensitive and have an amazing ability to read people’s vulnerabilities. This sharpness may make him appear to be a really good candidate for VD training. It is important, however, to realize that this sensitivity is not the same as a capacity for empathy.
- Lack of empathy means he can’t feel genuine sorrow on someone else’s behalf. He may appear to do so when the pain another feels reminds him of and reawakens his own. His pain then is real but, rather than being empathic, it is narcissistic as it is only on his own behalf.
- For some people with a Personality Disorder, someone else’s pain may actually make him feel superior and/or give him sadistic pleasure. He may speculatively exploit his knowledge of other people’s soft spots to his own advantage.
- Lack of empathy also means he is unable to feel happy on behalf of another person. He may appear to do so when he feels that he receives reflected glory from the circumstances creating that person’s happiness. His happiness is real but, as above with his pain, it is narcissistic rather

than empathic, being only on his own behalf.

- For someone with a Personality Disorder, other people's happiness, achievements and successes may provoke an intense and toxic envy. That is, he might not feel that having such positive experiences himself is enough; he may also yearn for the others to lose their happiness and be miserable. He wants to be happy instead of them, not in addition to them.
- He may be exceptionally good at using emotional language and finding precisely the 'right'—apparently empathic—thing to say, while actually seeking to fulfill other needs. In a couple's conflict resolution setting, for example, he may speak as if he felt bad about causing his partner pain but without actually feeling regret. His aim will not be to learn about himself so that he can grow and change in order to avoid causing someone he cares about further pain, as a healthy person might aim to do. Instead, in his terror of being abandoned, the genuine anguish which he calls "regret" is more likely to be an expression of his desperation to repair the bond in order to avoid loss. In these cases, such 'apologies' often lack the ring of truth. Facilitators may well feel bad about not believing someone who claims to be weeping in regret. It is good to question one's own disbelief, but, at the same time, do let an alarm bell sound if something rings false.
- Precisely these kinds of subtleties, in which responses appear normal and appropriate and yet turn out not to be so, are part of what makes people with Personality Disorders very confusing to be close to, and to diagnose.

LACKING A CONSCIENCE, FEELINGS OF PARANOIA:

- He may well lack an authentic sense of ethics. In other words, he may avoid doing something wrong because he's afraid to get caught rather than from a sense of the rightness/wrongness of his own behavior. Consequently, if he feels he can get away with it, he may lie, and/or revise history (speculatively or unconsciously) to suit his purposes. He may skirt the law or even commit criminal acts. (This trait is central in people who were earlier called 'psychopaths'. That term has been replaced by 'Antisocial Personality Disorder' but does seem to be making a comeback, including among professionals.)
- He may often show a striking and generalized distrust of other people. (This tendency is central to the pathology called 'paranoia'.) This may cause him to be continually in one conflict after another. These conflicts are further fueled by his inability to admit to being wrong.

UNCONSCIOUSLY INVITING EXTREME BONDING PATTERNS, BOTH POSITIVE AND NEGATIVE:

- This may well be the most important source of alarm bells warning you that you are in the presence of disturbance: how much projecting the person does and how hard it is not to be 'contaminated' by his projections about you. He may, for example, have such a hard time bearing his own, unconscious feelings of aggression that he pushes them out onto the surroundings. Those who come near him pick that up, energetically. They themselves become either oddly angry or unaccountably afraid—and they

can easily mistake these for their own feelings!

This dynamic is called ‘projective identification.’ If you’re not familiar with the concept, I suggest you learn more about it. As one writer about Borderlines put it: “[These people] evoke a sense of ‘walking on eggshells,’ as though our margin of error is very narrow indeed.” (Gabbard & Wilkenson, p.2).

* * *

It is important to remember that a tendency is not the same thing as a disorder. Obviously, most of us will recognize one or another of the above traits as tendencies we sometimes see in ourselves. (In fact, if you don’t recognize anything here, consider the possibility you’re in denial, which is itself a symptom!) To a certain degree and at certain times we all use defense mechanisms like splitting and denial, strategies left over from when we were little. Some of us do so more often than others. Learning to distinguish those who use such defense mechanism frequently—who can benefit from VD work—from those who actually suffer from a disorder—who can not benefit from VD work—requires both study and experience.

The difference here is that these traits in a person with a Personality Disorder are highly stable personality characteristics; they persist and are extremely resistant to change.

WHAT TO DO—BUT FIRST, WHAT NOT TO DO

First, what you are not to do is to diagnose anyone (unless you are trained to do so). It requires formal qualifications and experience to do that. This article is intended only to give you a sense for when you may be in the presence of certain kinds of disturbance; it is in no way sufficient to equip you to make the determination of whether that is so or not. I do recommend, however, that you err in the direction of caution if you have doubts about someone’s psychological health.

What, then, can you do if you sense that someone who comes to you suffers from a Personality Disorder?

1. STUDY AND CONSULT:

Inform yourself well. At the end of this article, I have a list of books and websites for lay people and professionals. These will help you become better at recognizing when these kinds of disturbances may be present. They will also help you tune your empathy.

I highly recommend, also, that you establish cooperation with a supervising psychologist or psychiatrist with some expertise regarding Personality Disorders with whom you can consult when you are in doubt about someone’s health. This will not just increase your safety and that of your clients/students, but will also help to educate your instincts so you know you can trust them.

2. SCREEN FOR FACILITATION:

People with Personality Disorders ought not to be facilitated using VD.

The Aware Ego process lies at the core of VD and it is precisely that function that is damaged in people with these disorders. Strikingly often, however, people suffering from Personality Disorders are drawn to communications trainings

and consciousness methods such as Voice Dialogue instead of therapy. Some explanations for this may be:

- Here, they may seek a way to fill their terrifying sense of emptiness while still avoiding the prolonged, emotionally provocative contact of deep psychotherapy.
- Here, they may seek a system, a reassuring self-help structure they can lock into in order to soothe the frightening sense of internal chaos—about which they are in denial and which they struggle hard not to feel.
- Here, too, they often receive precisely what they do not need: validation that they are ‘okay’! Many who choose to become VD facilitators are invested in helping people feel better about themselves and thus shy away from the uncomfortable task of holding up the mirror that displays their disturbance. To further shore up such people’s merely superficial ‘self-esteem’ instead of addressing their deep pain is to do the terrible disservice of helping them maintain their disturbed reality untreated.

For such people, contact with a VD facilitator can serve as a golden opportunity to be assisted in seeking the kind of help that they really need.

3. SCREEN FOR TRAINING:

Under no circumstance should someone suffering from a Personality Disorder be trained to facilitate other people’s consciousness process!

Since there is neither a certification nor de-certification process in place for Voice Dialogue facilitators, a special responsibility falls upon any person who sets out to train VD facilitators to make sure those they select as students are sufficiently healthy. It can be a difficult economic decision to turn away a potential paying student when trying to fill a course; it can be a painful duty to tell a member of an on-going course that their participation now appears inappropriate. Ethically, however, we serve our practice, Voice Dialogue, our students and the disturbed person best by screening carefully. (Also, a Personality Disordered group participant is usually very disruptive to a group’s process.)

The fact that subtle psychological disturbance is often hard to pick up on, even for trained clinicians, has implications for how long and thorough a training process needs to be. Quick VD facilitator trainings are not advisable; they need to last long enough for the trainer to have time to become clear about the psychological health of his/her trainees.

4. TEACH:

In my opinion, education in recognizing pathology ought to be a part of all VD facilitator trainings. If you as the trainer are not a psychology professional capable of teaching about pathology, you can invite in a guest teacher who is.

5. REFER THE PERSON YOU SUSPECT MAY BE DISTURBED TO A QUALIFIED PROFESSIONAL:

Take your educated warning bells seriously, strengthen your own personal boundaries and then try to help the person engage in psychotherapy with a qualified professional. I say this knowing that the prognosis for healing Personality Disorders is not very good. (During the last fifteen years, a

psychosocial treatment form called dialectical behavior therapy (DBT) was developed specifically to treat Borderline Personality Disorders and does look promising.)

Nor is referring a person with a Personality Disorder particularly easy. Someone suffering from a Personality Disorder is unlikely to seek psychotherapy for these reasons, among others:

- Denial is a central part of his problem, including denying that he has a problem. According to him, the problem he has is that people have a problem with him—which he sees as their problem.
- His limitations were shaped into a psychological structure so early on that they are in harmony with how he experiences himself (what is called ‘ego-syntonic’). He is comfortable with them. Consequently, he is rarely motivated to change them.
- If he does agree to enter therapy, he is likely to sabotage the process early in order to run away from how provocatively intimate a genuine therapeutic relationship is. (Don’t think for a moment, however, that this denial abolishes the pain he experiences.)

During my years in practice, some of my work included long-term, intensive psychotherapy focused on providing ‘corrective experience over time’ with, among others, people suffering from such Personality Disorders as Borderline Personality Disorder. I know from experience, therefore, that some people do get better—IF they receive help to construct the missing structures where the deficits lie.

6. KEEP DOING YOUR OWN PERSONAL CONSCIOUSNESS WORK:

Have someone facilitate you regularly. The clearer you are with yourself, with your strengths and limitations, the better position you are in to sort out your responses to other people and assess their health.

People with milder forms of Personality Disorders are hard to catch onto, even for trained professionals. Most of us who have trained Voice Dialogue facilitators have experienced, or probably will experience, that we’ve assumed one or another trainee to be far healthier than he or she turned out to be in the long run. But, once you realize your error, work hard to refer that person and ask him not to facilitate others until he has received the help he needs.

WORKING WITH A CLIENT/STUDENT WHOSE PARENT AND/OR PARTNER SUFFERS FROM A PERSONALITY DISORDER

One of the great benefits of learning about psychopathology is the added insight and empathy it provides into the needs of those living close to the disturbed person. (See the quote at the start of this article to get a sense of some of the intense confusion which may result from having, for example, a Borderline Personality Disordered mother.) Some children of Personality Disordered parents develop such disorders themselves. But many do not, and many adult children of Personality Disordered parents derive great benefit from the Voice Dialogue way of perceiving and working and may make excellent facilitators/teachers.

It is not only the practitioners who often lack knowledge and awareness of

these kinds of disturbances; so do many of their clients. As paradoxical as it may sound, it can actually be a great relief to someone to discover that some of why their relationship is not working is because the person they are close to is disturbed. Many things may fall into place and make sense for the first time. Most people whose parents or partner have a PD have tried hard and sometimes for years to reach them, using all the best techniques for honest communication and conflict resolution but without success. However, most of what we learn as communications tools are designed to be used by people with the ability to gain and apply insight and to have empathy. When those capacities are lacking, attempting to apply such tools may be prove useless, or even dangerous.

Also, adult children of Personality Disordered parents seem to have developed certain predictable characteristics and thus seem to have certain traits in common. Surprisingly often, these traits are also found among people who choose someone suffering from a Personality Disorder as a partner, even without having had a PD parent. (Often, people coming from a home with a PD parent or sibling select a PD partner; we often choose what ‘feels like home’ even if home was an abusive place.)

You should become suspicious that a client or student may be the adult child of, and/or partner of, a Personality Disordered person if several of the following seem to fit. If she seems to:

- have a tendency to feel responsible for others at the expense of being responsible for herself;
- be unsure about her own value and be excessively dependent on other people’s opinions;
- be too willing to call into question the validity of her own appraisal of reality;
- be excessively conscientious;
- be long-suffering, having disowned her own anger;
- have the ability to make an accurate instant assessment of reality but then, having disowned her own power, delays taking action (the so-called ‘deer-in-the-headlights syndrome’);
- delay gratification, maybe even forever, having disowned her own needs;
- lack clear boundaries;
- allow gratitude for small kindnesses to prevent her from realizing when she’s being neglected or even downright abused;
- have the ability to co-operate but not to delegate;
- be drawn to drama, passion and fairy tales;
- have unresolved abandonment issues of her own.

Someone in relationship to a person with a Personality Disorder needs to know how to protect herself and to set limits effectively. See the books for lay people in Appendix 1 for important tools for the children or partners of Personality Disordered people.

If you discover that a client has indeed chosen to be in a relationship with a person with a Personality Disorder, the first and most crucial issue to assess is the risk of emotional or physical abuse. This is particularly critical if there are any children involved. If their environment is one in which threats,

manipulations and acts of violence are taking place, the healthy parent may need encouragement to take immediate precautions—which may include taking herself and the children out of a potentially dangerous situation.

DOING BONDING PATTERN WORK WITH A CLIENT/STUDENT WITH A PERSONALITY DISORDERED PARENT AND/OR PARTNER

Once issues of safety have been addressed, Bonding Pattern work with someone in relationship to a Personality Disordered partner or parent is a superb approach. In John Coroneos' Newsletter, Sidra and Hal Stone detailed some of the gifts of learning that came from the analysis of the Bonding Patterns of one woman with a disturbed mother:

“Terese’s mother was very abusive. She was charming, beautiful, and clever; she looked great in public. But when she was home alone with her children she was both emotionally and physically abusive. Living with her was like living in a nightmare, a nightmare that nobody else suspected. To the rest of the world their mother looked great and their complaints would sound unrealistic—maybe even disturbed.

The children were terrified of their mother and vowed never to be like her when they grew up ... So Terese grew up to be a very responsible, loving, understanding human being. She was identified with her feelings and was very empathic. She disowned any parts of her that might even remotely resemble her mother. She disowned her aggression ... She disowned her own selfishness or narcissism to such an extent that she couldn't say no to anyone in the fear of hurting them; she couldn't set any kind of boundary to protect her own time and space. Her feelings always came last.

... [Terese's] therapist helped her to understand her own feelings and taught her about her mother's pathology. Terese's mother was a borderline personality and, as such, was extremely difficult to live with. Terese read books and got new ideas about how to deal with—and how impossible it was to deal with—her mother.

Interestingly enough, it was the selfishness, the 'my needs first' quality of her mother that Terese had disowned but she now needed to integrate before she was able to deal with her mother more objectively and set the necessary boundaries. Terese needed to separate from her nurturing, responsible and compassionate primary selves in order to protect her own vulnerable child and to deal with her mother more effectively. As she did this, as she developed an Aware Ego process, she had more choice and made more creative decisions.

From an increasingly Aware Ego, Terese's attachment to toxic relationships becomes easier to break. She can protect her vulnerability better once she is less identified with a conciliatory and compassionate primary self system, and she can gain access to her own feelings and honor them. Terese can learn to stand before crazy-making disturbance, or get away from it, with the sober objectivity required to keep reality in its proper perspective. From an Aware Ego, she can learn to set limits that really hold.

And yet, Terese may feel panic when asked to define her encounters with her mother or others with Personality Disorders solely in terms of a Bonding Pattern. And she will be right to resist doing so. Terese, like so many people

who have Personality Disordered parents or partners, already takes more than her fair share of the responsibility for her surroundings. A VD practitioner unfamiliar with the realities of being in relationship with a disturbed person, and not quite grasping the function of Bonding Pattern analyses, may unwittingly re-traumatize Terese. When things keep going wrong in Terese's relationship, her facilitator may well respond by encouraging her to work even harder at seeing what she has to learn about herself from the dynamic. The facilitator can, unknowingly, place Terese, once again, in the destructive and painful situation of having the abuse to which she has been subjected remain unvalidated and her abuser's disturbance remain unacknowledged.

It is true that changing her inner stance through a Bonding Pattern understanding may radically alter how easily Terese gets hooked by manipulations or accepts abuse. It will not, however, stop the disturbed person from continuing to attempt to manipulate or behave abusively. Clichés such as “it takes two to tango,” and, “if you send out a different energy you'll get a different reaction,” and, “every conflict has two sides,” send the wounding message that Terese is partly to blame for her being abused!

A dispute can not be defined as a ‘conflict with two sides’ if one of the participants is incapable of consciousness; in a dispute between one person who is seeking power and/or control and another person who is seeking to learn, the learner loses every time.

It needs to be made clear in working with Bonding Patterns that there's a point where reciprocity ends and the other person's internal demons begin. We need to remember that changing ourselves will not change the disturbed other. Terese needs help to grasp that while her responses may have triggered a PD's outbursts, they did not cause them and no change that she makes in herself can heal them.

Thus, as soon as pathology enters the relationship picture, the normal person needs an additional kind of help—not INSTEAD of grasping and moving out of her own Bonding Patterns, but IN ADDITION to that work. Now, with her Aware Ego process strengthened through Bonding Pattern work, she may need help to see the other person clearly. She may need skills for how to recognize disturbance and abuse when it's there and to know that attacks coming from damaged people should not be tolerated. In particular, she may need permission to protect herself and skills for how to do so. That means knowing how to separate not just from the internalized pattern but also, if necessary, from the disturbed person himself.

This aspect of Aware Ego work—learning where our responsibility stops and the other's begins and then to take appropriate action—is available to those of us fortunate enough to have the capacity to do it.

ABOUT THE AUTHOR

Susan Schwartz Senstad holds an M.A. in Psychology and a current California Marriage and Family Therapy (M.F.T.) license. From 1977 to 2000, she provided psychotherapy in California, Rome and, then, Oslo. In 1986, she introduced Voice Dialogue to Norway. Until 2000, in addition to using Voice Dialogue in business consulting, she trained the entire first generation of VD practitioners

and teachers now working in Norway. Some of these have gone on to teach others and now a second and even third generation are developing.

In 1995, she received a Master's Degree (M.F.A.) in Creative Writing and in 2000 closed her practice in order to write full-time. On February 24, 2006, BBC Radio 4 will broadcast a one hour radio dramatization of her prize-winning first novel, *Music for the Third Ear* (www.amazon.com/Music-Third-Susan-Schwartz-Senstad/dp/0312266219). She is now at work on her second novel, under the working title of *Mother Tongue, Inc.* See also Senstad's other Voice Dialogue-related articles: "[Voice Dialogue: From a User's Manual for the Human Being at Work](#)" and "[The Wisdom of Vulnerability](#)", found in the Reading Room at www.voicedialogue.org.

APPENDIX 1:

REFERENCES AND USEFUL BOOKS & WEBSITES:

For lay people:

- To learn ways to assist people in relationship to someone with what they call a Borderline Personality Disorder but which actually includes other kinds of Personality Disorders, explore the website www.bpd411.org/.
- Book best suited to the U.S. legal system, but covers important issues to consider anywhere if divorcing a Personality Disordered partner, particularly when children are involved:

Eddy, William A. *Splitting: Protecting Yourself While Divorcing a Borderline or Narcissist*. Eggshells Press, Wisconsin, 2004.

- Not limited to Personality Disorders but good:
Forward, Susan & Craig, Buck. *Toxic Parents: Overcoming Their Hurtful Legacy and Reclaiming Your Life*. Bantam, 1989.

- An eloquent portrait of Narcissistic Personality Disordered behavior. The solutions the author suggests seem to me to indicate that she hasn't quite resolved her own issues with her own Narcissistic parent. She describes the disorder very well:
Golomb, Elan. *Trapped in the Mirror*. Harper Paperbacks, 1991.

- The best book I've found for people with a Personality Disordered parent. Though the book focuses on disturbed mothers it has proved useful regarding disturbed fathers as well. It also clarifies various styles of Borderline Personality Disorder:
Lawson, Christine Ann. *Understanding the Borderline Mother: Helping Her Children Transcend the Intense, Unpredictable, and Volatile Relationship*. Jason Aronson, Inc.: N.J. 2000.

- The 'bible' for anyone in a relationship with someone suffering from various Personality Disorders:
Mason, Paul T. & Kreger, Randi. *Stop Walking on Eggshells: Taking Your Life Back When Someone You Care About Has Borderline Personality Disorder*. New Harbinger Publications, Inc.: Oakland, California, 1998.

- Covers much of the same ground as *Walking on Eggshells*, and also includes a moving personal story:
Tinman, Ozzie. *One Way Ticket to Kansas: Caring about Someone with Borderline Personality Disorder and Finding a Healthy You*. Bebes & Gregory Publications. 2005.

For Psychology Professionals:

- The psychiatric diagnostic manual:
Diagnostic and Statistical Manual of Mental Disorders—Fourth Edition (DSM-IV), published by the American Psychiatric Association, Washington D.C., 1994

- A well-written aid to professionals offering therapy to people with Borderline and other Personality Disorders. Fits in beautifully with the Stone's concepts regarding Bonding Patterns:

Gabbard, Glen O. & Wilkenson, Sallye M. Management of Countertransference with Borderline Patients. Jason Aronson Inc., American Psychiatric Press, Inc., Northvale: 2000.

- Excellent overview:

Gunderson, John G. Borderline Personality Disorders. Psychiatric Press, Inc., New York, 1986.

- Otto Kernberg did the seminal psychoanalytic work on identifying Borderline Conditions. Early classic text:

Kernberg, Otto. Borderline Conditions and Pathological Narcissism, New York: Jason Aronson, Inc., New York, 1975.

- Especially good for understanding Kernberg's theories about "object relations":

Kernberg, Otto. Object Relations Theory and Clinical Psychoanalysis, Jason Aronson, Inc., New York, 1976.

- An important article clarifying distinctions between deficit-based and conflict-based issues:

Killingmo, B. International Journal of Psychoanalysis. "Conflict and deficit: implications for technique." 1989;70 (Pt 1):65-79.

APPENDIX 2: DSM IV—PERSONALITY DISORDERS

(Hyperlinks to www.psyweb.com)

Borderline: Borderline Personality Disorder is characterized by a lack of ones own identity, with rapid changes in mood, intense unstable interpersonal relationships, marked impulsively, instability in affect, and instability in self image.

- A. Going to about any lengths to avoid real or imagined abandonment.
- B. Intense unstable interpersonal relationships characterized by changing between idealization and devaluation the relationship.
- C. Lack of ones own identity. A marked instability of self image or the sense of self.
- D. Impulsivity in two or more areas that are self damaging. These may included abuse, sex, spending, eating, driving recklessly, etc.
- E. Recurrent self-destructive gestures, self-mutilation, suicidal behavior, or threats.
- F. Instability in affect.
- G. Marked feelings of emptiness.
- H. Frequent displays of anger due to a difficulty in control.
- I. Dissociative or paranoid.

Narcissistic: Narcissistic Personality Disorder is characterized by behavior or a fantasy of grandiosity, a lack of empathy and a need to be admired by others. Narcissistic personality has a pathological unrealistic or inflated sense of self-importance, has an inability to see the viewpoints of others, and is hypersensitive to the opinions of others.

- A. Grandiose sense of self-importance.
- B. Fantasies of and preoccupation with beauty, brilliance, ideal love, power, or unlimited success.

C. A belief of being special and unique and can only be understood or a need to associate with people of high status.

D. A need for excessive admiration.

E. An unreasonable expectation of being treated with favor or expecting an automatic compliance to her / his wishes.

F. Will use others to achieve her / his goals.

G. Lacks empathy.

H. Believes others are envious of her / him or is envious of others.

I. Contemptuous or haughty attitudes / behaviors.

Histrionic: Histrionic Personality Disorder is primarily characterized by exaggerated displays of emotional reactions, approaching theatricality, in everyday behavior. Emotions are expressed with extreme and often inappropriate exaggeration. Persons with this disorder are prone to sudden and rapidly shifting emotional expressions.

A. Uncomfortable if not the center of attention.

B. Interaction with others in an inappropriately provocative or seductive manner.

C. Shallow and rapid changing of emotion.

D. Uses appearance to draw attention.

E. Speech that lacks in detail and excessively impressionistic.

G. Theatrical, self dramatization, or disproportionate expression of emotion.

H. Easily influenced, suggestible.

I. Feels even a sociable relationship is intimate.

Schizotypal: Schizotypal Personality Disorder is primarily characterized by peculiarities of thinking, odd beliefs, and eccentricities of appearance, behavior, interpersonal style, and thought. Persons with this disorder may have peculiar ideas: belief in psychic phenomena or magical thinking.

A. Ideas of reference.

B. Magical thinking or odd beliefs, that are not consistent with the culture's norms and which influence behavior.

C. Odd perceptual experiences.

D. Odd thinking or speech.

E. Suspicious or paranoid.

G. Narrowed or inappropriate affect.

H. Eccentric, odd, or peculiar behavior / appearance.

I. Few or no close friends or confidants, not including first-degree relatives.

J. Excessive social anxiety.

Paranoid: Paranoid Personality Disorder is characterized by a marked distrust of others, as indicated by at least four of the following:

A. Believes without reason that others are exploiting, harming, or trying to deceive her / him.

B. Unjustified doubts about a friend's / associate's loyalty or trustworthiness.

C. Believes without reason that if she / he confides in others, this information will somehow be used against her / him.

D. Finds hidden demeaning or threatening meanings in harmless remarks or events.

- E. Unforgiving and bears grudges.
- F. Believes without reason that people are out to attack his / her character or reputation and is quick to react with anger.
- H. Believes without reason in the infidelity of their sexual partner.

Antisocial: Antisocial Personality Disorder is characterized by a lack of regard for the moral or legal standards in the local culture. There is a marked inability to get along with others or abide by societal rules. Individuals with this disorder are sometimes called psychopaths or sociopaths.

- A. Repeated acts that could lead to arrest.
- B. Conning for pleasure or profit, repeated lying, or the use of aliases.
- C. Failure to plan ahead or being impulsive.
- D. Repeated assaults on others.
- E. Reckless when it comes to their own or others' safety.
- F. Poor work behavior or failure to honor financial obligations.
- G. Rationalizing the pain they inflict on others.

Avoidant: Avoidant Personality Disorder is characterized by marked social inhibition, feelings of inadequacy, and extremely sensitive to criticism. Individuals wish for but are fearful of any involvement with others. They are terrified by the thought of being embarrassed in front of others. They avoid situations that give them social discomfort which in many cases leads to social withdrawal.

- A. Avoids activities that involve interpersonal contact.
- B. Avoids getting involved due to a fear of not being liked by others.
- C. Restraint in intimate relationships due to a fear of shame or ridicule.
- D. Marked preoccupation of being rejected or criticized by others.
- E. Stays away from new interpersonal situations due to feelings of inadequacy.
- F. Views oneself as inferior, socially inept, or personally unappealing.
- G. Takes few if any personal risks in the engagement of new activities for a fear of being embarrassed.

Dependent: Dependent Personality Disorder is primarily characterized by an extreme need of other people to a point where the person is unable to make any decisions or take an independent stand on their own. There is a fear of separation, clinging, and submissive behavior. They have a marked lack of decisiveness, self-confidence, and self-denigration.

- A. Has a hard time in making everyday decisions without getting reassurance and advice from others.
- B. Has others assume the responsibility for the major areas of their life.
- C. Can not show disagreement with others for fear of being rejected.
- D. Difficulty in doing things on their own.
- E. Will do almost anything to get the support of others.
- G. When alone, a feeling of discomfort or helplessness in being unable to care for themselves.
- H. When one caring or support relationship ends they are compelled to seek another.

I. A preoccupation with and unrealistic fear of being left alone to care for themselves.

Obsessive-Compulsive: Obsessive-Compulsive Personality Disorder is characterized by perfectionism and inflexibility. A person with an Obsessive-Compulsive Personality becomes preoccupied with uncontrollable patterns of thought and action. Symptoms may cause extreme distress and interfere with a person's occupational and social functioning.

A. Marked preoccupation with details, lists, order, organization, rules, or schedules.

B. Marked perfectionism that interferes with the completion of the task.

C. Excessive devotion to work.

D. Excessive devotion and inflexibility when it comes to ethics, morals, or values.

E. Can not throw out worn-out, useless, or worthless objects, with no sentimental value.

F. Insist others work or do tasks exactly as they would.

G. View money as something to be hoarded.

H. Stubborn and rigid

Schizoid: Schizoid Personality Disorder is primarily characterized by a very limited range of emotion, both in expression and experiencing. Persons with this disorder are indifferent to social relationships and display flattened affect.

A. Wishes not to have or to enjoy close relationships, family included.

B. Prefers solitary activities and life.

C. Has little or no interest in sex with other people.

D. Has little or no pleasure when doing activities.

E. Few if any close friends, other than first-degree relatives.

G. Indifferent to criticism or praise.

H. Displays flattened affect, emotional coldness, or detachment.