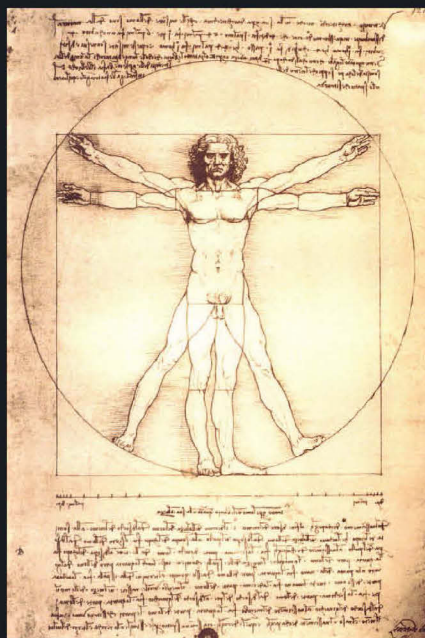


PERSONALITY PATHOLOGY

Developmental Perspectives



GILLES DELISLE

Translated from French by
DINAH M. ASHCROFT, LYNNE RIGAUD,
AND ANNE KEARNS

ROUTLEDGE

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Lynne Rigaud, and Anne Kearns

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INTRODUCTION

I trained as a clinical psychologist in the 1970s. Like all psychologists in Quebec, in the course of my studies I came across three major schools of thought in clinical psychology: psychoanalysis, behaviourism, and humanistic psychology. For all sorts of good and bad reasons of which I have written elsewhere (Delisle, 1999), I quickly felt a rapport with the existential-humanistic school and a bit later with Gestalt-therapy. My first training was in Montreal with Susan Saros, then in San Diego with Erving and Miriam Polster. During that decade I had the opportunity to work with Laura Perls, Isadore From, Jim Simkin and several others from the first generation of Gestaltists.

Now, a quarter of a century later, I still flex the “experiential muscles” that I developed as a result of my contact with those enthusiastic and exciting trainers. However, after the end of the 1980s, I found myself taking a different route in search of something that I felt was missing from my practice as a clinician. Gestalt-therapy had given me a way of being with another person in the here and now but it had not helped me to understand or even think about the lifelong journey of that person. Gestalt-therapy had made no secret that there was no developmental theory and therefore no theory of

pathogenesis within its conceptual framework. From the standpoint of Gestalt epistemology there is no incongruence in that view, as I have attempted to show in *Object Relations in Gestalt-therapy*. By the end of the 1980s I had reached the conclusion that I could not be consistent as a practitioner and teacher if I continued to stick to the phenomenological approach outlined in Perls, Hefferline, and Goodman (1951), on whose theories I based my clinical work.

From this starting point I decided to revisit both the classical theories of personality disorder and the classifications of contemporary psychiatry. This was an attempt to reconcile the psychiatric classification of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) with the phenomenology of the contact-boundary as taught by Erving and Miriam Polster (Delisle, 1991).

Then after 1992, using material gathered from my seminars on theory and practice held in Paris and Montréal, I started to investigate some of the similarities between Perls's Gestalt theory of the Self and some of the post-Freudian developmental theories.

These attempts, though stimulating were not satisfactory: it still seemed to me that the Gestalt-therapy, that I was practising, an experiential presence with a scattering of often contradictory theories, lacked an integrated core structure. I wanted to avoid the oversimplification of eclecticism in favour of an integrative approach. This was the basis of my doctoral thesis, *Object Relations in Gestalt-therapy*, published in 1998. This work proposed integrating into the theory of Self a core structure, which allowed us to consider personality disorder without giving up the fundamental parameters of field theory.

If we are to start from this point we must consider that the fundamental etiological structure of personality disorder is multifaceted, that it is rooted in the developmental field and maintains itself by introducing specific distortions into the experiential field. From there on, it becomes theoretically useful and clinically essential to take account of the developmental field and the dynamics of its different issues.

Almost by accident, in 1998 I began some research for my theoretical and clinical teaching work that led me to the study of three great developmental axes: attachment, self-esteem, and eroticism. In 1997 I had been invited by the congress of the Order of Psychologists in Quebec to run a workshop on narcissistic issues in psychotherapy. Normally I would spend about 20 hours preparing for a six-hour

workshop. But, after many days of reading, analysing session notes and case studies, I discovered with a mixture of naïve stupor and excitement, that I had stumbled into a world of theoretical and clinical knowledge, full of complex theories, woolly simplification, contradictory views, sometimes enlightening, sometimes suspect. ... In the course of the next five years I tried to sort out this material, test it clinically, organize and integrate it into the framework of the developmental theory of the Self that I had touched on in my thesis. I wanted to follow the rules of epistemology that I had adopted up to that time. From 1998, I had the opportunity to present this material to several hundreds of mental health professionals at a series of seminars and workshops that I had presented in Quebec and abroad on the topic of developmental issues.

This book is the outcome of this research. It is enriched by the discussions resulting from those seminars as well as by the practice of those who attended them. I do not claim to have reached a proper conclusion. Every year thousands of articles about each of the themes that we have touched on here are published in various professional or scientific reviews. There is a growing distance between the generalist's practice and our increasingly precise scientific knowledge.

However, no one can read everything and therefore it behoves us to ask ourselves the following questions. Is the most recent better than what came before? Is the measurable and demonstrable necessarily clinically interesting? Must what interests the clinician be measured and proved?

While theory and clinical research are becoming increasingly precise, innumerable socio-economic forces are pressing for a simplification in clinical practice. "Shrinks" are fashionable! They are everywhere: in the workplace, on television, on the radio. Their services are paid for by private or company insurance, provided that it is a "quick fix", not too expensive, and that we do not indulge in vague meanderings round "*mal de vivre*"!, dissatisfaction with life!

In short, the generalist today finds himself torn between two opposing forces. He seeks to practise from a secure base and to keep his knowledge up to date, while being aware that this in turn will give rise to an increasingly varied clinical practice, in which he deals with serious pathologies as well as working with patients requesting help in more ordinary situations. Whatever the profile of his practice the generalist has to be able to work with personality disorders and

understand how they arise. This essential competence enables him to make informed clinical decisions.

So, the modest aim of this book is to be of use to the generalist in his daily practice. Of course it does not exempt anyone from thinking and doing his own reading according to his interests and particular queries.

The integrative structure which is the basis of this work is known both as Relational Psychotherapy and as Object Relational Gestalt-therapy. It is written for all psychotherapists interested in finding out about developmental issues. The reader who is not familiar with the clinical theory of relational psychotherapy will find in the first chapters a synthesis of its main features. This should allow him to read and make wise clinical use of the chapters on the main developmental issues.

Developmental issues in the etiology of personality disorders

The definitions of personality disorders in the DSM help us to form a clinical picture of how enduring and ego-syntonic psychopathology arises. This multi-axial system is the basis of and framework for classification in American empirical psychiatry.

This methodology has some disadvantages. In order to separate personality disorders from clinical syndromes, the American Psychiatric Association (APA) has had to opt for an empirical epistemology designed to allow communication between clinicians of varying disciplines. However, this has meant giving up a whole heritage of knowledge that has been constructed over the last century, that of traditional psychodynamic and developmental epistemology. The DSM may well allow us to diagnose from verifiable observation, but it is of no use when it comes to understanding the etiology and the psychic function of a personality disorder.

These pathologies seem to be sufficiently specific in character for us to be able to distinguish them from Axis I disorders, and place them on Axis II. Let us examine their characteristics: they are generally present from early adulthood, tend to be ego-syntonic, and appear in a variety of contexts. They are woven into the very identity of the person: hence their name of personality disorders. Since

these are intimately connected with the identity of the individual, we must understand that the person is immersed in what both defines him and is also the source of his suffering. Nowadays we cannot approach these complex structures of identity in a one-dimensional manner. Personality disorders are the result of several etiological factors, of nature and of nurture, genetic and psychological, as well as risk and resilience factors, present in the person and in his developmental environment.

It seems that as our knowledge of development has increased, each of the areas of study or perspective necessary to our understanding of personality disorders has developed parallel to each of the others. Recently, attempts towards a dialogue have been established between these different perspectives; however, we are still a long way away from a synthesis of theories of socialization, psychodynamics, and applied neuroscience. Nevertheless, it is possible to design a hypothetical model of the system of interactions between factors implicated in the development of personality and in the pathogenesis of personality disorders. This is shown in figure 1.

Let us suppose that the development is a field phenomenon (Lewin, 1951), in the Lewinian sense, that is to say that the individual

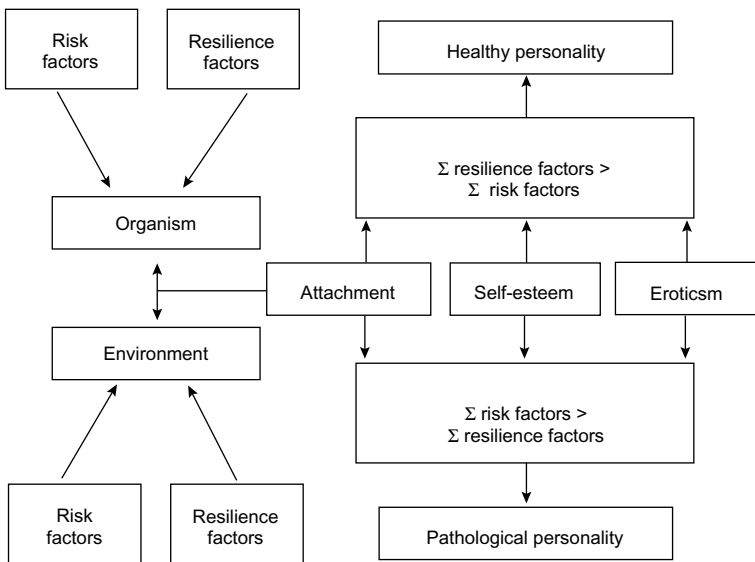


Figure 1. Multi-factorial development.

is subject to the convergence of a multitude of forces that make him who he is. This developmental field is where the psychophysiological organism, the becoming person, meets the environment: human, physical, economic, social, and cultural. The psychophysiological organism is mobilized through an individual's genetic programme and through a human evolutionary blueprint. In chapter Three we will look more closely at early developmental influences and drives. Whatever the original drive of the organism it must develop in a multifaceted and multidimensional environment. One might say that development results from the interaction between the organism and its environment. But, each of the two poles of the organism-environment field carries elements which Lewin might have labelled accelerators or brakes. These either encourage or hold back development. Drawing on the ideas of Boris Cyrulnik (2000), we call the brakes "developmental risk factors" and the forces of acceleration "resilience factors". From this we can make out a matrix of interactions between four groups of forces in the developmental field.

Into the group named "risk factors inherent in the organism", one might add character styles, which are the subjects of contemporary study, and could be linked with the appearance of a personality disorder. Character is defined as being one's style of behaviour. Thus, character does not determine what one does (behaviour) nor why one does it (motivation), but how one does it (Cloninger, Svrakic & Przybeck, 2000). What should we understand by "genetic singularity of character"? By way of example, Cloninger, Svrakic and Przybeck identify four interacting character traits that give each person his personal temperamental style. These are the avoidance of pain, seeking novelty, dependence on reward, and persistence.

Panksepp (1998) names four major systems that organize emotion: the search for pleasure and enjoyment, anger and rage, fear and anxiety, panic and distress. These systems are evolutionary. At the dawn of time, they were necessary for the survival of the individual and of the species. They are "economical" in the sense that they permit an automatic response to biologically significant events. People's individual character styles come from constitutional variations and differences between individuals.

As a result of research on genetic inheritance, we have been able to connect certain character styles with various personality disorders.

Thus we can say that inherited characteristics may constitute both a mixture of risk factors and resilience factors inherent from birth in the psychophysiological organism.

The same is true of the environment which also carries a particular configuration of risk and resilience factors: parental mental and physical health, living conditions, education, social and political upheavals, etc. Therefore, in each chapter on the major developmental issues we will be taking account of these risk and resilience factors.

Thus, development is a result of the meeting between a psychophysiological organism and its environment, each of which carries risk and resilience factors. The growing Self develops by taking in this environment, firstly through parental figures, then by contact with the wider environment, which is less mediated by the parents. Likewise, endowed with an evolutionary blueprint, the little human being has the tools necessary for movement, for grasping and using objects, for walking and talking. If his/her genetic potential carries a greater ratio of resilience to risk factors, s/he will have a greater chance of accomplishing these tasks. The same is true of the environment. The little human being will achieve more if his/her environment carries more resilience than risk factors.

But what needs to be achieved? The task is vast! Firstly, to become a person. At best, to become a person equipped with the ability to live *their* life, having extracted the vital substance from life experiences and having eliminated from these same experiences that which is toxic. There exist many theories as to the diverse resources and skills that will give a person the physical health and robustness necessary for accomplishing their potential. Some people suggest that the basis of mental health is emotional security. Others speak of narcissistic balance, yet others of ego strength. Finally, some follow Freud and put it all down to two fundamental abilities: to love and to work (Erikson, 1968).

I propose that we organize these multiple tasks around three main developmental areas: attachment, self-esteem, and eroticism. This perspective allows us to bring together a broad background of knowledge resulting from infant and early childhood observation, case studies of adult psychotherapy patients as well as empirical and theoretical research.

Over and above any disagreements and semantic differences, this proposed organization of various strands of knowledge about developmental processes allows us to be able to draw upon a clinically useful body of knowledge without engaging in any theoretical conflict. We can now put forward the framework for the rest of our discussion: psychic development is a field phenomenon where a psychophysiological organism meets an environment and this field contains both risk and resilience factors. It takes the shape of a developmental path whereby there are three major developmental tasks that need to be accomplished. Thus we can state that personality disorder is a result of a failure to complete one or several of the developmental tasks and that the signs of this unfinished business can be observed in the phenomenology of a specific pathology. We can establish the following hypothesis: the inability to complete a particular developmental task results from a configuration of the developmental field that can be expressed in the equation:

$$\textit{The sum of the risk factors} > \textit{the sum of the resilience factors} = \textit{personality disorder.}$$

In other words, the sum of the risk factors in the developmental field, in both organism and environment, is greater than the sum of the resilience factors.

This would equate with the ongoing observations that most clinicians make. We see people who come from an apparently supportive environment, who in adulthood are obviously suffering from a personality disorder. Conversely, we meet those who have lived in an extremely deficient environment, who are perfectly healthy.

Since the publication of Cyrulnik's work, we have a better understanding of resilience factors which, alongside the more easily recognized risk factors, play a part in each individual's specific developmental trajectory. If the developmental pathway can be seen in this light, and we accept that personality disorder is the result of a preponderance of risk over resilience factors, organic as well as environmental, we are in a better position to understand the ability of the healthy adult to manage the ups and downs of existence without a build-up of serious mental illness.

Getting through infancy with an embryonic form of an adult Self is the result of passing a series of tests, of resolving a series of enigmas

or developmental problems which will inevitably occur at various stages as the person matures. We will give the name *developmental issues* to each of the axes of maturation, which begin in early infancy, and which prepare us to face the great existential questions: How shall I survive? What of the Other? Why trust? How shall I love or hate? How and why shall I leave? How and why shall I stay? How can I be free and committed, free and attached? And many other questions!

The psychological function of the developing person can be represented metaphorically as the psyche's immuno-metabolic system. It is therefore the psychic equivalent of the digestive, metabolic, and immune systems. Its job is to take from the environment the psychic nourishment necessary to ensure health and continuing development. One can have "favourite foods", for example, solitude, without becoming schizoid. But no one is perfectly safe and immune from everything. Each personality contains, beyond simple preferences, specific vulnerabilities (uncertainty for the obsessive; isolation for the dependent, and so forth).

The personality develops in a way that requires it to resolve, as best it can, a certain number of developmental issues. Good psychological functioning results from the resolution of each of these issues (Johnson, 1994).

Adulthood is therefore characterized equally by a broad and flexible menu of "favourite foods" or sought-out experiences that have been absorbed, and by a capacity to metabolize life's events in a way that extracts vital energy. This flexibility and maximum resolution of issues does not mean that there will be no sadness, no uncertainty, no tension and confusion in our lives, and neither will we necessarily be nice, affectionate people. It simply means that the personality is sufficiently exempt from structural defects and does not produce serious endogenous clinical problems such as depression, hypochondria, etc.

This said, even well-supported people may suffer situational psychological problems that require professional intervention. This may happen, for instance, if stress factors are so intense that the metabolic and immune systems of the psyche are overwhelmed. Anyone can get food poisoning without having a structural malfunction in the digestive system.

Pathology in the structure of the personality is the consequence of a setback in one or more developmental areas. The pathological personality is characterized not only by a serious deficit in its "digestive, metabolic, and immune" capacities, but equally by the fact that these deficits mirror a person's preferences or "favourite foods": the narcissist wants constant praise yet he metabolizes it as though it were envy and thus confirms an affective isolation where appreciation from another person is never nourishing. In adulthood, one or more incomplete developmental issues seem to persist. The person tries to configure his world so that these issues can be resolved. Yet, instead of resolving them, he keeps finding himself at an impasse. This impasse is paradoxical because it is painful yet it also pre-configures the world according to previous experiences: I am in pain, but at least life is not absurd and senseless, for this experience is familiar.

One recognizes the unconscious need of the paranoid personality to be betrayed, for the narcissist to be envied, for the dependant to be abandoned. In short, a developmental issue lies dormant. These developmental issues are crucial and linked indissolubly to the human condition. When one of them cannot be completed, the experience of rupture or of failure for the young child is totally intolerable. This is why, in adulthood, the person suffering from a structural personality disorder must not let himself know the deep nature of the issue and its incompleteness. The paranoid does not recognize his need to be betrayed, the narcissist does not know why he needs to be envied, and the dependant has no suspicion of his need for abandonment. Rather, each of these experiences is consciously abhorred.

Figure 2 is a diagram of the relationship between the original organism, the early human environment, the developmental issues, and the personality disorder.

On the basis of this diagram, it is very tempting to make unequivocal links between a given issue and a specific pathology: confidence issue = paranoid personality; self-esteem issue = narcissistic personality, etc. We must resist the temptation to do this. Anyone who has worked over time with people presenting with personality problems knows that things are not that simple. Often we find that behind a narcissistic personality, for example, hides an absence

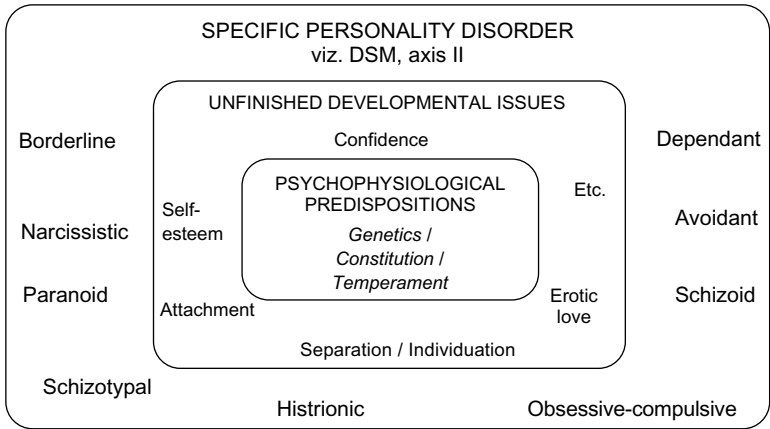


Figure 2. Developmental issues and personality pathology.

of basic security, which a stable and reliable parental figure would have provided. The apparent narcissism compensates for the inability to connect with a reliable Other. The person seeks admiration in order to induce the other to fuse with him. In this way, the desire for the Other is an *ersatz* attachment and a psychic prosthesis—an artificial limb whose role is to fill the void.

Thus, in personality disorders, a developmental issue lies fallow. It is unfinished, in the Gestalt sense of the word. We would be wrong to believe that this old issue has become an archaeological site, suspended in time because work has stopped.

In fact, the person carries this unfinished issue because it is indispensable to him. He is bound to keep finding it in significant areas of his life. Not only does he give personal significance to life events, as cognitive psychology teaches us, but he still goes about actively re-creating conditions that parallel the themes of what is unresolved. Thus he sets up situations where incomplete developmental themes recur. He is confronted anew by the complexity and the pain of attachment, of self-esteem, of separation, of individuation. The person who presents with a personality disorder produces and reproduces, time and again in his life, impasses that are not simply a result of a misreading of reality. These impasses are happening in the here and now. They are real events and experiences, lived within relationships that are equally real.

So, what is the function of these impasses, largely produced and given meaning by the person himself? To understand this, we must understand that a developmental issue lies dormant because it cannot be completed in any conscious way. In fact, a question and a problem still remain, waiting for a response. Instead of consciousness and experiential completion we have dilemma and impasse. In other words, in adulthood, the person keeps returning to the unresolved dilemma and to the subjective distress that accompanied it. Here is the paradox: pain from the past is felt again in the present and deplored, but is cut off from its significant origin, and the person is conscious of nothing apart from having to endure it. Yet at the same time, this pain carries with it a kind of consolation: it gives a sense of being alive. The paranoid may be in considerable distress, surrounded by malevolent people, yet this malevolence makes life predictable, it makes sense of his vigilance and gives it a purpose.

We will not dwell on the so-called masochism of the repetition compulsion (Freud, 1920). A person does not reproduce the impasse and the dilemma just to turn his life into a maze-like prison. He does it hoping, with more or less awareness, that one day someone will show him the way out of the maze. However, for that to happen, he must continually rebuild it. To sum up, repetition has two aims: maintaining a meaning or sense and attempting to complete an experience. From this one can imagine that it is possible to appreciate the severity of a personality disorder on a continuum. The more a person tries to reproduce his impasses (in order to maintain a limited meaning and make completion impossible), the worse the disorder. On the other hand, the more open the person is to new ways of completing the experience, the less severe the disorder.

To present psychological suffering inherent in personality disorders in this way provides the markers for the therapeutic process. We will look at this process in the next chapter.



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