29. Introduction to Personality Disturbances. Diagnostic and Social Remarks[1]

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This brief chapter is an introduction to later chapters addressing specific personality disturbances. Its aim is to underline the connections between the social context we live in and the label of personality disturbance, this definition being pervasive inside our daily clinical practice and our theorization.

1. The Social Dimension of a Diagnosis

DSM(s) divide the mental disturbances into different axes. As a consequence, on one side we find symptom clusters – often with neither source nor history – and on the other "ways of being". In clinical practice these ways of being often become a fixed entity, possibly even more than intended by the Manual's authors themselves (Barron, 1998).

Making diagnoses, we always run the risk of taking part in causing and maintaining pathology, particularly when faced not with illnesses but with ways of being. The definition of personality disturbances is a useful tool as long as their pictures are not fixed but ever changing with contexts and situations, which is not current tendency. More and more these ways of understanding experience turn into labels defining clusters of people. These diagnostic schemes have become part of our pattern of thought, both as professionals and as citizens, representing our society's overall view. Difficulties partially due to fragmentation in social background become a ground in our clinical practice. It is an inspiring paradox. The definition of personality disturbances is often used to describe and label not only pathological experiences but also ways of feeling, thinking and behaving.

Usually, around every psychopathological picture we can observe a sort of

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[1] This brief chapter introduces the section on personality disorders, thus being something of an advanced comment on the following chapters, which, in turn offer a fuller explanation of the introduction.

"halo effect", which not only involves pathological phenomena but also experiences where the contact boundary is not suffering. Furthermore the social and cultural background of a given context largely contributes to shaping its own "pathological" figure. We can use Devereux's (1970)[2] words and say that personality disturbances are the ethnic disturbances of our time. Each society defines and codifies forms of relational and psychological suffering, reading some ways of behaving, thinking and feeling and relational habits as pathological (Benedict, 2006). Moreover the social context infects the individual with its own difficulties and unease. Even though in the last centuries many illustrious precursors were already puzzled by the intriguing connections between "temper", "personality" and "pathology", personality disturbances are an expression of our "western" social context, crystallizing some of its difficulties and risks.

The division into axis of DSM(s) sets larger stability in the manifestations of personality disturbances than in Axis I pathologies, together with earlier appearance, poor insight, reduced treatment response. Such a given pattern is an oversimplification (Krueger, 2005). Carrying these pictures to the extreme and crystallizing them into their more pathological versions – those bringing in the field more gaps than creative adjustment – we lose connection with life stories. We overlook all the intermediate steps of relational and social suffering (Ronningstam, 2005) which can develop into symptoms. These "intermediate pictures" are the various modalities of creative adjustment – part of the "halo effect" – we sometimes refer to when speaking of personality disturbances.

Modalities of creative adjustment can be useful paths to follow in difficult fields but can also bring about a failure[3]. "Holes"[4] in personality function cre-

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[2] George Devereux is one of the main authors in the ethno-psychiatrist area of expertise. He proposes to the division of conflicts (in the psychoanalytic meaning) leading to psychopathological disturbances into ethnic and idiosyncratic ones. According to Devereux the conflict causing ethnic psychosis or neurosis is different from the idiosyncratic one in not being connected to the uniqueness of the individual. On the contrary, the patient is more conformist than most of the people, abiding by the cultural dictates of what is allowed and not allowed. Cultural dictates cause conflicts in all individuals, but mostly to the patient. Even symptoms are not a unique creation by the patient, but are provided by the context; they are "wrapped beforehand". Somehow the cultural context gives him the double message – not to be mad and to be mad in a conformist and reasonable way. Following this theory, we can consider the patient on the fringes and in the centre of society at the same time.

[3] See Spagnuolo Lobb (2011a).

[4] We use the word "holes" starting from theories concerning difficulties in assimilation processes in our present western context (Salonia, 1999; Gecele and Francesetti, 2005). As we know, difficulties in assimilation are connected with limits in contact processes and in being fully aware at the contact boundary.

Starting from these theories, we can assume that personality function can suffer from discontinuities in narration and role-taking. These discontinuities, which can be filled by introjects, are somehow holes (Gecele, 2011).

ate – both metaphorically and positively – the social fragmentation characterizing our present western context[5] (Salonia, 1999, 2000; Gecele and Francesetti, 2005).

When both people and society lack a shared narration, the flow of life is diminished, as is the capability to make memories. Social background itself becomes fragmented. Background fragmentation in turn is one of the crucial areas where society plays a role in building individual pathology. A dual relationship and society constantly refer to each other (Spagnuolo Lobb, 2007a). It is a circular process which causes impairments in personal and social growth, that is to say in assimilation. Impairment in assimilation is present both in personality disturbances and in our social context at large.

In "extreme situations" the personality-function cannot exert its capability of connecting and supporting, which results in impaired construction of roles and narrations. At the contact boundary we find absence and void that do not allow families, groups, societies to grow and relationships to develop.

2. Focusing More on Personality Disturbances

In experiences defined as personality disturbances a chaotic and fragmented social background contributes to setting a sensitive point connected with particular motifs in the developmental relational fields. When something – however small – in a present relational field recalls that very sensitive moment, this part becomes figure and provokes a reaction. The field polarizes and crystallizes around the resulting figure.

In order to give support, the therapist has to be aware of this process, to catch which fragment has become the dominant figure, and help restore it within the therapeutic relationship. This might be a useful key reading the following chapters.

The therapist has to keep on trying to respond to all fragments forming the

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[5] «In the wake of Giovanni Salonia's lucid reading of our contemporary context (Salonia, 1999), we can identify social fragmentation and the complexity of reality as two constituent elements of our time. Faith in a deterministic and definitive form of knowledge has been replaced by an awareness of its irreducible complexity and subjectivity. This has opened the way for fresh explorations of uncertainty and possibilities which accept chaos and unpredictability as constituent elements in knowledge and action (Bocchi and Ceruti, 1985; Fogelman Soulié, 1991; Waldrop, 1992). The loss of these points of reference has rendered elusive any kind of unifying, essential, clear, and steadfast center – any stable point from which one might look upon the world, understanding it and orienting oneself within it. This leads to the experience of being "off-center", which a number of authors have associated with the postmodern condition (Vattimo, 1984; 1992)» (Gecele and Francesetti, 2005, p. 176).

field, even those in the dark, roughly sketched. The effort is not to repeat those relational paths that the patient knows, induces and suffers from. The therapeutic relationship provides the balance in giving support to all pieces of experience present in the field, without legitimating the role usually played in relationships by the patient. Legitimating this role would mean denying the potential suffering it causes other people and would further inhibit other relational possibilities.

The voids which are created by the fragmentation of the social ground let idiographic fragments through. Inner and private relational elements become confused with the social and public sphere, letting tears of developmental relational issues become figure. In dealing with these phenomena it is useful to refer both to gestaltic developmental theories (see chapter 11 in this book) and to what is described by the attachment theories as they deal with mirroring and tuning modalities, symbolization, and meta cognizance[6] (Stern, 1985; Fonagy and Target, 1997; Beebe and Lachmann 1998; Trevarthen 1998). The fact that the limits met by these processes during the developmental age may easily turn into figure is also a psychopathological expression of the lack of clear boundaries between oikos and polis (peculiar in our space-time). We are considering the fall of one of the two spheres into the other, or the invasion of both by some external images, products, and codes (Gecele and Francesetti, 2005). In the wide range of personality disturbance experiences the under-developed social background comes to the surface. As a result, fragments of difficult and confused relationships (Patrick *et al*., 1994; Leigh *et al*., 1996) prevail over the assimilation and the construction of a self-narration.

The social background is the fundamental ground for the evolutionary and the socializing processes, both within and outside the family circle. The fabric of community is fundamental in order to socialize emotions and thoughts, thus supporting and giving utterance to them.

"It's the way I am" is a statement as deadly as it is pervasive nowadays, in our here and now. The more it is socially approved the more it feeds the shaping of individuals as opposed to persons in a circular way (Maritain, 1947; Perls, Hefferline and Goodman, 1994)[7]. Anything is legitimate, equivalent,

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[6] We are referring to intersubjectivity theory.

[7] We are hazarding to compare the Personalist perspective and the Gestalt one. Their match point comes out when we think how "here and now" experiences are supported by assimilation of past experiences, by a fluid integrity of personality function. And so is life and spontaneity at the contact boundary. «Thus personality is the responsible structure of the self. To give what is not so much an analogy as an example: a poet, recognizing the kind of situation and the kind of attitude of communication required, may contract to write a sonnet, and he responsibly fills out this metric form; but he creates the imaginary, the emotional rhythm, the meaning as he more and more closely contacts the speech» (Perls, Hefferline and Goodman, 1994, p. 161).

thus vain, valid in a here and now which reproduces oneself without the insight of a presence. Personality disturbances entirely express and embody these variations in dynamics.

Working at the therapeutic field involves building a frame to give support, space, breath and coherence – not rigidity – to the person and his history, as a whole.

Through the loose meshes of the fragmented society, we are back to the problematic developmental routes, and to the way "sensitive moments" are built. These sensitive moments seem to be at the same time void space and filled by introjects. Overlapping introjective processes may occur during the developmental age (Robine, 1977; Gecele 2011). Portions of the environment might be used to fulfill some voids at the contact boundary. These introjects often maintain and amplify the very void they should cover and if the introjected environment is fragmented as well, the process will become circular.

3. Biographic and Social Dimensions

How is the social context responsible for the structuring of the relational fields we are dealing with? How much is the evolutionary individual history responsible? The emotional dynamics, in relationships and families, and the consequent building of resources and limitations are influenced by the social context. Furthermore, within the various steps of life, the social context moulds ways of suffering and creative adjustment. The thesis this paper proposes is that there are different levels of narcissistic, borderline, and hysteric functioning – the personality disturbances dealt with in this text – more or less connected with developmental experiences and other life events.

There is a difference, for instance, in that narcissistic experience which derives from precocious difficulties in mirroring and attachment – due to that unattainability of the other which structures introjects and causes retroflections – from the one arising in working and social backgrounds marked by competition, or connected with widespread social consent around the inconvenience in experiencing strong feelings, and committing to the relationship.

Every personality disturbance somehow corresponds to some modalities enhanced by our society, at least as a sort of unavoidable and familiar shadow side. Think about mistrusting, manipulating relationships and situations, magnifying or repressing reactions, the firm belief in having to be self-sufficient.

The broad-spectrum of each personality disturbance in a sense corresponds to the different degrees and life phases in which the community contributes to giving that particular relational mark to the individual's moulding. Let's give an example: does the narcissist's need to be self-sufficient originate from a re-

lationship with parents who have strongly introjected this social "rule" and, consequently, pass on the same behavior to their child – perhaps through an unsympathetic and insufficiently relational style? Does it originate from the mothers' or fathers' more articulate and complex difficulty? From the couple mother-father? Inside the triad parents-child? Or does it arise among groups of peers, in which "using" the others becomes a sort of rule ("I-It" relationship, to use Buber's (1923) terms), so as to avoid risking too much in sentimental ties? Does it derive from relationships with the opposite sex? Or arise within the working field? Or within the totality of all these human contexts? Obviously, according to the most involved stage in the life cycle, the level of seriousness differs.

We are dealing with concerns whose origin and effect intersect social life in a complex way. So, it is important to work towards building relational backgrounds and to restore complexity to real-life both in the professional practice and in activities of a broader social and political sense. (Perls, Hefferline and Goodman, 1994; Salonia, 1999; 2000; Gecele and Francesetti, 2005).

4. Therapeutic Directions

How do we work at the background? Looking for words to tell it? Gathering contradictions and polarities and allowing them to permeate? Rebuilding "a third" (Francesetti and Gecele, 2009) and community starting from the therapeutic relationship? When working at background without passing by the contact figure (see chapter 22 on bipolar experiences), the path toward awareness and assimilation is long and uneven. Where relational suffering is higher, the boundary is almost lost between relational support and relational danger. So it is easy to cross it. Even the therapist is not exempt from the same potential suffering. In a relational field where borders and protection are lacking, the therapist can feel his own wounds and sensitive points, which increases the risk of undoing field complexity. The therapist takes part in an integrative process. He has to face fragments from his own experiences and history that do not correspond to his personality function's narration.

The therapeutic relationship works at restoring failures of attunement and mirroring in early development. It is aimed at building, step by step, what intersubjectivity theory calls meta-cognitive skills. It collects and contains partial, confused, intense, unstable, scary fragments coming from previous relationships. Above all it is supposed to enable spontaneity, potentiality and presence at the contact boundary (Perls, Hefferline and Goodman,1994).

The therapist is even more than usual the sensitive needle to all that is moving in the relational field, mainly to the elements that can "drive mad", posing

pathological dynamics again. The therapeutic relationship cannot be apart from the awareness of being inside society, a micro-context which refers to the macro-context. The therapist particularly needs this awareness of being part of a larger society in order to stay within such a difficult therapeutic field.

Every dual therapeutic relationship, disconnected from the awareness of being part of a larger field, runs the risk of causing further suffering.