

# Strategies for Working with Couples with Personality Disorders in the Hope Focused Approach

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## What effect does Personality Disorder have on Marriage?

Although having an Axis I disorder can cause problems in one's marriage, research has shown that there is a stronger correlation between marital distress and Axis II disorders than Axis I (Truant, 1994)). In addition, those with an Axis II disorder often have recurrent Axis I disorders, which compounds the individual and marital distress. Snyder and Whisman (2003) outline four main categories in which personality disorders can negatively impact a marriage:

*Communication-* It is likely that there is a deficit globally with problem solving skills, not just in their marriage. It may be more challenging and time consuming in teaching healthy communication and conflict resolution skills. Also, it may be difficult for the partner with a PD to be supportive in their communication or change their negative attributions connected to their partner's support. It's important for the therapist to modify expectations in progress made in communication.

*Power struggles-* Couples in which one or both have mental health concerns may experience greater inequality (i.e.- violence, manipulation). One partner may feel hopeless and powerless; the therapist then needs to empower that partner without disheartening the partner with PD.

*Unrealistic expectations-* Those with Axis II disorders may vary in degree and strength that they hold on to negative cognitive processes such as- dichotomous thinking, mind reading, or magnification-minimization. Core beliefs also largely impact a person's personality, way of relating to the world, and consequently, their way of relating to the process of therapy. They may resist change based on the belief that they are helpless and will never measure up. To combat this core belief, the therapist can start with smaller, achievable assignments/exercises in order to build the couples' sense of efficacy. Another common negative core belief is that they are unlovable or unworthy. They constantly are seeking reassurance from outside themselves to feel ok. The therapist, in this case, needs to empower them in voicing their own feelings and thoughts, assuring them that they are valid and important.

*Sex-* Due to the disorder itself or the side effects of medications, there could be a decrease in libido in the partner with the personality disorder. There also might be trauma memories attached to sexual contact, and that should be explored if appropriate. Often psychoeducation on sexual side affect of mental illness can normalize that problems and minimize blaming.

## Where to Start:

Unfortunately, there are few resources to turn to when working with couples with personality disorders. There is little research to show what is most effective in couples work involving PDs. Marriage therapy is challenging work, and can be even more difficult when dealing with a personality-disordered spouse. Having said that, there are a few keys that are important to cover with this type of couple:

*Assessment*- This is important for any couple/client, but the more thorough an intake/assessment you have, the clearer the needs are for treatment planning. Recognize and identify intrapersonal and interpersonal dynamics. Pay attention to what interventions you choose, the progression, and the pacing of therapy (Snyder & Whisman, 2003).

*Safety*- Ensure that both partners are safe in the home. Marital violence is not uncommon in the general population, but you need to assess the severity. Don't assume that the husband is the only one who could be the aggressor, especially if the wife is the one with the PD.

*Individual Therapy*- It may be that this couple is not appropriate for couples therapy at this time, or they might benefit from couples therapy with the personality disordered spouse receiving additional individual or group therapy. If this would be helpful, don't be afraid to postpone couples treatment or strongly advocate for individual work. Ultimately, their best interest should be your concern, and that might not mean couples work at that precise moment. Regarding individual treatment, that can be a good place for individual with abuse and trauma history to process those experiences in order to be ready to work on their marriage. Unfortunately, many people who have personality disorders were formed by early experiences of abuse, neglect, and trauma.

*Use Supervision!*- With any client, individual or couple, it is important to have a supervisor or a colleague to go to for guidance and to process transference and the counter transference that you will most likely be experiencing. One of the markers of a personality disorder is their ability to "hook" you into a certain way of relating to them. For example, narcissists pull for admiration and acceptance, avoidant people make you want to leave them alone, those with borderline disorder vacillate between making you feel like the best therapist in the world and like you don't know what you're doing. Knowing that doesn't necessarily make it any easier to deal with your own transference and emotions. Having a trusted mentor or colleague to help you stay grounded is extremely helpful in doing good work with these couples.

*Empathy*- Clients with personality disorders can be the most difficult and challenging people to work with, and therapists can feel overwhelmed by the problems and intensity of the disorder. However, it is helpful to think of why the client was formed to relate in that particular way. As mentioned before, many clients with Axis II disorders have endured horrendous abuse and neglect as children, and as a result have formed ways of viewing the world and relationships that were for self-preservation. At one time they were adaptive for survival, but now the long standing beliefs and ways of relating to others hinder them in adulthood. Reminding yourself of their experiences and the frustration and fear they must feel now as they attempt to face themselves and make changes can help mediate counter transference.

## **Research says...:**

There has been some research done with Dialectical Behavior Therapy (DBT) principles within couples therapy, specifically with a partner that suffers from borderline personality disorder. DBT has been thoroughly researched for use with individuals originally with BPD, but has shown efficacy with a wide variety of personality disorders and other mental health concerns. DBT is mainly skills-based, teaching individuals new skills and coping strategies that generalize to their different experiences outside therapy. These skills could be useful also for couples who are in the throws of difficulty. It stands to reason that people with BPD would struggle in their marriages as one of the hallmarks of this

disorder is a “pervasive pattern of instability in interpersonal relationships,” (APA, 2000). Some specific skills that might be helpful for couples to focus on include:

- Mindfulness/Relationship mindfulness
- Distress Tolerance
- Validity
- Interpersonal effectiveness
- Radical Acceptance

\*For addition information regarding DBT, see Linehan, M. M. (1993). *Cognitive- behavioral treatment of borderline personality disorder*. New York: Guilford Press.

### **Case Vignette:**

Bob and Sue came in to see me for assistance with their marriage at a Christian, outpatient clinic. They both are self-identified Christians, often referencing their faith and God in the intake. They mentioned previously going through some marriage counseling with elders at their church. They both indicated that it was helpful; besides that experience, neither one of them had received previous psychological services. They have been married for 3 years; this is the second marriage for Bob, and Sue has a 12-year-old girl from a previous relationship. They initially identified communication as a key problem in their marriage. Bob was quick to point out that he was very good at communicating how he felt, but she wasn't as expressive. It then surfaced that there were many past hurts and so they were avoiding closeness for fear of getting hurt again. Bob was friendly, but guarded, at intake, and Sue was quiet and diminutive. She was much smaller than her husband, and he seemed to dominate the conversation much of time. He used big, educated words and mentioned that he had a degree in Human Services. He used several “psychological” words during the intake and successive sessions, and it seemed like he wanted me to be impressed with his intelligence. However, his style was off-putting to the therapist.

During the first several sessions, I noticed that he was very guarded about sharing his real feelings and very sensitive to any critical feedback or negative emotions in his wife directed toward him. He was condescending in a nice way, not being overtly rude, but insinuating that he questioned my abilities or the intervention's benefit. His wife was frequently quietly crying in session while he continued to talk. It was difficult to keep on schedule with the time because my efforts to redirect him weren't always successful. In the individual assessment sessions, he shared that he had been sexually molested as a small child and had in turn sexually assaulted someone else during adolescence. He frequently referenced his “abandonment issues” though he also very frequently sang the praises of his family and parents. He gave the impression that he had already worked through all his issues, and now all that needs to happen is his wife working through her issues. He produced very strong counter transference in me, as well as my supervision team. He seemed to dominate our consultation conversations as well. After a few sessions and talking though the case with my team, we concluded that he had Narcissistic Personality Disorder.

Communication was the first category that I chose to work on with this couple, teaching them the basics of active listening in an intentional exercise to promote fuller understanding of what their partner was saying. They did well with the exercise in session, grasping the concepts and the steps.

They left with the assignment to practice the listening exercise at home with a topic of disagreement. However, when they returned the next week Bob, right off the bat, said that they hadn't done the homework that week. He stated that Sue had tried to do the homework, but that he had refused. There were several options in treatment. One option was to jump on that and hammer in the point that they needed to do the homework in order to see benefits from therapy. That may be a true point; however, my instinct was that something besides simple defiance was going on. This is where the empathy piece was crucial in really understanding the dynamics in the couple. I asked them to talk about what kept them from doing the homework in a non-shaming tone. They were both candid in sharing that their hesitation to engage in discussions was a fear. Their belief, as a couple, was that they could not discuss topics of disagreement without hurting and being hurt. The husband, especially, refused to even attempt something that he thought he would fail at. Narcissists, by definition, need to feel reassurance that they are competent and worthy people, so failing at something as important as talking with their partner, may prove too threatening to their fragile ego. They were afraid that without the outside constraints of a therapist and an observer in the room, they would fall back into their unhealthy and damaging patterns. Therefore, their instinct was to withdraw and avoid in order to keep them safe. I was able to validate their fears and their experiences in the past. I asked if there was any way the assignment could be modified to make it doable. We came up with the compromise of them doing the active listening exercise on a neutral or positive topic. They both seemed more comfortable with that and felt that they could accomplish that by next week.

This is an example of several principles needed to work with couples involving personality disorders effectively. The apparent "resistance" was recognized as a defense instead of simple defiance. By using an empathic view, I was able to avoid being frustrated by the slow-down in pacing by their not completing the homework, and was able to use that conversation as a very productive intervention to allow both to share some vulnerable feelings. I was able to see that maybe I had expected them to progress more quickly in their communication skills due to their quick comprehension, but comprehension doesn't necessarily mean that they have the fortitude to change long-standing patterns. Change is hard and scary, especially if it is viewed as potentially harmful. So I was able to let them have some control by inviting their input into their homework, allowing them to have a more achievable goal to build on in the future.

## **Annotated Bibliography**

Carlson, J. M. (1998). *The Disordered Couple*. New Bethlehem, PA: Brunner/Mazel, Inc.

This book presents research and case studies related to working with attachment, severe mental illness, and relational problems. Each chapter addresses a different problem including borderline, narcissism, bipolar, and sexual dysfunction.

Fruzzetti, A. E., Santisteban, D. A. & Hoffman, P. D. (2007). Dialectical behavior therapy with families. In Dimeff, L. A. & Koerner, K. (Eds.) (2007). *Dialectical Behavior Therapy in Clinical Practice*. New York: Guilford Press.

This chapter is part of a book that was written to provide a practical guideline to using DBT in real life situations with clients. Many leading contributors, including Linehan, outline in this book how to use DBT with adults, adolescents, couples and families, and forensic clients. It also includes reproducible worksheets and forms.

Links, P. S. & Stockwell, M. (2002). The role of couple therapy in the treatment of narcissistic personality disorder. *American Journal of Psychotherapy*, 56, 522-538.

This article uses a psychoanalytic framework to examine therapy with narcissistic individuals and their spouses. The authors provide three cases in which couples therapy is contraindicated. They also give 2 clinical cases to demonstrate the usefulness of psychoanalytic techniques.

Oliver, M., Perry, S. & Cade, Rochelle. (2008). Couples therapy with borderline personality disordered individuals. *The Family Journal: Counseling and Therapy for Couples and Families*. 16, 67-72.

This article discusses working with couples where there is one who has borderline personality disorder. It makes the argument that couples therapy can be helpful, specifically using DBT principles and principles from Gottman's work. A case study is presented for an example.

Snyder, D.K., & Whisman, M.A. (2003). *Treating difficult couples: Helping clients with coexisting mental and relationship disorders*. New York: Guilford.

This handbook is essential if you are working with couples at all. It thoroughly discusses main personality disorders that you will encounter, and then gives you a conceptual framework as well as guidelines in tailoring your therapy to best work with each personality disorder.

## **Additional References**

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorder*. (4th ed., text revision). Washington, DC: Author.

Linehan, M. M. (1993). *Cognitive-behavioral treatment of borderline personality disorder*. New York: Guilford Press.

Snyder, D.K., & Whisman, M.A. (2003). *Treating difficult couples: Helping clients with coexisting mental and relationship disorders*. New York: Guilford.

Truant, G. S. (1994). Personality diagnosis and childhood care associated with adult marital quality. *Canadian Journal of Psychiatry*. 39 , 269-276.