I, Molly Stehn, hereby submit this original work as part of the requirements for the degree of Doctor of Education in Counselor Education.

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Dialectical Behavior Therapy Skills Group as Facilitator of Relational Growth

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Dialectical Behavior Therapy Skills Group as Facilitator of Relational Growth

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Abstract

Dialectical behavior therapy (DBT) is the treatment of choice for borderline personality disorder (BPD), which is the most commonly treated personality disorder in community mental health settings. While DBT has been studied extensively using traditional research methods, there is a dearth of literature on DBT or BPD that was conducted using less traditional, qualitative methods from any field of study. BPD is also associated with a highly negative stigma among mental health practitioners, often resulting in lower quality care. This combination of sterile treatment of BPD and DBT as research topics and stigma among mental health practitioners results in the silencing of the voices of those DBT is intended to treat.

The purpose of this study was to discover how clients’ experiences in DBT skills group contribute to their attainment of a more complex sense of self. This study examined the process by which individuals exhibiting symptoms of BPD began to integrate previously dissociated parts of the psyche, progressing toward a more integrated sense of self. This study focused on how this occurred in the context of the dialectical behavior therapy (DBT) skills group in which these individuals participated as part of their treatment.

By using qualitative and practitioner action research methods, this study highlighted clients’ subjective experiences with the sense of self and the recovery facilitated by the relational aspects of DBT skills group. Participants in DBT skills training groups began to trust their own interpretations of events and developed a capacity for relationships that are mutually empathic and mutually empowering. By presenting evidence of DBT skills group’s function as a context for growth-fostering relationships, the multifaceted results of this dissertation highlighted clients’ exploration of the complex notion of the sense of self and the recovery of lost aspects of themselves.
The data presented in this study demonstrate the impact of the relational context of DBT skills training group on participants’ ability to authentically integrate aspects of their internal experiences as well as building relational competencies necessary to sustaining healthy, fulfilling relationships with others. The implications of this work underscore the need for a more complex and compassionate conceptualization of BPD among mental health practitioners, as well as the necessity of DBT practitioners’ ongoing research and reflection on their own practice.
for “Grace,” who inspired this work,

& for all DBT clients with whom I have had the pleasure of working
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Chapter I

Introduction

“And so there's always that little bit of a wall for protection 'cause I learned really early that if you love somebody then they leave. So put that wall there just just high enough that I can either leave it where it is and deal with it, or put it all the way up and not deal with it.”

-Sierra

Introduction to Sierra

At the time of our pilot interview, Sierra had recently completed the advanced dialectical behavior therapy (DBT) skills group that I facilitated at the agency where I worked as a professional counselor. When she began the DBT program, Sierra was a 36 year-old, single, Caucasian female seeking counseling services. She was employed part time at a fast food chain, lived alone, had little tolerance for the people with whom she came into contact, and frequently exhibited chaotic behavior in multiple life contexts. Discord was the normal state of affairs in both Sierra’s immediate and extended families, and she had great difficulty getting help from her loved ones when she needed it. She had a history of multiple suicide attempts by overdosing on prescription medications, and she would cut her arms in order to cope with extreme emotions. Sierra described her past friendships and romantic relationships as virtually non-existent, as she preferred to avoid getting close to others because she deeply feared abandonment and betrayal. Sierra came to our agency’s DBT program seeking help with coping with her intense mood swings and suicidal urges, but had largely been unsuccessful in therapy up until that point. Sierra’s presenting problems were consistent with symptoms of borderline personality disorder

\[1\] All names of people and places have been changed to pseudonyms to protect confidentiality
Dialectical behavior therapy (DBT) is the treatment of choice for BPD, and has received significant empirical support in the literature. DBT treatment has been proven to result in fewer suicide attempts, fewer episodes of non-suicidal self-injury, and fewer psychiatric hospitalizations (Comtois, Elwood, Holdcraft, Smith, & Simpson, 2007; Linehan, Comtois, Murray, Brown, Gallop, et al., 2006; Lynch, Trost, Salsman, & Linehan, 2007; Pasieczny & Connor, 2011) compared with treatment as usual. In addition to the decreases in life-threatening behaviors mentioned above, DBT has also been demonstrated to result in a decrease in feelings of depression, loneliness, unexpressed anger, and dissociation (Koons et al., 2001).

**More than Just Skills**

DBT is carried out in four treatment modalities: individual counseling, skills training group, phone coaching, and a consultation team of therapists. The modality of interest in the present study is the DBT skills training group, in which clients learn new coping skills with which to replace ineffective behaviors and to cope with the various forms of dysregulation these individuals experience. DBT skills training has been shown to be more effective than standard group therapy in terms of both individual outcomes and treatment adherence (Soler et al., 2009). As part of the skills training treatment modality of DBT, clients learn new interpersonal effectiveness skills and are encouraged to use these in everyday life (Linehan, 1993b). Many other forms of counseling include a coping skills educational component, but this is often carried out within the context of individual counseling rather than a group setting (Hadjipavlou & Ogrodniczuk, 2010). Furthermore, the plethora of self-help books commercially available provide anecdotal evidence that many other individuals are willing and able to learn new coping
skills for psychological problems by reading and practicing on their own rather than needing to engage in therapy at all.

However, skills group participation is a vital component of DBT, such that a therapist who does not offer group skills training cannot claim to be practicing DBT with fidelity (Linehan, 1993b). This is due in part to the fact that clients receiving DBT treatment have such complex and pervasive problems that it would be highly impractical of their therapists to include skills training within the context of individual counseling: there would be no time left to do any other work! However, there may be more going on in skills training group than Linehan acknowledged in her decision to prioritize groups as a part of the treatment. In addition to learning how to better manage the symptoms of dysregulated emotions, behaviors, cognitions, relationships, and self, clients who graduate from DBT skills training group often seem more connected to self and others than on a level of simply experiencing a remission of symptoms. DBT graduates evidence better outcomes than individuals who receive treatment as usual in terms of suicidality, depression, and anxiety (Pasieczny & Connor, 2011). Many of these individuals also go on to make steps towards creating a “life worth living,” which Linehan (1993a) holds out to be the ultimate goal of treatment.

As the leader of a DBT skills group in my clinical work, I observed this phenomenon in action. Clients typically entered DBT with extremely low self-esteem and unsatisfying interpersonal relationships, and they expressed a high degree of shame and self-hatred. By the time they graduated from skills group they often continued to experience some of these problems, but were more motivated to continue their therapy and strive to pursue their versions of a “life worth living” with greater passion.
Researcher Positionality

Early in my mental health career, I had heard of DBT anecdotally as the treatment of choice for individuals suffering from BPD. My first job in the field was on a psychiatric unit of a hospital where I led groups, maintained safety on the unit, and assisted the staff in other ways as needed. My initial impression of the BPD population was not by any means favorable; I dreaded seeing the names of certain “frequent fliers” on the hospital census sheet. At the time I believed that these individuals were mean-spirited, demanding, difficult to deal with, entitled, hostile, and manipulative. I was always glad to see them leave when they were discharged. Since this disorder is not treatable with medications in the same way that bipolar and various psychotic disorders are, I also felt that having patients with BPD on the unit was a colossal waste of time and resources, and I resented this.

When I began working towards my master’s degree in counseling, I decided to learn more about BPD and how to properly treat it. I knew that I would certainly encounter it at some point in my career as a counselor due to its prevalence in outpatient settings, so I decided that I ought to adequately prepare myself so that I might increase my ability to treat it with some degree of success. I began co-facilitating a DBT group at my internship site, and the more I learned about DBT’s conceptualization of BPD, the more I wanted to learn. The theory behind DBT treatment was quite different from the naïve, judgmental opinions I held during my time at my job at the hospital. With my new knowledge and experience of these individuals, I was able to see the grain of validity in their seemingly irrational behavior, and thus I developed a much greater capacity for empathy for them. Empathy led to increasing fascination, and I found that I loved sharing my knowledge about DBT and BPD in the hope that this might lead to better quality of care. I came to understand that individuals participating in DBT generally have had
terrible relational experiences throughout their lives; in many cases they had been victims of all manners of abuse, and many had grown up in families of addiction. Therefore, their schemata for typical expectations about relationships – known as relational images in the tradition of relational cultural theory (Miller & Stiver, 1997) – included norms of inconsistent responses, betrayed trust, and the belief that oneself is shameful or worthless.

Statement of the Problem

In my former position at a mental health agency, I facilitated a therapy group for individuals who had graduated from their basic DBT skills group and wished to continue group therapy. I had noticed that there seemed to be more going on with the group members beyond simply learning and discussing the content. I wanted to learn more about how DBT group benefits those who participate beyond simply teaching them skills, and I hoped to describe this in a rich way such that readers would gain deep appreciation for the nuanced way in which individuals with BPD make meaning of and transcend the challenges they face. I wanted to find out which aspects of the group process might transform participants’ relational images, and how this might lead to improvement in their presenting concerns.

The impetus for the present study came to me as I was leading an advanced skills group one day. One of the group participants, Grace, stated to the rest of the group, “I don’t know where I’d be without you guys; it’s because of you that I am who I am today!” When Grace made this declaration to the group, it sparked an “aha moment” for me. I recalled relational-cultural theory (RCT) which posits that women’s healthy development occurs in the context of growth-fostering relationships (Jordan, Kaplan, Miller, Stiver, & Surrey, 1991). I asked myself, “what is it about the group that has contributed to the big changes she has made in her life?
Have others had the same experience? What is going on relationally here?” I suspected that the group might have somehow provided the context necessary to facilitate growth-fostering relationships which in turn facilitated the improvements my clients and I had seen. When Grace stated that “someone ought to write a book about us,” I decided that I would be the person who would write that book, and that the book would be this dissertation.

Lessons from the Pilot Interview

I now return to Sierra, whom I introduced in the opening page. I chose to use Sierra’s interview as a pilot study to guide how I would conduct the rest of my analysis for several reasons. Sierra had a very intense personality which evoked strong feelings of countertransference for me, so I determined that her interview would be the best possible litmus test for my subjectivity. Since becoming involved with the DBT program, Sierra significantly reduced the number of her suicide attempts, crisis calls, and other problematic behaviors. On a more subjective level, she also seemed to be more collaborative in her interactions with others, and – using DBT terminology – she just seemed more “effective” in general.

Prior to engaging in any data analysis, my initial focus for this project was rather broad. I had known that I had wanted to find out more about the relational aspects to the positive changes associated with successful DBT treatment, but at that time I was not sure what specific aspects of my participants’ experiences I would address. My analysis of Sierra’s interview took me from the broader question of, “what is going on here that is working, and why?” to focus my attention on the dysregulated sense of self, which I will describe more fully in chapter two.

I interviewed Sierra in my office at a community mental health agency where I worked, and where Sierra received services. During our interview, I felt a strange distance between us.
She answered my questions and gave plenty of elaboration, but there was just something that I could almost feel as a tension in the air. On one hand I felt disconnected from Sierra, on the other hand one could argue that she was very forthcoming with regard to my questions. It was as though she was both present and not present at the same time.

The theme of her interview that helped me most in narrowing down my research question was the concept of “the wall.” We spent several pages of the transcript talking about a metaphoric wall that she would build in order to protect herself from being in relationship with others. Sierra’s explanation of its purpose was that when people who have mattered in life either abandoned or betrayed her it was so painful that Sierra could not bear it.

[audible sigh] I have… I have... a separation… I have problems with, uh, change. And so there's always that little bit of a wall for protection ‘cause I learned really early that if you love somebody then they leave. So put that wall there just high enough that I can either leave it where it is and deal with it, or put it all the way up and not deal with it.

Sierra found that her best alternative was to keep others at a distance, to not allow anyone to get too close or to matter too much to her – and thus to keep herself out of relationship with others. Based on her quote above and on the following quote, it also seemed that Sierra was able to change the height or permeability of this wall to suit her needs. She raised and fortified the wall when she perceived herself to be at risk or vulnerable to the possibility of rejection. Conversely, she was more willing to lower the wall and step outside of it when she felt more capable of effectively managing interpersonal situations, and when she believed that certain interpersonal situations might have been worth the risk of vulnerability.
Well in the beginning, I’d put the wall up to keep everybody out. I didn't want to have to deal with anybody... And that's still the way it is today, I mean. Sometimes I feel like I'm getting too close, I back up and put the wall up. And it really hurts, the whole making friends thing. But I've never been really good at that anyhow.

She had been able to lower it somewhat in certain situations, but she still felt more comfortable when she kept herself safe by staying out of relationship. Her last two sentences in the quote above made it clear that she deeply wished to have stronger, healthier connections with people, but did not believe she is capable of forming such connections.

Although the wall made it difficult to interact with people, she was able to lower it enough so she could participate in the DBT skills group setting. Sierra explained that one of the main reasons she was able to lower the wall in that context was because the group had well-defined rules and norms, which led her to feel more secure in trusting that she would not be at risk for abandonment or betrayal by her fellow group members. For instance, group leaders made it clear that because the group’s purpose was to transmit information about effective coping skill use, group members were not to disclose detailed accounts of the problems that brought them to treatment. Additionally, group members were forbidden from discussing suicidal urges or attempts with one another because this could trigger similar thoughts in other group members. Therefore, Sierra made it clear that she felt comfortable interacting with others only within the well-defined context of the group, and was not open having relationships with others that lacked formal, clearly stated rules and expectations.

An overarching theme that came up in my interview with Sierra was that she has been making a tremendous effort to overcome her dichotomous thinking with regard to relationships.
There were several points in the interview where she described past interpersonal situations in which she had set herself up to choose between either having a relationship solely on her terms or having no relationship at all, and her wall seems to play an important part in this dynamic. Sierra’s wall functioned as a dissociative strategy for keeping herself safe from the potential dangers of relationships. Based on her clinical presentation and the lengths to which she would go in order to avoid allowing herself into relationships, it was clear that she has suffered immensely as a consequence of unhealthy, disconnected relationships. Therefore, she constructed a metaphorical wall that protected her, but also prevented her from experiencing the benefits of growth-fostering, connected relationships. This was her variation on Gilligan’s “brilliant but costly solution,” (1996, p. 266) and the central relational paradox of RCT (Miller & Stiver, 1997) in which an individual dissociates or sacrifices parts of one’s authentic self for the sake of preserving one’s relationships.

In Sierra’s case, the wall functioned in the opposite manner: she sacrificed relationships for the sake of her perceived safety. That she made this choice is evidence that on some level she understood her knowledge of herself to be so important, and her past relationships to be so dangerous that, as Sierra put it, “it wasn't hard for me to just push them away and walk away and not think about them again.” So while Sierra missed out on the developmental benefits of being in relationship, she determined that the relationships she had were not worth the sacrifice. To take it one step further, Sierra spoke about this in a way that evidenced that she had some awareness that the relationships she had were not the growth-fostering relationships that could have promoted healthy development.

After analyzing Sierra’s interview and listening for her voice as she spoke both from inside and outside of the wall, I was curious about how others might have experienced this
phenomenon. I wanted to find out whether they also had walls of their own, how they functioned, and whether these dissociative experiences had changed as a result of their involvement in DBT skills group.

**Purpose of the Study**

The purpose of this study was to discover the ways in which the conditions and processes of DBT skills training groups facilitated healthy relational growth. Since this study focused on relational subject matter, it was fitting to use RCT as a lens through which to view therapy from a DBT treatment approach. My goal was to bring a fresh perspective to DBT treatment so that clinicians and counselor educators might gain a deeper, richer understanding of what is actually happening in DBT beyond what one might find from the numerous outcome studies in the literature.

With a few exceptions to be discussed in the next chapter, very little has been written on DBT or BPD in the counseling literature, despite a call to do so (Smith & Peck 2004). Instead, these topics have received more attention from the field of psychology. I suspected that this may have been due at least in part to the fact that counselors, by their professional identity, tend to avoid using pathologizing labels and embrace a wellness-oriented approach rather than a deficits-oriented approach to care (Remley & Herlihy, 2007). One might ask, then, why a wellness-oriented counselor such as myself would be interested in DBT or BPD at all. My answer is that I believe that these individuals suffer largely because of poor relational environments which led to severe and chronic interpersonal disconnections. It is my personal belief that BPD is the best clinical diagnostic description currently available for the consequences of a poor ecological fit between person and environment, particularly when that environment is characterized by chronic disconnection. In turn, the sequelae of these relational disconnections play out with mental
health professionals who treat them. Consequently, many mental health professionals dislike working with them, to the point of using the BPD diagnostic label as a pejorative description.

It is imperative that counselors have a compassionate, truly empathic understanding of this syndrome in order to treat it effectively. An RCT-based understanding of BPD provides a way to do so. Furthermore, DBT is an appropriate model for treating BPD from an RCT perspective: from the biosocial theory that led to its conceptualization, to its emphasis on reciprocal, egalitarian communication between the members of the therapy dyad, to its imperative that therapists not only tolerate ambiguity and paradox, but also seek and embrace them. A counselor who can practice DBT with RCT underpinnings just might have the best chance at helping her or his clients get out of psychic “hell” and build that elusive “life worth living.”

Questions

This inquiry was intended to (1) illuminate the unique conditions and processes of DBT skills group that facilitated relational growth; (2) describe how these conditions and processes helped clients to integrate previously dissociated pieces of themselves; and (3) understand how these conditions and processes manifested in the context of DBT skills group. In a grander scheme, the ultimate goal of my research is to present counselors and other mental health professionals with a more nuanced conceptualization of the most mysterious aspect of BPD – the dysregulated sense of self – and how this issue might be treated. If I am successful in this pursuit, my hope is that mental health professionals will be able to provide more compassionate, effective treatment of the problems associated with BPD, thus resulting in a decrease in the stigmatization of this group by the mental health community.
Significance of the Study

This study adds to the small body of qualitative research on this topic. While this study is not generalizable to the BPD population as a whole, it illuminates details related to the more frequently overlooked problems with which individuals suffering from BPD present. It provides a rich description of both obstacles to progress and helpful factors that aided these individuals in overcoming those obstacles. This study investigated the complex way that various levels of context play out in the participants’ lives, and particularly how group skills training may provide a new context for healing.

Finally, I chose to draw upon my musical background to compose music to set a few selections of the interview transcripts to illustrate the methodology aurally. Because my methodology – Listening Guide (Gilligan, Spencer, Weinberg, & Bertsch, 2003) – features so many musical terms and metaphors, readers without a background in music may find themselves feeling confused. I set the text in ways that I felt both exemplified the meaning of the musical terminology found in the Listening Guide, and portrayed the emotional state of the research participants as they spoke. To my knowledge, this is the first time that any researcher has ever set text from a study using the Listening Guide methodology to music. It is my hope that in the future, I, along with other counselor educators and practitioners, might be able to use this approach to add further depth and dimension to research topics and clinical practice. The musical examples as well as accompanying “program notes” that explain my approach to their musical composition can be found in Appendices G and F, respectively.

Possible implications for this study include contributing to the counseling literature on BPD and DBT, which will give counselors an understanding that fits better with their professional identity than the psychology literature currently provides. This may lead directly to
an increasing number of counselors practicing DBT in a way that feels more authentic to counselors’ wellness-oriented philosophy of care.
Chapter II

Review of the Literature

In order to move forward, it is necessary that I operationalize the terms that I will be using throughout this work and review the literature of what has been written on this subject before. Therefore, this literature review will more fully describe the clinical presentation of borderline personality disorder, especially pertaining to the sense of self. Next, I will address the treatment of this research topic in the counseling literature. Finally, I will review necessary background information on the biosocial theory of DBT and feminist relational-cultural theory.

Symptoms and Clinical Presentation of BPD

BPD presents an especially complex set of problems falling into five domains: dysregulated emotions, dysregulated behavior, dysregulated cognitions, dysregulated relationships, and, of most interest to the present study, a dysregulated sense of self (Linehan, 1993a; Rizvi & Swenson, 2010). The term “dysregulation” refers to an individual’s inability to effectively regulate the functioning of the domain being discussed. I will discuss each of these domains in the following sections, and will pay particular attention to the domain of the self as this is the focus of the dissertation.

**Emotional dysregulation.** Emotional dysregulation is defined as, “emotion sensitivity, heightened and labile negative affect, a deficit of appropriate regulation strategies, and a surplus of maladaptive regulation strategies.” (Carpenter & Trull, 2013, p. 1). All people are subject to experiencing episodes emotional dysregulation as an understandable response to stressful problems in living, regardless of whether they may be diagnosed with a mental illness. However, clinically significant emotional dysregulation as experienced by those who suffer from BPD involves sudden, seemingly unpredictable changes in mood, and a level of emotional
intensity that most people would consider inappropriate in response to the activating situation. The emotional dysregulation present in BPD is typically triggered by situational factors, especially those that trigger feelings of abandonment or rejection (Sadikaj, Russell, Moskowitz, & Paris, 2010). Part of the biosocial theory of BPD, which will be discussed at greater length later in this chapter, includes the hypothesis that some individuals are born with a biological vulnerability to emotional dysregulation (Linehan, 1993). Evidence for this includes the fact that individuals with BPD are more sensitive to emotions than most people, they experience emotions more intensely than most people, and take longer to return to their baseline emotional level than most people do once their emotions have been activated (Stiglmayr, Grathwol, Linehan, Ihorst, Fahrenberg & Bohus, 2005).

**Behavioral dysregulation.** Dysregulated behavior includes impulsive, dangerous behaviors such as self-harm, suicide attempts, drug and alcohol abuse, risky sexual encounters, and other high risk behavior. Indeed, self-harm, suicidal ideation, and suicide attempts are considered by some to be the “behavioral specialty” of individuals who suffer from BPD (Gunderson & Ridolfi, 2001), as these life-threatening behaviors are so common to the BPD presentation.

While most counselors would agree that behavioral dysregulation is problematic, those practicing from a DBT-informed perspective understand these behaviors to be ineffective solutions to other problems, rather than simply being separate problems in and of themselves (Linehan, 1993; Rizvi & Swenson, 2010). That is, the function self-harm, suicidal ideation, and suicide attempts is typically not the means to which death is an end, as the true goal of these behaviors is to escape a life that one experiences as unbearable.
**Cognitive dysregulation.** When I speak of dysregulated cognitions, I am referring to cognitive distortions as described by the cognitive behaviorists (Beck, Rush, Shaw, & Emery, 1979; Beck, J., 2005; Ellis, 2002) as maladaptive ways of thinking that lead to unnecessary emotional distress. The cognitive distortion most regularly seen in BPD is dichotomous thinking, in which the individual clings to dualisms and refuses to acknowledge any possibility for synthesis between these dualisms (Napolitano & McKay, 2007; Oshio, 2012). For instance, Sierra insists that there are people in the world who are trustworthy, and people who are “liars.” When a friend or romantic partner breaks her confidence, she sees this not as an isolated incident, but rather as evidence that the person was a “liar” all along, and that she had simply failed to notice this, and that because the person is a “liar,” then he will always be a “liar”. Other cognitive distortions frequently presented by those who suffer from BPD include personalization, blame, “should” statements, and jumping to conclusions (Beck, J.S., 2005). Consistent with the diagnostic criteria for personality disorders, this dysregulated cognitive style is not limited to any one specific theme or schema one might stereotypically associate with BPD (e.g. abandonment), but is pervasive across multiple contexts (Arntz & ten Haaf, 2012; Napolitano & McKay, 2007; Veen & Arntz, 2000).

**Relationship dysregulation.** Dysregulated emotions, behaviors, and cognitions contribute to – and are often activated by – dysregulated relationships. Individuals suffering from BPD tend to have chaotic relationships in which they alternate between experiencing their partners as ideal, and experiencing their partners as cruel, cold, and abandoning. There is a close relationship between BPD and insecure interpersonal attachment styles (Agrawal, Gunderson, Holmes, & Lyons-Ruth, 2004), suggesting that this pattern pervades many types of relationships, and occurs across the lifespan.
Individuals with BPD tend to respond less positively to interpersonal warmth, which is theorized to be due to the difficulty these individuals have in determining whether that warmth is genuine (Sadikaj, Russell, Moskowitz, & Paris, 2010). Such cognitive and affective experiences of their partners often lead to these individuals becoming more emotionally dysregulated – a problem that they attempt to solve through high risk behavior. Relationships such as these have a “rollercoaster” quality of going back and forth between extreme closeness and extreme alienation in which those involved may break up and rekindle their relationship several times before ultimately ending it. Individuals with BPD fluctuate between an overly nurturing interpersonal style and overt hostility. The former often results in their exploitation by others, while the latter more typically results in abandonment – which, somewhat ironically, is among these individuals’ worst fears (Barnowa, Stopsack, Grabe, Meinke, Spitzer, Kronmu & Sieswerda, 2009).

**Dysregulated sense of self.** Finally, perhaps the most difficult problem to detect that individuals suffering from BPD experience is a dysregulated sense of self, the signs and symptoms of which include emotional numbing, feelings of emptiness, and a subjective perception that the self may not even exist (American Psychiatric Association [DSM-IV-TR], 2000). The more severe these dissociative symptoms are, the more difficulty affected individuals have in distinguishing self from other, and in distinguishing one’s internal experiences from the external world (Spitzer, Barnow, Armbruster, Kusserow, Freyberger & Grabe, 2006). The dysregulated sense of self aspect of BPD can be so severe that forensic psychologists and psychiatrists suggest that this could be considered a mitigating circumstance in criminal proceedings (Sisti & Caplan, 2012). That is, it is possible for defendants with BPD to receive less severe sentences due in part to the degree that their actions are controlled or guided.
by outside forces, and in part to the lack of these individuals’ ability to discern which of their actions are of their own volition versus those that are unduly influenced by others.

While the dysregulated sense of self is a problem not easily recognizable by others, it is possibly the most vexing among the problems that come with BPD. This may be due in part to its amorphous nature, since, unlike the problems in the other domains, the dysregulated sense of self can only be described in the negative – as what it is not. For instance, the more florid problems of the other domains, such as chronically suicidal thoughts and behaviors, are often evident to outside observers; these issues are often impossible to ignore. Clients, their loved ones, and their therapists have little trouble recognizing the need to stabilize a client’s mood, behavior, thoughts, and relationships; there is no lack of concrete examples of the consequences of such problems. However, the experiences of emotional numbness and the lack of a subjectively experienced identity are more private, subjective, and abstract in nature. Since it is difficult to witness or even imagine any concrete examples of these phenomena, it can be quite difficult to treat them effectively. Therefore, a study such as this that seeks to reveal the inner experiences of individuals with BPD will make strides towards filling this knowledge gap.

**Situating the Present Study**

In order to effectively explore these unknown aspects of BPD and the role of DBT in treating them, it is necessary to clarify what has been discovered already. The following will serve as a review of qualitative and counseling literature on DBT, and will demonstrate where the present study fits.

**DBT and BPD in the qualitative literature.** Perseius, Öjehagen, Eckdahl, Åsberg, & Samuelsson (2003) conducted a qualitative study investigating the perceptions of clients and therapists engaged in DBT. Each of the clients they interviewed shared non-suicidal self-injury
as a common presenting concern. All of the individuals interviewed reported the belief that DBT saved their lives, and that the quality of treatment they experienced in DBT far exceeded psychiatric treatment they had received previously. Specifically, the clients interviewed in this study reported a perception of greater respect, empathy, and understanding from their therapists in DBT as compared to previous treatment. Similarly, the individuals interviewed by Hodgetts, Wright, and Gough (2007) placed a strong emphasis on the quality of the therapeutic relationship, and stated that this had been highly valuable to them.

Like clients, DBT therapists have also reported great satisfaction with many aspects of the treatment. In particular, DBT therapists agreed with their clients that this treatment approach was more respectful to clients, and was responsible for a positive change in their own perceptions of their clients (Perseius et al., 2003). Similarly, in a qualitative study of the treatment of BPD in Taiwan, investigators found that treatment providers who held positive expectations about their treatment of individuals with BPD evidenced better treatment outcomes than those who held negative treatment expectations (Ma, Shih, Hsiao, Shih & Hatyer, 2009).

The qualitative literature on DBT has also reported that clients experienced the group component was the most difficult aspect of DBT (Hodgetts et al., 2007; Perseius et al., 2003). Additionally, DBT therapists and, to a lesser degree, clients alike found it necessary to firmly adhere to the manualized protocols in order for treatment to be successful (Hodgetts et al., 2007; Perseius et al., 2003).

**DBT and BPD in the counseling literature.** Smith and Peck (2004) called for more counselors to practice and conduct research on DBT. In particular, they brought attention to the lack of qualitative literature on DBT and made a point to recommend that counselors contribute
case study research to the literature. Nearly ten years later this literature review yielded several case studies featuring the use of DBT including one in a case of chronic pain (Linton, 2010), one in a case of trichotillomania (Welch, 2012), and studies covering the use of DBT in cases of eating disorders (Safer, Couturier & Lock, 2007; Salbach-Andrae, Bohnenkamp, Pfeiffer, Lehmkuhl & Miller, 2008). All of the case studies previously referenced come from the field of psychology.

Of the literature on DBT from the field of counseling, this review yielded conceptual pieces on DBT as treatment for non-suicidal self-injury (Muehlenkamp, 2006) and for the treatment of clients with multiple diagnoses comorbid eating disorders (Federici, Wisniewski, & Ben-Porath, 2012). Other research in the counseling literature include a meta-analysis demonstrating DBT’s effectiveness in treating eating disorders (Lenz, Taylor, Fleming, M. & Serman, 2014), and a practice-oriented piece on using creative ways to implement DBT treatment strategies in clinical settings (Kinch, & Kress, 2012).

In the counselor education literature, a quantitative study demonstrated that counselor trainees who practiced DBT in their treatment of suicidal clients with BPD traits experienced lower levels of burnout and signs of physiological distress than did counselor trainees practicing treatment as usual (Miller, Iverson, Kemmelmeier, MacLane, Pistorello, Fruzzetti, Watkins, et al., 2011). A mixed-methods study in the psychiatric nursing literature also demonstrated a downward trend in signs of clinician burnout (Perseius, Kaver, Ekdahl, Asberg, & Samuelsson, 2007). In both of these studies, the DBT consultation team, and the balance of acceptance strategies with change strategies were found to be particularly helpful. The authors recommended that clinicians and their supervisors practice mindfulness techniques on themselves as related to their clinical practice. Additionally, they emphasized the importance of
supervisors’ normalization and acceptance of the distress that supervisees experience when treating clients with difficult problems.

**Need for the present study.** The present study adds to the qualitative research by explicitly rendering the voices of individuals who had completed DBT treatment. Hodgetts et al. (2007) called for additional qualitative research on clients’ experiences in DBT. The methodology I chose allowed for the exploration of subtle nuances of individuals’ meaning-making of their respective journeys in ways that have not been done previously. The present study also answers the call of Smith and Peck (2004) for counselors to contribute case studies to the counseling literature on DBT in that the interviews can be conceptualized as four separate case studies. As with its place it the qualitative literature, the present study goes into greater depth and detail into participants’ subjective experiences, and places greater emphasis on participants’ voices than one can currently find in the counseling literature.

**Theories Informing this Work**

**Relational-cultural theory.** Relational-cultural theory (RCT) was developed in the late 20th century by scholars at the Stone Center at Wellesley College, and by Carol Gilligan (Gilligan, 1982; Jordan et al., 1991). RCT came in response to the traditional beliefs held by the psychological community that separation and individuation are the ultimate goals of human development. This traditional view pathologizes what many in the field now understand to be the normal developmental needs of women. RCT holds that all people, and particularly women, develop in relationship with others; relationship is a key force in development (Gilligan, 1996; Jordan et al., 1991; Miller & Stiver, 1997). According to RCT, the goal of development, then, is not increased isolation and individuation, but an increase in quantity, quality, and complexity of mutually enhancing connections with others.
The five good things. The conditions necessary for optimal development are not necessarily met in all relationships, however, and there is indeed the potential for some relationships to impede or stifle growth. The growth-fostering relationships that RCT theorists hold out as the ideal towards which all should strive are characterized by 5 core conditions: the experience of “zest” or increased energy and vitality, empowerment to take action, clarity, a sense of worth, and the desire to seek out additional similar relationships (Miller & Stiver, 1997). Relationships in which these “five good things” occur are certainly not to be characterized by terms such as “enmeshment”, “regression”, and “dependency.” It is through healthy, meaningful connections with others that we grow and thrive. From an RCT framework, psychological problems are not the result of a failure to individuate, and instead are the result of disconnection.

Connection. To be in connection means that both individuals involved in the relationship respond to one another authentically or genuinely, each allowing his or her true voice into the relationship rather than withholding parts of him/herself (Miller & Stiver, 1997). Being in connection involves both parties in being more actively engaged with their emotions, which in turn leads both people to feel that they are worthwhile on a personal level. Healthy, growth-fostering connections are characterized as being mutually empathic and mutually empowering (Miller & Stiver, 1997; Walker, 2004). To unpack this concept further, when we speak of mutual empathy we are speaking of a phenomenon through which each person can not only understand and appreciate how the other feels, but can also understand and appreciate the impact that he or she has on the other and on the relationship (Jordan, 1991; Jordan, 2000). Similarly, mutual empowerment suggests that both parties experience a greater sense of self-efficacy, or belief in their ability to effectively self-authorize both within the context of the relationship and in other contexts as well (Walker, 2004). It is important to keep in mind that through the RCT
lens, both mutual empathy and mutual empowerment are results of the relationship as opposed to being the result of any particular individual’s interpersonal skills (Walker, 2004).

**Disconnection.** On the other hand, disconnection is characterized by invalidation, diminution, and the experience of oneself as being less worthwhile. This can take mild forms, such as situations in which an individual feels temporarily misunderstood by the person with whom he or she is interacting. Disconnection can also take extreme forms, such as instances of abuse or neglect, and in families in which substance abuse figures prominently (Lawler, 2004; Miller & Stiver, 1997). When people are in disconnected relationships, they are less able to actively engage with their emotions. Unfortunately, when people are unmindful of their feeling states and do not process them, they are more likely to engage in unrelated, often harmful behaviors in order to distract themselves from negative affect and their feelings of helplessness to change it. Whereas healthy relationships are strengthened by repaired ruptures, chronically disconnected relationships tend to feature ruptures that go unaddressed and ultimately teach the individuals involved that repair is not possible (Jordan, 2010; Lawler, 2004; Miller & Stiver, 1997; Walker, 2004).

**Repair and mutual regulation.** For infants and small children, emotion regulation requires a collaborative process between themselves and their caretakers (Tronick & Reck, 2009; Tronick & Weinberg, 1997). Ineffective affective regulation leads infants to experience extreme emotional distress which they are unable to resolve on their own. This mutual regulation process does not occur in a smooth, synchronous fashion; that is, mutual regulation is hardly simple matter in which the infant expresses distress and the mother responds in just the manner that her child needs. Rather, as this is a truly interactive process, empathic failures are bound to occur and are key opportunities for both individuals to learn from and adapt to one another. The
The process of successfully repairing these ruptures leads to infants’ increased sense of trust in their ability to effectively communicate their needs, as well as to their increased sense of trust in their caretakers’ ability to respond appropriately and effectively to those needs.

Mutual regulation takes place throughout all stages of the lifespan, and is not a passing developmental task that one can simply resolve during infancy and consider the task “mastered.” Indeed, the relational psychology literature is full of examples of this process occurring in a variety of life stages and contexts ranging from mothers and their children (Skowron, Kozlowski & Pincus, 2010), school-aged girls (Gilligan, 2011), adults in therapy (Miller & Stiver, 1997), and teachers participating in professional development programming (Raider-Roth, Stieha & Hensley, 2012). Since in cases that lead to a BPD presentation both person and environment feel threatened by one another, the nature of their mutual regulation does not foster growth and instead promotes adversarial relationships in which both person and environment engage in a battle for survival.

**Relational images.** Relational images are schemata for typical expectations about the structure and functioning of relationships (Miller & Stiver, 1997). Early relationships serve as blueprints for all of a person’s future relationships. Healthy, growth-fostering relationships lay the groundwork for relational images of mutuality, respect, and validation (Jordan, Surrey & Kaplan, 1991; Miller, 1986; Miller & Stiver, 1997). Unhealthy, growth-hindering relationships, on the other hand, may feature relational images of shame and inequality. For example, a woman who had a chronically chaotic relationship with her mother during childhood might carry relational images of unpredictability and disempowerment as a template for all of her future relationships. It would be understandable for individuals with these relational images to unintentionally seek out and recreate the same kinds of chaotic dynamics into other relationships.
with friends and loved ones, because these are the relationship dynamics that they have come to expect (Miller & Stiver, 1995).

**The central relational paradox.** When considering the importance of connection and the fear surrounding disconnection, it is necessary to understand the central relational paradox. The central relational paradox occurs when individuals have such fear of losing their relationships that they will withhold key aspects of themselves from those relationships (Miller, 1988). In the central relational paradox an individual may have relationships, but his or her participation in those relationships is inauthentic. Therefore, the relationships themselves are inauthentic to the point that one might even question whether they constitute relationships at all, due to their contrived state.

**Scientific support for RCT.** Recent developments in neuroscience have given empirical support to RCT, particularly the importance of connection and the dangers of disconnection (Siegel, 2012). Eisenberger (2012) found that when people are rejected socially, the same areas of the brain are active as when they experience physical pain. Eisenberger proposed that humans have evolved a neurological reaction to social rejection as a preventative measure to preserve their well-being, much in the same way humans’ experience of physical pain to certain stimuli – such as touching something hot – prevents them from serious physical injury.

Another example demonstrated that people can more easily relive socially painful events than they can relive episodes of physical pain, and that they do so with greater intensity. The same study also found that when people relive social pain they perform worse on cognitively challenging tasks than they do after reliving episodes of physical pain (Chen, Williams, Fitness & Newton, 2008). This suggests that disconnection does not simply affect people in the moment that it happens, but that its effects are lasting and do not diminish easily.
**RCT and therapy.** As RCT holds that relationships are a key force in wellness promotion, therapy in an RCT framework requires a context of safety, mutual empathy, and mutual respect (Jordan, 2010; Miller & Stiver, 1997; Stiver, 1992). Rather than the more typical therapist-as-expert model, there is a bidirectional flow of empathy and respect between therapist and client (Walker, 2004) so that both members of the therapy dyad are on an equal level in terms of power and relative importance. This is not unlike what DBT theorists hold out as the most advanced level of validation – called “radical genuineness” – in which the therapist responds as he or she more naturally would as a fellow human being, as opposed to responding from a contrived “therapist” role (Robins, Ivanoff & Linehan, 2001). Responding in this radically genuine way conveys to the client a message that “you are worthy of me being a real person with you.”

In being radically genuine, the therapist puts himself or herself in a position of vulnerability, which is a significant change from the more typical position of power that the therapist enjoys in other theoretical perspectives. Ordinarily, the therapist is explicitly or implicitly discouraged from taking a vulnerable position, as this could be considered a sign of ineptitude on the therapist’s part. However, from the RCT perspective – which goes along with DBT’s “fallibility agreement” – the therapist is not always right, and is bound to make mistakes. Any attempt to deny this aspect of the therapist’s humanity gives rise to and reinforces shaming relational images for the client, which results in further iatrogenic harm.

**Biosocial theory of DBT.** As was briefly touched on earlier, DBT’s theory of how BPD develops is known as biosocial theory of borderline personality disorder, and is discussed in depth in Linehan’s seminal work (Linehan, 1993a). According to this theory, BPD results from a prolonged interaction between an invalidating environment and an individual with a biological vulnerability to emotional dysregulation.
Invalidating environment. The biosocial theory holds that a major etiological component of BPD is an invalidating environment, which is one that ignores, dismisses, and discourages communication of private experiences, oversimplifies the ease of solving complex problems, reinforces crisis-escalating behavior on a variable ratio schedule, and teaches the child that he or she cannot trust his/her appraisal of or reaction to reality (Linehan, 1993a; Rizvi & Swenson, 2010; Smith & Peck, 2004). Invalidating environments can include cases of overt abuse and neglect, which cause the victims of abuse and neglect to question whether to trust their deep knowledge that such treatment is wrong or to believe – as the perpetrators’ behavior might imply – that the victims somehow deserve it.

Invalidating environments also take the form of the seemingly benign “American way syndrome” (Linehan, 1993, p. 57). In this case, the family seems to function well from an external point of view, and the family’s dynamics work hard to maintain a positive external perception. Caretakers explicitly and implicitly warn their children against airing any “dirty laundry” and keeping any thoughts, feelings, and behaviors that an outsider might construe as dysfunctional safely within the family. In an invalidating environment, these thoughts, feelings, and behaviors deemed to be “dysfunctional” are usually quite normal, and their expression would be much healthier than the invalidating environment’s imposed silencing thereof. Again, children of this type of environment find themselves questioning whether to trust their deep knowledge of their own experience, or to accept and believe in their caretakers’ version of reality.

Biological vulnerability. The biological component of the biosocial theory posits that certain individuals may be born with a biological vulnerability for emotional dysregulation. (Crowell, Beauchaine & Linehan, 2009; Linehan, 1993a). Signs of this biological vulnerability
include heightened emotional reactivity to stimuli, heightened emotional intensity, and difficulty returning to baseline once an emotional response has occurred. People with this biological vulnerability tend to have more intense emotional reactions to situations which most people would perceive as being either neutral or only mildly emotionally arousing. Furthermore, once a person with this heightened emotional reactivity and intensity experiences emotional arousal, it takes longer for that person to regulate his or her emotions and feel “back to normal” once the perceived threat has ended. During the time that it takes to return to baseline, these individuals tend to have extreme difficulty effectively solving problems or engaging in other goal-directed behaviors since they find themselves so distracted and preoccupied with the intensity of their emotional response.

Behavior is interactional. According to the biosocial theory of DBT, BPD symptoms emerge when an individual with a biological vulnerability to emotional dysregulation is raised in or otherwise has prolonged contact with an invalidating environment. That is, one of these conditions alone is not sufficient for the development of BPD, nor are only brief instances of invalidation; it is the continuous interaction of the biologically vulnerable individual with the invalidating environment that is thought to give rise to BPD (Linehan, 1993a; Rizvi & Swenson, 2010). The individual’s thoughts, feelings, and behaviors also impact the environment, leading the environment to change in subtle ways. The individual finds that he or she must respond to changes in the environment. Since an invalidating environment typically responds in such a way that silences the individual’s free expression of his or her authentic self, the individual has little choice but to adapt in ways that result in dissociative and passive-aggressive behaviors.

This interactional component of the DBT biosocial theory is not unlike Cook’s (2012) conceptualization of the ecological perspective (EP) in counseling. According to this central
element of EP, behaviors and character traits are rarely if ever the result of one side winning out in a false nature vs. nurture dichotomy. Rather, both unique person and unique environment continuously shape one another, modifying their responses to one another and influencing one another to change or to maintain a more stable homeostasis.

**Combining RCT and DBT biosocial theory.** The emphasis on the role of connections and disconnections in psychological development can be seen in both of these theories. A major difference between the two theories is that, according to DBT biosocial theory, a biological vulnerability to emotional dysregulation is also implicated in addition to the invalidating environment in the development of problems. Another significant difference between these two theories is that RCT emphasizes the necessity of relationships as an imperative for growth and development, whereas the biosocial theory seems to only mention relationships in the context of what happens when they go wrong. As DBT was born out of cognitive behaviorism, which in turn was born out of the positivist paradigm, it has necessarily taken on a flavor of positivism itself, and is heavily supported by quantitative studies (Koermer & Dimeff, 2000; Quinn, 2009; van den Bosch, Koeter, Stijnen, Verheul, & van den Brink, 2005; Westen, 2000). Conversely, as discussed earlier, RCT radically challenged the traditionally male-dominated, positivist paradigm in the field of psychology such that it is difficult to study through quantitative research. Still, the connections between these two theories are striking, for despite the divergent schools of thought from which both of these come they differ more on emphasis than on substance.

DBT describes dialectical dilemmas (Linehan, 1993a) which clients negotiate throughout their treatment. Dialectical dilemmas are seemingly mutually exclusive phenomena that coexist, despite their paradoxical nature (Linehan, 1993a; Rizvi & Swenson, 2010). An example of a dialectical dilemma would be an individual who simultaneously wants to die and fights to
live. Another dialectical dilemma that is seen as a hallmark of BPD is clients’ tendency to simultaneously involve themselves in emotionally intense relationships while forcefully pushing those same relationships away (American Psychiatric Association, 2000). In other words, clients with BPD tend to carry out the central relational paradox at an extreme magnitude. For just as these individuals urgently desire growth-fostering relationships, they act in ways that prevent such relationships from forming and flourishing.

Another similarity between these two theoretical frameworks is their understanding of how pathology develops. According to the relational-cultural theory of development, identity is dynamic and it develops through a series of transactional relationships across the lifespan – with the most significant relationship being that between oneself and his or her mother (Jordan, Kaplan, Miller, Striver, & Surrey, 1991). From this perspective, pathology is understood to result from dysfunctional or disrupted relationships with one’s caretakers during childhood. Linehan’s (1993a) biosocial theory of BPD fits with this hypothesis to an extent, holding that pathology results from an interaction between a biologically vulnerable individual and an invalidating environment. Similarly, attachment theorists – whose work provided inspiration and support for the RCT theorists – propose that one’s relationship with his or her primary caretakers shapes the way that person interacts with others later in life, and is largely responsible for that person’s mental and emotional well-being.

Attachment studies have provided empirical support for connection between the BPD presentation and insecure attachment styles. For instance, one study found that 89% of individuals with BPD self-identified as being fearful in their attachment styles – specifically, these individuals were classified as fearfully avoidant or fearfully preoccupied (Levy, Meehan, Weber, Renoso, & Clarkin, 2005). The main difference between these two types is that people
with a fearfully avoidant attachment style tend to avoid attachment relationships due to negative feelings about both self and others, whereas individuals with a fearfully preoccupied attachment style seek out attachment relationships due to negative feelings about self but positive feelings about others (Bartholomew & Horowitz, 1991). Mikulincer, Shaver, and Pereg (2003) provide a model for typical relationship patterns relative to attachment style. Those who are fearfully avoidant only seek out interpersonal closeness when they perceive a serious emotional or environmental threat. The people whom these individuals seek out typically respond negatively, which causes these fearfully avoidant individuals increased anxiety and distress, at which point they give up, suppress their anxiety, and distance themselves once again. On the other hand, when those with a fearfully preoccupied attachment style seek out interpersonal closeness in response to a perceived threat and their attempts at closeness are rejected, these individuals will ramp up their efforts at closeness in response to their increased anxiety. This cycle of seeking out closeness, being rejected, and increased anxiety continues until some type of climax is reached – either an end to the relationship, a suicide attempt, substance abuse, or other high-risk, impulsive behavior.

Stiver (1992) presents an intriguing illustration of therapeutic impasse that could just as easily come from a DBT biosocial framework as from RCT. In fact, the main differences seem to be semantic. In her hypothetical case, the client presents with a great amount of what a DBT practitioner would call “apparent competence,” and allows only the parts of herself of which she is sure the therapist would approve into the therapeutic relationship. This behavior leads the therapist to have increasingly positive feelings towards the client, which in turn leads to both client and therapist to experience stronger mutual affiliation. As the client becomes more comfortable in the therapeutic relationship, she desires to be more authentic with her therapist,
since the relationship has become more meaningful for her. Her increased authenticity includes her introduction of qualities and behaviors she had formerly determined to be unacceptable into the therapeutic relationship. This disturbs the previous homeostatic, mutually positive feelings of client and therapist, leading the therapist to feel confused about the client’s new presentation, thus leading the client to feel detached and distrustful of the therapist. While a DBT therapist might use words like “reinforcement,” “antecedent,” and “consequence,” in describing the above scenario, those differences are primarily semantic since the DBT therapist also understands the interactive, transactional nature of impasses in the therapeutic relationship.

Summary

This literature review provides an intricate context for the research questions that the present study attempts to address. Those presenting with BPD traits are understood to be burdened by multiple impairments in multiple functional domains. This highly complicated clinical presentation is often misunderstood by practitioners, which has resulted in a stigma against individuals with BPD. Numerous outcome studies have demonstrated that DBT is a highly efficacious treatment for BPD and other disorders of emotion dysregulation. There is solid empirical support for DBT’s ability to successfully ameliorate the problems associated with each of the domains affected by BPD, with improvements the behavioral domain having the most robust empirical support. The domain that has received the least attention in the literature is clients’ sense of self, as it is very difficult to operationalize and quantify this aspect of BPD.

Improvements in clients’ sense of self may be due in part to their experiences in the skills group modality of DBT, and it is likely that the group’s role may be more than simply a transmission of knowledge about the DBT coping skills. When using relational-cultural theory
as a guide, one sees that the skills group component of DBT has the potential to be a relational context for intrapersonal growth. This study sought to understand how DBT skills group might function as a context for growth-fostering relationships as evidenced by the presence of Jean Baker Miller’s “five good things,” and an increase in intrapersonal complexity in my research participants’ subjective experience.
Chapter III

Methodology

Many counselors adopt a holistic and wellness-oriented approach to their work as part of their professional identity (Remley & Herlihy, 2007). These counselors understand that each client’s life reflects how he or she perceives and understands his or her unique life experiences (Cook, 2012). Consequently, ecologically-minded counselors practice with the belief people’s reality is always colored by their own meaning making. There has been a growing trend in the field of counseling to embrace RCT as a theoretical base from which to practice (Comstock, Hammer, Strentzsch, Cannon, Parsons & Salazar, 2008; Duffey & Somody, 2011), which strongly emphasizes wellness, person-environment fit, subjectivity, and other feminist principles (Jordan, 2010; Jordan, et al., 1991; Miller & Stiver, 1997). Thus, feminist qualitative methods (Doucet & Mauthner, 2008; Gilligan et al., 2003; Harding, 1991; Morawski, 2001) are a good fit for such counselors, as these methods mirror their clinical practice and professional identity. This study is situated in the RCT tradition and seeks to add to the growing literature associated with this theory. Therefore, to maintain congruence between my theoretical orientation and my epistemological assumptions, I chose to use the Listening Guide (Gilligan et al., 2003), a feminist methodology, to investigate my research questions.

Ensuring Trustworthiness

Structured ethical reflection. As a means of addressing my subjectivity surrounding this and other potential ethical concerns, I continuously engaged in an ongoing structured ethical reflection (Brydon-Miller, 2012). This method asks the researcher to identify the ethical principles that he or she personally and professionally holds most dear, particularly with regard to the research at hand. The researcher then uses these principles as a guide for asking oneself
questions about how they apply to each stage of the research. For instance, in the case of the present study, I have identified ensuring my participants’ autonomy as an important ethical concern. When considering the construction of my research questions, I have decided that I ought to continuously be asking myself how I can make sure my research questions adequately reflect my belief in my participants’ self-determination as opposed to portraying them as victims. I have identified the five core principles that guide the ACA Code of Ethics (2005) – autonomy, beneficence, fidelity, justice, nonmaleficence – as well as the principle of open-mindedness – as the principles that guided my structured ethical reflection (see Appendix E).

**Interpretive community.** I also used an interpretive community of other scholars with knowledge of this method and interest in my topic as a resource to enrich my data analysis and to enhance the trustworthiness of my findings (Tappan, 2001). The interpretive community was made up of two other doctoral candidates: one from the counselor education program, and the other from the educational studies program. The former brought the advantage of being familiar with the subject matter, and the latter brought the advantage of having experience with the Listening Guide. The roles and responsibilities of the interpretive community included giving feedback on my analysis, asking questions that I may not have considered before, and offering alternate explanations for the phenomena that I observed.

**Sampling**

**Participants.** This study utilizes purposeful sampling, so I sought out individuals whom I consider to be “experts” on this topic based on who I believe are in positions to best inform my research questions. I interviewed 5 participants: I used one of these interviews as a pilot interview and I included the rest in the present study.

**Inclusion criteria.** All participants are graduates of a DBT basic skills training group at
Wellness Pathways, a community mental health agency in southwest Ohio. All participants are over 18 years of age and native speakers of English. I gave priority to individuals who have been free of life-threatening behavior for at least six months prior to the interview and have met the DSM criteria BPD at some point in the last 5 years. I chose to make exceptions in certain cases for these last two inclusion criteria because the value of two of my participants’ input outweighed any potential unwanted effects of having had recent suicidal ideation in the case of Sierra, and not meeting diagnostic criteria for BPD in the past 5 years in the case of Hope. My rationale for including Sierra was that while she had experienced suicidal ideation within the time frame that I had imposed, the length of time during which she had previously been free of suicidal ideation was significant compared to her history, and marked a monumental improvement for her. My decision to include Hope was guided by the fact that she had made significant improvements in areas of her life with which individuals with a BPD diagnosis also struggle. Furthermore, Hope’s interview featured an important discussion about meaning-making surrounding one’s diagnosis of mental illness, which had implications for individuals with BPD.

Exclusion criteria. Criteria that excluded potential participants were individuals experiencing psychotic symptoms at the time of the interview, engaging in self-harm behavior or other life-threatening behavior in the six months prior to the interview, hospitalization for psychiatric reasons in the six months prior to the interview, and criminal arrests in the six months prior to the interview, as these would have signified that the individual was still in an acute stage of her illness. Please note above the exceptions I made to these exclusion criteria and my rationale for the exceptions.

Dual relationships. All participants were former members of an advanced skills training
group that I facilitated in my role as a professional counselor. None of the participants were members of my group at the time of the interview, nor were any participants on my regular individual counseling caseload at any point prior to the interviews.

Several sources support the presence of carefully planned multiple relationships between the researcher and the participants in qualitative research (Anderson, Herr & Nihlen, 2007; Brodsky, 2001; Haverkamp, 2005; Wolf, 1996) in certain cases. To summarize these sources concisely, when conducting qualitative research with a feminist framework, it is nearly impossible to avoid multiple relationships, nor is it necessarily desirable. Instead, the qualitative feminist literature suggests that researchers acknowledge their subjectivity and critically examine how their relationships with research participants impact the data and the analysis. Thus, my use of the interpretive community was invaluable in its function of examining how these relationships may have affected my interpretation.

The present study has dimensions of practitioner action research (Huber & Savage, 2009), which makes it preferable for me to have had some prior relationship with my research participants (Etheringon, 2001). In studying aspects of my own practice, individuals with whom I have had a prior relationship make the best possible informants for my research questions, since these individuals are the ones who have been affected by my practice (Anderson, Herr & Nihlen, 2007). Additionally, due to the personal, sensitive nature of the topics being discussed, my prior relationships with my research participants made it more comfortable for them to discuss their experiences with me than it would have been had they interviewed with a stranger. Wosket (1999) supports this, stating that “research conducted sensitively and ethically by counsellors in their own practice settings, far from being damaging or exploitative, can actually enhance the therapeutic experience of clients” (p. 106).
According to the American Counseling Association (2005), multiple relationships with former clients are only to be engaged in when the multiple relationships will benefit the former client. In this case, the benefits of having the opportunity to contribute to counselors’ understanding of DBT clients (and thereby improving counselors’ skill at providing treatment) by sharing the story of one’s experience in treatment seems to outweigh the foreseeable risks. The main risks that I anticipated in the potential multiple relationships were that former members of my skills group may have felt the need to participate in the study out of a sense of loyalty, and, similarly, these individuals may have felt the need to portray their experience in DBT only in a positive manner. I made it clear in the informed consent process that participation was completely voluntary, and that individuals’ participation status would not alter the my opinion of any individual. I also emphasized the importance of participants’ truthfulness about the information that they share, since the choice to share seemingly negative perceptions of treatment could serve to highlight areas in which counselors could or should improve their skills in the future.

A final risk that I encountered with my dual relationships with my research participants was the possibility of my inadvertently reporting in the dissertation aspects of their experiences that I knew about through my relationships with them as a clinician, rather than through my relationships with them as a researcher. This is the reason that I declined including anyone in this study with whom I had previously had a therapeutic relationship as an individual counselor. In order to protect these clinical relationships from being aired in print I made a concerted effort to only write about things my research participants brought up in the interviews. Therefore, the only background information about their lives prior to DBT appearing in this study came from their responses to when I asked them to describe their lives prior to DBT, and what led them to
that particular treatment program. When writing the analytical chapters I followed the interview transcripts very closely, and provided evidence in the form of direct quotes within this document.

**Recruitment.** Research interviews took place in office and group space on the premises of Wellness Pathways in southwest Ohio. Wellness Pathways provides counseling, psychiatric, and case management services to individuals suffering from severe mental illnesses, and has a DBT program available for individuals who might benefit from DBT treatment. Flyers were given to DBT therapists at Wellness Pathways, and were posted in waiting rooms on the premises. Potential participants were instructed to contact me to arrange an appointment for the individual interview. After interviews were completed I contacted the participants to set up a date and time for the focus group.

**Procedure**

**Interviewing.** This research attempts to amplify the voices of individuals who have graduated from a DBT skills training group, and the impact that skills training has had on their recovery. As my main source of data collection, semi-structured interviews with probing questions were used to discover information about experiences of individuals suffering from BPD (Mills, 2001). According to Rubin and Rubin (1995), effective qualitative interviews depend on the three conditions: (a) successful interviewers understand importance of culture, (b) interviewers are not neutral but participants in the relationship, and (c) the purpose of qualitative interviews is to hear, understand, and to give public voice to participants’ perceptions. Ezzy (2010), coming from a background of psychoanalysis and feminism, likens interviewing to performing, and also to a type of communion. Through this lens, we see that interviewing is relational, mutually interdependent, and involves mutual recognition.
Each participant in my study gave one interview lasting approximately one hour in an office at the Wellness Pathways counseling center, and these interviews were recorded on a digital audio device. These interviews were carried out in a way that allowed the participants the opportunity to make their voices heard in a context of mutual respect and genuineness. Due to the time commitment and nature of the interviews a smaller sample size was deemed appropriate to provide an in-depth description of clients’ perspectives on the therapeutic process of DBT skills training.

**Focus group.** I also utilized a focus group for the purposes of member-checking (Hatch, 2002). After all of the individual interviews concluded, I performed a preliminary analysis of the data and then contacted my research participants to set up a time to meet for the focus group. Three out of the four individuals whose interviews were included in this study attended the focus group, with the remaining individual unable to attend. I presented my preliminary findings to the group and invited their input regarding perceived veracity in the themes I found, as well as anything important that they felt may have been left out. The focus group was recorded on a digital audio device, and lasted approximately 90 minutes.

**Reflexivity.** When interviewing from a postmodern framework such as the Listening Guide, one recognizes that both the interviewer and the interviewee are presenting partial, fragmented selves that they co-construct together in the interview process. Roulston (2010) refers to these as “situated performances…of non-unified selves” (p. 210). Therefore, if both the interviewer and the interviewee construct and perform these partial selves together, then it follows that the interviewer’s part of the interview should also be subject to analysis. I employed the use of reflexive journaling and field notes as a method of data triangulation (Maxwell, 2005). While this by itself does not assure the trustworthiness of my findings, it provided clues about
how my own thinking and experiencing might have affected the data. As this research is relational in nature, my explicit awareness and articulation of my own subjectivity was an essential component of the story that I will tell in this dissertation. Indeed, during each of the stages of analysis that I describe in the next section I wrote analytical memos into which my subjectivity figured prominently. I expected that who I am as a researcher, a counselor, and a person would play a role in how I would interpret the stories that my participants and I co-created. Therefore, this served as a strategy for assuring that I made an effort to identify ways in which I contributed to the story being told by being aware of my subjectivity.

**Analysis strategy**

Data analysis was an ongoing activity throughout the project. I personally transcribed each audio recording of the interviews using a headset and voice recognition software. After the initial transcription was complete, I listened to the recording again while reading my transcription in order to check for errors. Following transcription, I analyzed the data by using the Listening Guide method (Gilligan, Brown, & Rogers, 1990; Gilligan et al., 2003) to identify themes and voices. This is a polyvocal method and was specifically designed for use with relational subject matter, and it takes place in a minimum of four stages. The Listening Guide requires that the researcher take an active role in the analysis process, hence the necessity of acknowledging my subjectivity and examining how it contributes to the meaning that I make of the data. This is a significant departure from the typical passive stance that researchers take when they claim objectivity and neutrality. Many prominent works in the fields of psychology and education have used the Listening Guide as their analysis strategy. A sampling of topics explored with this methodology includes women’s experiences with depression (Jack, 1991), how classroom relationships affect student learning (Raider-Roth, 2005), factors and processes
responsible for resilience in LGBTQ youth (Sadowski, 2013), the evolution and eventual loss of
close friendships among adolescent boys (Way, 2013), and Brown and Gilligan’s (1992)
seminal work on the psychology of adolescent girls. An important benefit that the present study
derives from this methodology is the way it amplifies the voice of the participant, thereby adding
to the literature on DBT and BPD by illuminating the voices of those who experience this
condition and treatment.

The first stage, called the “first listening,” involves listening/reading for content and
themes, in a similar way as one would with other qualitative research methods. I wrote an
analytic memo of the content and themes that I had identified as being relevant to my research
question in order to provide myself with a context for the voices that I would listen for next, as
well as to suggest where I would need to pay special attention in my subsequent analyses.

The next two stages have some characteristics of discourse analysis. In the “second
listening,” I focused my attention on the different ways the participants referred to themselves
when speaking. I did this by using colored pencils to underline the personal pronouns the
participants used when referring to themselves, as well as the verb immediately following that
pronoun. I used different colors for the first person, second person, third person, and the plural
forms of each. I then wrote an analytic memo in which I constructed “I-poems” made up only of
the words I had underlined and analyzed the I-poems for patterns and themes. I then analyzed
these I-poems to discern their possible meanings and implications.

In the third and subsequent stages of analysis I identified and analyzed the voices through
which my participants spoke that informed my research questions. These are known as
“contrapuntal listenings,” as I paid attention to the ways that these voices move together and
separately, consonantly and dissonantly. As with the second listening, I used different colors to
underline phrases spoken by those voices, and again analyzed for patterns and themes. I wrote an analytic memo for each of the contrapuntal listenings.

Finally, for each interview I wrote a memo that synthesized all of the analyses that I conducted up to that point, so that it formed a logical, coherent representation of the multiple levels of analysis that I had performed. These final integrative synthesis memos served as first drafts for their corresponding chapters in the remainder of this dissertation.

During each layer of analysis, it was important for me to keep Gilligan’s (2011) questions in mind: Who is speaking, and to whom? In what body? Telling what stories about relationships? In what societal and cultural frameworks? These questions are not only relational in nature, but ecological as well in that they call to mind the nested and interactional nature between the multiple layers of context in which my participants live their lives. My attention to these guiding questions allowed me to better illuminate the rich and multilayered nature of the relational and ecological context in which these interviews are embedded.
Chapter IV

Scarlett: Inherent Self-Worth

Introduction to Scarlett

**Background.** Scarlett was a divorced, Caucasian female in her late 40s who had spent most of her life navigating the mental health system before finding DBT. She had gone through a string of therapists who found her case too overwhelming to work with, and many of these therapists discharged her from treatment prematurely because of her frequent self-harm episodes and suicide attempts. She finally ended up in DBT somewhat involuntarily: the only therapist who would work with her would only do so if Scarlett participated in DBT. Scarlett was reluctant at first, particularly because she felt very uncomfortable about the group component.

**Voicing.** In my analysis, I began by listening for the major themes marking the landscape of her interview. During the second stage of analysis I listened for her “I voice,” “you voice,” “we voice,” and a somewhat distanced variation on “we” that I called her “everybody voice.” In addition to these voices whose entrances are marked by personal pronouns, Scarlett also spoke through a disembodied voice that abandoned personal pronouns, using only the gerund and infinitive verb forms. For my third and fourth listenings I chose to listen for Scarlett’s voice of worth in conversation with her voice of unworthiness. Scarlett’s voice of worth speaks to themes of self-worth, willingness, and awareness. Conversely, her voice of unworthiness speaks to themes of unworthiness, unawareness, willfulness, and fear.
Group Process

Discomfort in group. Scarlett described the group process and noted the wide variance among group members in terms of type and severity of symptoms, level of commitment, and capability to skillfully cope with stress. She found group to be very anxiety-provoking since the leader would “make an example” out of group members who arrived late or unprepared. Additionally, like nearly every other DBT participant at Wellness Pathways, Scarlett was very wary of interpersonal situations since she had a history of extreme difficulty with effectively relating to others. This was due in part to lack of skill (hence, one of the reasons for the group), and to the fact that she had been victimized and severely invalidated beginning at an early age. Despite her anxiety and discomfort about group, she reported in the interview that understood the necessity of the group and of the way it was run.

Scarlett frequently differentiated between the basic skills group and the advanced group throughout the interview. While she found the advanced group much more enjoyable since it was less rule bound, she also recognized the importance of the highly structured process of the basic group. Scarlett observed that, without proper structure, the group might have disintegrated under the pressure of the markedly varying symptom distress and skill level among the group members. This structure allowed clients at varying points on their respective journeys to interact with one another on the same level, preventing a context in which one or two more experienced group members dominated the rest of the group.

Accountability to self and others. Scarlett found value in the group’s role in holding her accountable for her progress, and stated that this meant even more to her than being accountable to her therapist. “While that accountability is not something that was overt, you still
knew that if you didn’t use your skills or continue growing that way then you were letting the group down.” She had a strong belief that the purpose of the group was to promote personal growth, and she understood that she was in some way responsible for other people’s growth. She felt that if she failed to put forth sincere effort in the group, then others in the group might suffer – or at least fail to progress as much as they might have otherwise:

If you're not working hard enough you shouldn't take up the space in the group. You should let somebody else who's gonna work at it. So if you do, so if you don't work and you don't put in the effort, then give your spot to somebody that will. And by not doing that you're letting the group down because you are taking up that space that somebody else who wants to learn and wants to grow could take up so I just really felt like not pressure to learn, but, like I said, an accountability to learn and use the skills…. The people were already there and they're seeing you as an example of not growing, then they're not being encouraged to grow, so you’re letting the group down, too, by not encouraging them. Especially, there is a natural progression that you go through and somebody comes into group two months after you should be able to look at you and see, "this is the progression, this is where I can be in two months." And if I'm not doing it, and if I'm not progressing, and I'm not there, then I've let that person down who is in the group, because I'm supposed to be helping them by being an example.

Scarlett felt strongly that others’ well-being depended on Scarlett’s commitment and progress in group. When I write this quote out as an I-poem, I notice the overwhelming presence of Scarlett’s second person “you” voice:
Scarlett’s second person “you” voice represents the voice of an internalized authority figure, not unlike Jack’s (1991) “over eye” voice outlined in *Silencing the Self: Women and Depression*. In this instance, Scarlett’s you voice repeatedly invokes shame over her perceived failure to live up to her expectations. Answering from her I voice, Scarlett agrees with the you voice’s accusations, as if to say, “I’m supposed to be helping, I can help, but I’m not.” This self-imposed shame and guilt was highly motivating to Scarlett, since when we look at the thought content here she states that her fear of letting the group down was a major factor influencing her level of participation. Individuals suffering from BPD – and especially from Scarlett’s “brand” of BPD – typically have intense, negative feelings about the self, and these individuals
consistently experience shame as a regular emotional state. Here, Scarlett’s shame and low self-esteem function to urge her to participate fully, at least for the sake of others who she deems more important or worthy, if not for her own sake. It is somewhat ironic that her low self-regard motivated her to grow as an example for others, since as she attempted to do this she managed to grow and build up her self-worth in spite of herself.

While Scarlett recognized that her participation played a role in other people’s growth, she did not take so much responsibility on others’ behalf that it became problematic or unhealthy. She stated, “I can’t make them grow, but what I can do is set an example for them that I’m growing, and if I can do it so can they.” As she stated in the block quote above, she was aware that the group process itself was responsible for others’ growth. Scarlett concluded that the group was only as strong as its weakest member, and she did not want to be that weak link. By putting forth her best effort, Scarlett ensured that she was not only gaining the skills she needed from the group, but that she was also contributing to her peers’ growth and well-being.

**Inherent Value**

One of Scarlett’s major contributions to this project was her discussion of the group’s affirmation of her inherent value. Prior to her DBT treatment, Scarlett had always considered herself to be “less than” others in terms of human dignity and worthiness. Scarlett’s self-perception was thoroughly challenged during her time in DBT such that she eventually began to accept the possibility that she might be more worthy of basic human dignity than she had previously considered. In the quote that follows, Scarlett describes the dramatic shift that took place in her self-perception, and the group’s role in that shift:
Group is a lot about building your own self-esteem and talking about the fact that everyone is worth the same amount and so that's kind of reinforced with group because everybody shares the same amount especially the basic group; everybody does their diary card, nobody is exempted doing their diary card. And then in advanced group, granted you may be if you absolutely don't have anything to say about something then you know you don't, but as a rule everybody had something to share about everybody else's situations. So it made everybody's opinions of the same value which meant my opinion was the same value as the next guy’s, which I'd never considered that to be the case before.

Her point that the group process affirmed her inherent value struck me as being extremely important. I pulled out Scarlett’s “I,” “you,” and “everybody” voices to listen for the way she thought about herself and her worthiness as a person in relation to others. After having analyzed her interview listening for the self voices, I noticed that Scarlett’s “everybody” voice speaks of equality, and that her second person “you” voice speaks of withholding or withdrawing from the group.

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Scarlett spoke about her inherently equal value somewhat tentatively as evidenced by her use of the “everybody” voice. She verbalized that she came to believe that at least on some level she might be worth the same amount as other people, and that therefore there must be some part of herself worthy of bringing into relationship with others. Scarlett began to accept the notion of her own inherent worth as a result of being treated equally as everyone else in her group with regard to something as mundane as the diary cards. Scarlett had such a low opinion of herself that she strongly and willfully resisted speaking up in group about the most basic, concrete facts of whether she had used DBT skills during the week. She explicitly stated that this was not out of shyness or fear of embarrassing herself. Rather, she explained that this was due to her belief that whatever she might have had to say would have been so inconsequential that it would have been a waste of others’ time; others whose time was more valuable than hers. Up until this experience in DBT group, Scarlett could “fly under the radar” in other group or interpersonal settings without voicing her experience. The way her skills group leader ran the group did not allow Scarlett’s behavior to continue in that way, thus forcing her to confront the possibility of her inherent worth head-on.

**Significance of voicing.** The excerpt above is the only point in the interview where the “everybody voice” appeared, which suggests Scarlett’s continuing uneasiness with accepting her own inherent value and worth. Otherwise one might have expected her to use the “we” pronoun to fully add herself to the collective. With the word “everybody,” she still includes herself since she is technically a member of “everybody,” but this word is not as strong as “we” in that sense, because “we” is the plural of “I”, whereas “everybody” could be used as a plural for a third person “he/she” in typical conversation. Furthermore, in the context of the excerpt, the content which she describes using the “everybody” voice sounds as though she relates to them on an
abstract, theoretical level rather than in a personal way. In that moment, Scarlett may have considered the notion that “everyone is worth the same amount,” to be true in theory – almost as a form of creed or social contract – even if she did not initially find that creed to be true about her reality.

**Intrapersonal Relationality and Meaning-Making**

Scarlett frequently made reference to “knowing” that there was something wrong with her since an early age. To her, the idea that she was “less than” others was a fact and not her subjective opinion. Her recognition of the concept of “equal value” facilitated by the group challenged this notion of hers:

I always felt I felt like I usually didn't even offer an opinion and I had never been in a group situation like that before. I had been in groups in the hospital. But that's a very different situation. But I had never been in a group situation like this where it was so egalitarian. And so it was it was something brand new for me. It was something that I thought probably for a long time, it was like, we're running out of time, “just don’t do me,” kind of thing. And of course that was never let slide, that always, “nope, we will do this.” Because even in advanced group we had a schedule that we usually did like initial sharing and break and then something else and so if it would be we were running late for break time I would be like you know “I'll pass”, you know and they would be like “no can't do that”. So it was really really helpful for me to have that be enforced like that. And again it was the first time I always grew up like I said knowing that I was different knowing that I was less and I say “knowing” because it's not a feeling it's a knowledge. And it's still something I mean I still struggle with but I, like I said before, I really fought
it at the beginning and I kind of accepted it or got used to the fact that my opinion was
going to be valued as much as anybody else's. And then once we got to the advanced
group I actually kind of believed that my opinion was was worth as much as anybody
else's. So that was pretty different for me.

Here, Scarlett struggles to make meaning of her inherent equality in worth and dignity to
other people. I pulled out her voice of worth in conversation with her voice of unworthiness to
hear what her inner debate might have sounded like.

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Scarlett demonstrates the covert conversation that would happen during group between
different aspects of herself with regard to how much she should participate and whether her
participation would be valuable. She struggled with competing possibilities that she had nothing
valuable to contribute to the group, and that she was valued anyway, regardless of whether she believed she was of value. This idea of inherent worth was a sharp contrast to her lifelong belief that she was worth less than other people, and she was unable to accept this idea when she was initially confronted with it. Scarlett eventually grew to accept this new possibility after it was repeatedly and experientially reinforced within the context of the group. It was not enough for therapists or peers to tell her that she was valuable; she needed to experience the group listening to her for the two or three minutes while she read her diary card on a weekly basis. She began to see that not only was she not wasting others’ time, but that what she said impacted the other group members. In this way she experienced mutual empathy with the group: the group affected her, and she could sense the way that she affected the group. This mutual empathy facilitated her acceptance of her self-worth.

It occurred to me that Scarlett’s voice of worth might not really be authentically hers, as she often adopts the voice of the group leader to take up this side of the argument. This indicates that Scarlett may still be unable to fully accept this creed of equal worth for herself, so she chooses the perspective of an outsider to narrate the notion that she is valuable and worthy. Furthermore, the outsider she chooses is her group leader – an authority figure that she likely views as an expert – and she relies on this authoritative, expert voice to provide external validation.

This brings to mind the essential role of validation in DBT: while DBT focuses largely on change strategies, it is imperative that these change strategies be carried out in a context of absolute acceptance and validation. Therefore, Scarlett may have become accustomed to receiving and relying on validation from her therapist and her group leader, and this is not a bad thing since individuals suffering from BPD tend to lack external models on which to base their
internal validation. Ultimately, it is hoped that the client will eventually develop a capacity for self-validation so that he or she will no longer require external validation. This part of the interview may provide a clue about what the process of moving from an external locus of validation to an internal one looks and sounds like. Scarlett seemed to be right in the middle of this transition as she acknowledged and spoke to the possibility of her value and worthiness, yet still found herself fighting this concept as evidenced by her need to adopt the perspective of an outsider when discussing this. I found myself fascinated and humbled by this snapshot of an individual engaged in the process of change.

Scarlett explained that she was reluctant to share her diary card because she believed that she was so worthless that anything she might say during group would waste others’ valuable time. Unlike other members who might have been embarrassed at speaking in front of people, Scarlett felt comfortable with public speaking. Her attempt at silence during group was a deliberate choice; a choice that she made for the sake of what she believed was in the best interests of her fellow group members:

I didn't really have a problem as far as talking in front of people or anything like that, I just didn't feel like what I had to say was worth anything because it was about me and I wasn't worth anything. So why would you want to listen to me? *It's kind of hard to think even now to think that my opinion or what I have the say could be valuable to you in any way* [emphasis added]. I mean yeah I'm more than willing to talk to you because you need to talk to people to do this project, but it's kind of weird it's like “really? Me? (Molly: “what do I know?”) Yeah, I'm just me.”
An important thing happens at this point in the interview: performing artists would say that Scarlett “drops the fourth wall” here, not unlike an actor’s aside to the audience in a play. As I wrote this section, I was suddenly struck by the disparity between the value that I assigned to Scarlett’s opinion and the value with which she credited herself. It was clear that she experienced an improvement in her sense of self and that she attributed much of that to having the validity of her beliefs challenged in group. However, I found myself deeply saddened as I re-read this section in which she “came out of character” and addresses the interview process itself. For despite the gains she made, Scarlett still saw herself as being relatively unimportant and did not believe that she could contribute anything of value to this project. The ultimate irony is that Scarlett’s opinions and experiences are supremely valuable to me – and if I may risk being a bit grandiose, to the larger counseling literature on this topic – and yet she believed them to be virtually insignificant.

**Evidence of Relational Growth**

Scarlett eventually began to develop a capacity to have casual acquaintances. In the past, her relationships were chaotic in ways that most clinicians would expect from clients presenting with BPD: she would cling very closely to certain people and “overshare” certain things about herself too early in the relationship. This behavior would often result in people distancing themselves from her due to their discomfort with her over disclosure. Scarlett would find herself caught in a cycle in which she alternated pushing people away with pulling them in, never finding the dynamic that would allow the relationship to thrive and foster growth. Since her participation in DBT, Scarlett found a friend at the college she attended with whom she walked and talked on a regular basis. Scarlett would maintain mindfulness to what she shared with this friend, and was able to differentiate between topics of conversation that were appropriate to the
relationship and topics that would have been more suitable for a very close relationship. Scarlett attributed this to the mindfulness skills that she learned in the DBT group.

Scarlett: I am much more able to have casual acquaintances now and to, and to be willing to open up and talk… more, and to talk more appropriately I think. I've gone through periods in my life when I would just spill my whole life story to a stranger, which is totally inappropriate. And I actually one of the girls that I go to school with now, she and I have had several classes together and we've started walking after class. She… It's 100 and some dollars to buy a parking pass, and so instead of buying a parking pass, at 10 PM you can get out of the garage without having to pay. So class at nine so she sticks around till 10 so she doesn't have to pay. So between nine and 10 we go walk on the walking track at the gym. We talk while we’re walking, and I have … been aware of editing what I say to keep what I say appropriate to the relationship. So that's big improvement for me, just being able to say "this is appropriate for casual relationship" or "this is a good thing for, you know, a deeper friendship". And it may be that she and I develop a deeper friendship, but for right now it's not there. And so being able to do even that much is a big big improvement for me.

Post-DBT, Scarlett was more mindful of what level of disclosure is appropriate to the relationships in which she was engaged. This mindfulness enabled her to have healthier relationships in that it helped her to avoid “oversharing” with casual acquaintances. That is, “oversharing” before a relationship reached a certain level of intimacy reinforced Scarlett’s dissociative wall because the recipients of such behavior tended to experience this as awkward and off-putting. Thus “oversharing” functioned to push away relationships that might have otherwise evolved in a mutually healthy way.
One might be inclined to view Scarlett’s self-editing as a sign of inauthenticity since she was holding parts of herself back, but I chose to view it as a sign of her increased self-worth. I made this choice because, as I stated earlier, this self-editing came from her mindfulness of appropriate boundaries in her relationships. If one were to “spill [one’s] whole life story to a stranger,” – as Scarlett said – that stranger would typically feel put off, uncomfortable, and intruded upon since relationships require a period of give-and-take in order to naturally grow to the point where disclosure of intimate details of one’s life is appropriate to the context. Otherwise, the relationship would be one-sided: neither mutually empowering nor mutually empathic.

Scarlett continued by acknowledging the mutually empathic, mutually empowering qualities of the relationships that she had with other students in her college classes. These were not deep friendships, to be sure. Rather, the other students that she mentioned were acquaintances who happened to be fellow classmates. In my view, her recognition of the mutual empathy and mutual empowerment present in these relationships was an even more positive sign than if she had been speaking of close friends. My thinking was that it is much easier to recognize mutual empathy and mutual empowerment in the context of intimate relationships since there is almost an expectation of these qualities in such relationships. One generally does not expect to have much of an effect on people that one barely knows, just as one generally does not expect to be able to empathize with mere acquaintances. Scarlett’s recognition here, then, reflected very finely tuned intuition and mindful awareness of both herself and others.

Scarlett: And being able to feel like my… Okay, coming into a class and seeing somebody that you've had class with before makes you feel better. And so, I'm kind of realizing that it makes them feel better that I'm in there, too.
It proved very enlightening to write the above quote as an I-poem. This rendering of her voice illustrated Scarlett’s virtual absence in the subjective sense. That is, the pronoun “I” only made two very brief appearances while “you” and a new, disembodied voice lacking a personal pronoun dominated the excerpt.

<table>
<thead>
<tr>
<th>I</th>
<th>You</th>
<th>Disembodied voice (Infinitive/Gerund)</th>
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<tbody>
<tr>
<td></td>
<td></td>
<td>Being able to feel</td>
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<td>You’ve had</td>
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<td></td>
<td>You feel</td>
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<tr>
<td>I’m</td>
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<tr>
<td>I’m</td>
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This was the point in the transcript where I first became aware of the emergence of the disembodied voice. This disembodied voice uses no subject pronouns and speaks in the infinitive and gerund forms. This seems to suggest that Scarlett was aware of the possibility that classmates might have found Scarlett’s familiar presence reassuring, for example, but at the same time she had difficulty fully embracing this possibility. Otherwise one might have expected her to speak from her I voice, sounding something like: “I feel better when I come into a class and recognize familiar faces, and I realize that others might feel that way about me, too.”

I wanted to make sure I understood to what she attributed this change rather than simply assuming, so I asked her to explain how she felt this came about. In her explanation, she gave an example of how she coached herself to use her DBT skills.

Scarlett: That whole, because mindfulness of course is a big awareness tool, but learning the other skills and learning, okay "this is what I'm feeling, this is what's going on now, this is a tool that I can use", so being more aware of what's going on with myself, that that
awareness that comes from learning how to step back – which is what the mindfulness gives you – and look at what's going on and look at what you're doing, I think that's a big part of how I learned to be more self-aware. And being more self-aware I know more what I'm bringing to a friendship or what somebody else is bringing to a friendship.

As she described how her facility with the mindfulness skills helped her to me more skillful in general, I noticed a conversation between her self voices. I listened for her I, you, and disembodied voices for their functioning in Scarlett’s mindfulness and self-coaching.

<table>
<thead>
<tr>
<th>I</th>
<th>You</th>
<th>Disembodied voice</th>
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<tbody>
<tr>
<td>I’m feeling</td>
<td>Learning</td>
<td>Learning</td>
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<tr>
<td>I can</td>
<td>Being more aware</td>
<td>Learning</td>
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<tr>
<td>Mindfulness gives you</td>
<td>To step back</td>
<td></td>
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<tr>
<td>You’re doing</td>
<td>Look</td>
<td>Look</td>
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<tr>
<td>I think</td>
<td>Being</td>
<td></td>
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<td>I learned</td>
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<td>I know</td>
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<tr>
<td>I’m bringing</td>
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The disembodied voice has a significant role here in narrating Scarlett’s metacognition about how she used mindful awareness in her relationships. She begins this section using her disembodied voice as an outsider, observing what is happening. Scarlett then switches over to her I voice and owns what she thinks, what she has learned, and what she knows. In my analysis, I was struck by how the word “learning” showed up three times in this excerpt – each
spoken by the disembodied voice – and after the final occurrence of the word “learning” Scarlett claims it as her own when she says, “I learned.” This suggests that her learning felt foreign to her in the beginning – that she needed to convince herself of its usefulness and of her ability to apply it – but now at this point in her life she is now confident in her knowledge and its application.

Similarly, I also notice the disembodied voice saying the word “look” twice in a row, which then initiates a move back to the I voice. When I listen this way, it is as though I can hear an encouraging outside voice saying, “Look! Look! You’re doing [it]!” to which Scarlett responds by acknowledging this outside voice and owning what it has to say. In this case, Scarlett had been discussing how she moved away from a place of unawareness in which she responded to perceived threats in ways that tended to only worsen her problems. As she began to distance herself from her tendency to react out of fear, she was better able to engage in healthy relationships. Her increased proficiency with mindfulness skills brought about increased awareness of her internal experience, which also facilitated her ability to speculate about the internal experiences of others. In turn, this clarity about self and others facilitated mutual empathy.

Conclusion

In Scarlett I found an invaluable lens for focusing the various aspects of the sense of self in BPD, and how this sense of self can develop and change over the course of DBT. As someone with a keen ability not only to practice the mindfulness skills that many people find quite difficult, but also to apply them in her daily life, Scarlett had a strong awareness of her emotional
experiencing. This ability therefore allowed her to reflect on her process in a very complex and meaningful way, which shed a unique light on my research questions.

Specifically, Scarlett’s salient experiences in DBT included a deep sense of trust in her fellow group members, which provided a safe context for Scarlett and the other group members to begin to forge healthy, growth-fostering relationships. This trust in the safety of the group was important because so many individuals suffering from BPD have great difficulty in interpersonal relationships. The structured nature of the basic group was the saving grace for what otherwise might have been a highly anxiety-provoking experience, as it ensured that everyone moved at a slow, steady pace in developing their relational capacities. This was evident in Scarlett’s reporting of her newfound ability to successfully manage casual interpersonal relationships. The trust in herself and others that was built in the structure of the group facilitated her ability to transfer this experience to her everyday life.

Scarlett found the group’s role in holding her accountable to be vital to her success. While one may find it unfortunate that Scarlett needed to rely on shame as a motivator in holding herself accountable, by the end of her time in DBT her newfound knowledge and skills empowered her to overcome this shame in a somewhat ironic turn. Her sense of accountability to and for the group was highly relational, as it was a reciprocal process that shaped Scarlett’s sense of self, Scarlett’s perception of the group, and – she at least hoped – the other group members benefitted from Scarlett’s presence as well.

Inherent equal value was a major theme of Scarlett’s experience in DBT, and it was the structured environment of the group that brought this about. Had the group leader been lax with Scarlett and allowed her to “pass” when it came her turn to share her diary card, Scarlett may not
have experienced this benefit of the group. Scarlett’s expertise in mindfulness practice added to the value of the interview in terms of her ability to effectively narrate her experience. More importantly for her sake, it facilitated her movement from unworthiness, unawareness, and fear to a sense of inherent worthiness and self-esteem, and allowed her successfully negotiate healthy relationships at an appropriate pace. Many layers of analysis illuminated Scarlett’s complex journey from where she began to where she is now in terms of her self-worth, with Scarlett’s thought process weaving in and out of the “I”, “you”, “we”, “everybody”, and disembodied voices. She provided a snapshot of an individual on the cusp of major change: partially relying on external validation yet partially confident in her ability to navigate various relational contexts.
Chapter V

Flora: Asserting Internal Validity

Introduction to Flora

Flora was a married, Caucasian woman in her early 40s. It is worth noting that prior to my interview with her I felt excitement and anticipation. Flora had been in my advanced DBT skills group, but had to withdraw from the group after four months because of a work conflict. This had been disappointing because I had really enjoyed having her in my group: she was very focused on our topics, and she used her skills quite effectively. I had worked with a handful of group members in the past who had acted almost as co-leaders due to how skillful and knowledgeable they were, and Flora was one such individual. She was very insightful and aware of the ways she contributed to her own problems, which was a welcome deviation from the stereotypical BPD presentation and was an indicator of how far she had come.

Voicing

After initially reviewing her interview and highlighting Flora’s self voices, I noticed that Flora exhibited a strong preference for her I voice, followed closely by the disembodied voice. For instance, Flora gave her entire narrative of her early experiences navigating mental illness alternating between the I voice and a passive, disembodied voice. I also noticed that Flora’s second person “you” voice only made occasional, short entrances.

Voices present in the analysis. I chose to listen to Flora’s passive voice in conversation with her assertive voice, and her tentative voice in conversation with her collaborative voice. I could identify her passive voice as being the voice that spoke of keeping herself out of relationship by allowing others to speak for her or define her. This voice also referred to how things had always been in the past, avoided taking risks, doubted the validity of her own
experience, and feared losing her relationships due to confrontation or disagreement. Flora’s assertive voice, on the other hand, spoke of standing up for her beliefs, said things like, “I’m not afraid,” and recognized the validity of her experience. Flora’s tentative voice was somewhat different from her passive voice. Whereas her passive voice tended to allow others to speak on her behalf, Flora’s tentative voice is willing to venture out of her comfort zone albeit with considerable discomfort and trepidation. Her tentative voice also expressed displeasure and even annoyance that not all group members were at the same level as Flora in terms of commitment to DBT or understanding of the group content. Finally, Flora’s collaborative voice valued the diversity of the group, appreciated alternate points of view, worked to find connections with others, and expressed compassion for those facing more obstacles than Flora.

**Life Prior to DBT**

Flora described her life before DBT as being rather chaotic and characterized by suicidal ideation, at least one suicide attempt, and intense, unpleasant moods. While she stated that she was “committed 100% the whole time” to DBT, she also had moments in which she struggled with willfulness. Some of her willfulness came from her feeling overwhelmed with learning the terminology associated with the plethora of DBT skills. She had initially found it especially learning to restate judgmental statements so as to only observe the facts of a situation and to separate thoughts and opinions from objective reality. Another aspect of her experience which may have led to willfulness was her self-described perfectionistic tendencies, which prominently featured dichotomous thinking (“If I am not perfect, then I am a failure.”).

**Active Passivity**

Flora had spent most of her life interacting and relating in a very passive way, allowing others to define her and fearful of voicing her own opinions. Instead, she preferred to allow
others take the lead in determining her wants, needs, and preferences. She explained this as having been a function of never truly feeling as though she were her own person:

I was never really on my own. So I went from being in the home environment under the control of my parents to I was on my own maybe six months before I was living with my boyfriend which is now my husband. So I always identified myself with needing someone. Always it was easy for me to let other people make decisions for me, and to be led into – not necessarily that I didn't want to have a say so – but it was easy for me, easier for me than voicing my opinion and being familiar with what my feelings were than to let someone else just lead the way.

Flora speaks here of how, while she might have liked to voice her own opinions, she found it easier to passively adopt the opinions of others. She acknowledged that this pattern of active passivity was not her ultimate goal or expression of her true desire. However, she identified with needing someone, and felt that she was not whole without others to define her. She recounted how she had had low self-confidence throughout her life, and that she came to realize that she had “latched on” to people in order to supplement her confidence level. Because Flora believed they were doing the best they knew, she did not blame these people for what she eventually recognized as their having hindered her personal growth by enabling her. As she described her history of allowing others to define her, it was clear that she was not describing a healthy relational dynamic in which one shapes and is shaped by others. Rather, during this time Flora felt dependent on others for her identity. What she described was a “one-way street,” and therefore was neither mutually empowering nor mutually affirming.
Voice and Evolving Sense of Self

Given her focus on the codependent nature of her relationships prior to treatment, I was curious about how Flora felt her sense of self and her relationships have changed since her involvement in DBT. Flora described her movement from shame and active passivity to a more confident, self-assured approach to life:

I'm just more vocal now. And I don't doubt myself as much. I used to question every emotion that I had, every feeling that I had. And I had just basically decided that I was wrong and they were right. And so because of I knew I had this bipolar that that just meant that I was wrong and that I needed to do whatever they said. You know. And so I just let myself let my feelings kind of go. And I, the way I justified it was "well, that's my illness. So I need to just accept that whatever I'm feeling, that's not right." Where in true life really, some of the emotional issues that I have are related to the bipolar, and yes I do, you know struggle with heightened emotional issues and control of emotions, but the emotions themselves are not the problem. And I am allowed to have emotions, you know, so going to the DBT I learned how, you know, what the emotions are specifically to put a name to them, and then how they're affecting me. And then how they're affecting the relationships, and what is it I need to do to make myself feel like I'm actually a part of person in that relationship instead of just kind of blending in, you know, and feeling more like I'm saying "okay this is how I feel, and yeah maybe I feel it strongly-er, and I struggle with the strength of the emotion because of the bipolar, but I still feel this way" and I'm not ashamed of it.

Flora began this comparison of her past and present interpersonal styles by acknowledging her tendency to be more vocal now, indicating that an audible voice is an
essential sign of well-being. Whereas in the past Flora adopted the voices of others while keeping her own voice silent, she now feels increasingly more empowered to speak on her own behalf. Flora provided an example of how DBT’s biosocial theory conceptualizes the role of invalidation in the development of BPD, and then related this to her own self-silencing. Flora described feeling as though she needed to depend on others to determine which thoughts, emotions, and behaviors were appropriate in various situations. Because either she or someone else had labeled her as a “mental patient” at some point in her life, she felt that she could not trust her own perception of reality. In contrast to her earlier unawareness of the way she used to disempower herself in her relationships, she is now aware of her role in these relationships and she affirms her right to feel and express her emotions in these relationships. Flora acknowledged that the intensity of her emotions may be greater than others’ emotions due to her having bipolar disorder, but whereas she used to use this as grounds for completely dismissing her emotions, she now accepts that the emotions themselves – and her reasons for them – are valid.

**Developing Capacity for Self-Validation**

Flora began the work of self-validation through her work in DBT, and this led to her ability to give voice to her experience in situations when she might not have done so in the past. Flora described going from passively allowing her husband to “take control” to being able to mindfully validate thoughts, feelings, and actions:

> As life gets more complicated and you have more responsibilities you just, it's easier for that trend to continue, you know. Especially when I have a husband that has a type A personality. He doesn't mean any harm by taking control of things, I was sort of making him do it. So and he was always wanting to help. It sort of was a codependent thing (she laughs). I think that's kind of how it started, I didn't have any autonomy really until
recently. I really feel like the DBT kind of helped me figure out, "okay what is it I'm feeling? Yes, I'm feeling that. Why am I feeling that? Why am I feeling that? Do I have the right to feel that way?" And then being confident that "yeah, I do have the right to feel that way."

Because Flora had such an indistinct sense of self in the past, she found that it was easier for her to rely on others to voice opinions and make decisions on her behalf; often it was unclear to her what her opinions actually were. Prior to her participation in the DBT program, Flora was unaware of her complicity in her own disempowerment and her choice to assume a passive role in relationships.

The following I-poem derived from the previous excerpt illuminates how the various aspects of Flora’s sense of self came to know, interpret, and understand her experience:

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<tr>
<th>I</th>
<th>You</th>
<th>Disembodied/passive</th>
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<tr>
<td>I can look</td>
<td>You have</td>
<td>It just happened</td>
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<tr>
<td>I didn’t realize</td>
<td>You just</td>
<td>It was happening</td>
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<td>It’s easier</td>
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<td>I was sort of making</td>
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<td>It sort of was</td>
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<td>I think</td>
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<td>Being confident</td>
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<td>Am I feeling</td>
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<td>I have</td>
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<tr>
<td>I do have</td>
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The first thing I notice here is that Flora started speaking in her more distant voices – the you and the disembodied voices. Then she makes a transition in the middle of this excerpt, where she says, quite tentatively “I was sort of making,” and “it sort of was.” Then as she acknowledges how codependent her relationship with her husband was, she states, “I think that’s how it started.” From there, Flora moves into a confident I-solo in which she demonstrates how she now coaches herself through acknowledging, experiencing, and affirming her emotions. Flora is very much aware of her prior role in silencing herself, as even her passive voice acknowledged that she was “making” her husband assume responsibility for Flora’s subjective experience. Finally, Flora contrasts her past experience of herself with her current ability to identify her thoughts and feelings, and, in so doing, to draw conclusions about their inherent validity.

Response to Group

Flora enjoyed the group, and unlike many other DBT participants, she looked forward to group from the very beginning of her treatment. Where others approached group with anxious avoidance, Flora was enthusiastic. She would even read ahead in her binder in order to understand the skills in advance of learning them in group.

Relationships with peers. Because of her enthusiasm about group and learning the skills, she also felt annoyed with the less motivated group members. These other members did not show up as prepared as Flora did, they had more difficulty understanding the concepts, and they often voiced negative attitudes towards the group. Despite her impatience with some of her peers, she also found them to be a source of continued motivation. These “obstinate” individuals were in a very different place than Flora, and in considering them she would feel grateful that she did not have to endure the same struggles and barriers that they did. Somewhat unusual for a
person suffering from BPD, she was able to empathize with her these peers, recognizing how much they stood in their own way. In some cases she was able to observe and describe these self-destructive thoughts and behaviors to her peers, which seemed to plant a seed of insight that would bloom later in some of these individuals’ minds as evidenced by the turning-of-the-mind that Flora reported these individuals eventually underwent. Flora described the differences between the relationships among group members during group time and outside of group time. As a smoker, she often found herself in the company of her more obstinate peers during smoke breaks, and during the interview she described these interactions.

And we would talk in other instances, you know, outside of group time, and it was kind of a shame. And a couple of times I did talk to them and say "jeez, you know, you're making it worse for yourself, why are you doing that?" You know, and one of them really I think came around and really started taking it seriously and ended up committing to the program, and you know, and yeah, so I mean I got a lot out of it, yeah, I think the interrelationship, and you know, it's not just the group time, because I'm a smoker we happen to go out and talk you know, and the smokers tended to be the ones that were more obstinate ones, which was fine, that's okay, I'm not afraid to be around people like that. But it was a different aspect of things when you're out of that environment than when you're actually in the classroom. You're still talking about the group, but in a different way because you're not into, you know, you're not in the judging setting that they feel like they're gonna be judged or whatever they're saying, you know, and so I got a different feeling for what they were struggling with, it and why they were struggling with it. You know, and how they were seeing their perspectives on things. And I was
able to say "but, why are you here? You know, are you here because the court made you come here? Are you here because you really want to change?"

Flora was able to recognize her annoyance at the obstinate group members, assert herself to the point that she could show these people how they were getting in their own way, and mediate both of these reactions through her compassion and willingness to collaborate. It was perhaps out of her compassion and collaboration that Flora was moved to challenge her obstinate peers on their willfulness and rationalizations, for she felt that she could perceive things that others did not. Additionally, she had compassion for the fact that these people failed to realize that they were their own worst enemies in certain situations.

I gained increased insight when pulling out the following second listening voices. The result was a conversation between “I” and “you.”

<table>
<thead>
<tr>
<th>I</th>
<th>You</th>
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<tbody>
<tr>
<td>I did talk</td>
<td>You’re making it</td>
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<td></td>
<td>You doing</td>
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<tr>
<td>I mean</td>
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<td>I got</td>
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<td>I think</td>
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<td>I’m</td>
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<tr>
<td>I’m not afraid</td>
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<tr>
<td>You’re out</td>
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<tr>
<td>You’re actually in</td>
<td></td>
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<tr>
<td>You’re still talking</td>
<td></td>
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<tr>
<td>You’re not into</td>
<td></td>
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<tr>
<td>You’re not</td>
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I notice the complete absence of the disembodied voice here, as well as a greater influence of Flora’s second person voice. In her use of the you voice, Flora speaks from a more
distant frame of reference from the group, which is surprisingly congruent with the content here as she is talking about interactions that happened outside of the group. That is, whereas Flora used more of her I voice when discussing the group, she relied more on her you voice and thereby distanced herself a bit when discussing interactions that were more distant from the group itself.

**Increasing empathy for peers.** When Flora began the DBT group, she was initially put off by certain group members, particularly those who she considered to be “obstinate,” and those who did not grasp the material as easily as she did. Over time, she developed compassion for these individuals and began to hold a more empathic understanding of why these people behaved the way they did. In fact, she even began to see her own tendencies for ineffective, resistant behavior at times, which in turn allowed her to recognize the parallels between her journey to recovery and that of her peers. According to Flora, her ability to relate to such individuals may have even been a factor in promoting their recovery. Whereas Flora was initially intimidated by differences she saw between her own presentation and that of another group member in particular, her relationship with this person became increasingly both mutually empathic and mutually empowering after repeated opportunities to collaborate with and relate to this person.

**Relational Nature of Group**

**Relational context of knowledge and learning.** Flora described her experience of the relational nature of learning, and how she believed her learning may have been impacted had the group not been a required component of DBT:

I think it would really... Really lose the strength, you know. The strength is in the interaction. The strength is in you know bouncing stuff off of each other and seeing if the other person is having a problem you now handling the skill, doesn't understand it just
like you don't. You know if you are just reading a book it’s just words – they’re good
tools, but they’re just words until you can actually talk about them. You can talk to a
counselor and I probably could get something out of it, but I think that the difference is
that you know is the human part of it and relating with others and being able to share the
struggles part of it too, which makes a big difference.

Perhaps without realizing it, Flora touched on the relational nature of constructing
knowledge in a group. Of particular salience was her assertion that, “they're just words until you
can actually talk about them,” when referring to the content of the DBT skills manual. On some
level, Flora knew that while she could likely have learned the skills by simply reading them or
learning from her individual therapist, they acquired new relevance when discussed by a group
of individuals at various levels of proficiency at using those skills. Thus the act of discussing the
skills in the context of the group allowed group members to make their own respective meanings
of the skills.

Relational context of peer relationships. Flora was also aware of the impact that group
members had on one another – directly and indirectly; in group and outside of group. She
noticed that some group members were dealing with significantly more extreme issues than she
was, which she admits she found a bit frightening at first. However, over time she began to
appreciate both the similarities and the differences in their respective situations, and was very
much willing to learn from them. This got to the point that she and certain other group members
took on roles similar to training partners at a gym: they held one another accountable, they
cheered one another on, and they pointed out one another’s successes that might have otherwise
gone unnoticed or unappreciated. Flora became emotionally overwhelmed when discussing this,
and became tearful as she said:
I think that really started helping me with my self-esteem. Because my self-esteem is really like a big issue for me. And I'm getting better it's a long track thing that I'm gonna have to work on. (Flora begins to cry) And when somebody else that has had the struggles that these people have had are there and they're praising you it means a lot. And they're recognizing it in you because they've seen you over a year that you struggled through that, and that you're coming out the other side. And you may not see all the improvements because all you know is that you're still struggling. So when they see that, each little bit helps, you know, to hear the positives. And I think you know hearing from your peer group is a little different than hearing from your counselor. Which you know I go to my counselor, she's my cheerleader and that great, and I pay her to be that. (both laugh) basically. I don't pay this person that's in group to notice that I'm doing something better now that I didn't do two months ago.

Because of the level of emotional intensity Flora experienced when describing this, I chose to listen to her I, you, and disembodied voices in this excerpt. I wanted to gain a better appreciation for the process by which she made meaning of these interactions with her peers in the group, as this seemed quite meaningful and personal to her.

<table>
<thead>
<tr>
<th>I</th>
<th>You</th>
<th>Disembodied/passive</th>
</tr>
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<tbody>
<tr>
<td>I think</td>
<td>Praising you</td>
<td>To hear</td>
</tr>
<tr>
<td>I'm getting better</td>
<td>They've seen you</td>
<td></td>
</tr>
<tr>
<td>I'm gonna</td>
<td>You struggled</td>
<td></td>
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<td></td>
<td>You're coming</td>
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<td>You may not</td>
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<td></td>
<td>You know</td>
<td></td>
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<tr>
<td></td>
<td>You're still struggling</td>
<td></td>
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<td></td>
<td>To hear</td>
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<tr>
<td></td>
<td>Hearing</td>
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</table>
Flora began this passage with her I voice as she discussed her improving self-esteem. Then she moved to her you voice and began to cry in the middle section of this excerpt as she seemed to be looking back on and addressing a past version of herself who was struggling hard against the obstacles in her life. The occurrence of the word “hearing” triggered a brief move to her disembodied voice. As I analyzed this part of the excerpt, I could see an image of Flora in a dark place where she could not see and could only hear. In this image Flora could not even see herself, and she was forced to rely on what she was hearing – in this case, the supportive voices of her peers – to guide her out of the darkness in order to find her true, authentic self; and that it did. Her I voice picked up the conversation again as she described how those other voices provided her guidance and encouragement with more credibility than the group leader or her therapist could. In this way, her relationships with her peers in the group facilitated for Flora greater clarity about herself and others, a sense of self-worth, and empowerment to be even more skillful.

Toward Increasing Self-Esteem and Empowerment

As described previously, Flora believed that her improved sense of self-worth was largely influenced by her participation in DBT skills group. She pondered the journey on which her newfound self-esteem developed:

Without saying that word [value] I feel like I matter to myself now. Where I don't think I really thought about that much before. You know, I really don't think I, you know, I don't think I did. I think I, you know, I was at a stage in my life and then it went into another
stage of my life and life just took over you know and I never really had me in there. So yeah, now I do have me in there and I feel like I belong.

Flora gained a stronger belief in her inherent worth as evidenced by her statement that she matters to herself. She acknowledged her previous lack of a coherent sense of self due to her having given over her autonomy to others. I noticed her tendency here to stammer, resulting in a somewhat hesitant way of addressing these thoughts. However, she eventually articulated her point that she began to feel a stronger sense of identity and unity after completing DBT.

I gained clues about her thought process and the hesitant quality I noticed in this section when I listened for her voice. In addition to the stammering in the middle of the excerpt, I heard a dramatic affirmation of her identity at the beginning and at the end of this poem:

<table>
<thead>
<tr>
<th>I</th>
<th>You</th>
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<tbody>
<tr>
<td>feel</td>
<td>You know</td>
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<tr>
<td>matter</td>
<td></td>
</tr>
<tr>
<td>don't think</td>
<td></td>
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<tr>
<td>really thought</td>
<td></td>
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<tr>
<td>really don't think</td>
<td></td>
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<tr>
<td>I</td>
<td>You know</td>
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<tr>
<td>don't think</td>
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<tr>
<td>I did</td>
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<tr>
<td>I think</td>
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<tr>
<td>I</td>
<td>You know</td>
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<tr>
<td>was at a stage</td>
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<tr>
<td>My life</td>
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<tr>
<td>My life</td>
<td>You know</td>
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<tr>
<td>never really had me</td>
<td></td>
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<tr>
<td>do have me</td>
<td></td>
</tr>
<tr>
<td>feel</td>
<td></td>
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<tr>
<td>belong</td>
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I find it very dramatic when Flora says, “I feel… I matter” and “I do have me… I feel…I belong,” in the first and last sentences. These powerful statements provide a marked contrast to Flora’s earlier experience that she “never really had [Flora] in there.” They indicate that she is more confident in her self-concept, is able to assert herself, and is less fearful about losing relationships when she expresses an opposing point of view.

As a general rule, I have chosen not to highlight the occurrences of “you know” in any of my transcripts because I see this phrase as a common idiosyncrasy that functions as place filler – as a way of pausing without really pausing – rather than contributing to the substance of the conversation among self voices. However, I notice an increase in Flora’s use of “you know” in this excerpt in comparison to the rest of the interview. The two sentences in which she contemplates her low self-esteem in the time prior to DBT contain four instances of “you know.” While I still feel that this phrase functions as a place filler rather than as a part of her inner dialogue, it is notable to me that she has a need for this place filler four times within the two sentences of the excerpt above, and that she does not use it elsewhere in the excerpt. When I add these to the I-poem above, it appears that her strong I voice briefly disintegrates as she struggles a bit to access this memory, and then reintegrates as she recapitulates her declaration of feeling whole. In addition to the “place-holder you voice,” I also notice her vacillating between “I think,” and “I don’t think,” offering a clue that her perceived lack of identity is something she is still struggling to fully understand.

**Conclusion**

Flora began DBT with a very passive approach to herself and her relationships, to the point that she had difficulty distinguishing her own beliefs and opinions from those of her friends and family. She had adopted this interpersonal style for the sake of avoiding confrontation and
preserving her relationships – the central relational paradox. Flora found that she became more vocal as her self-confidence increased, facilitating her recognition that an audible voice was a sign of emotional well-being. She began to use this assertive voice intrapersonally to self-coach and self-validate, and she used it interpersonally to both challenge and empathize with her peers in group. Through her engagement in the relational context of DBT skills group, Flora developed her capacities to synthesize divergent beliefs about self and others, and to affirm the validity of her thoughts, feelings, and actions.

The group meant a great deal to Flora both intellectually and emotionally. Because the group context provided the opportunity for group members to collectively relate to the content, Flora discovered new ways for understanding and using the skills she learned. Flora’s relationships with fellow group members and others outside of the group became increasingly mutually empathic and mutually empowering. Of particular importance was the impact of her peers’ recognition of the changes that Flora made during her time in the DBT group. She found that as her peers acknowledged her progress, their voices helped to guide her out of a selfless intrapersonal darkness into a world of greater clarity. In turn, using her newfound skillfulness, Flora took steps towards creating and affirming her vision for herself.
Chapter VI

Hope: A Quest to Know the Unknown

Introduction to Hope

Hope was a single, Caucasian female in her late 20s or early 30s. I knew Hope from my advanced skills group, and one of the first things I noticed about her upon seeing her again was how much happier and brighter she looked. When I had known her in my group Hope had been very depressed, and it showed. She had been obese, and did not take care of her appearance in any way: her outward appearance accurately reflected how she felt inside. Her mood was typically very low, she had been quite withdrawn, and she had a tendency to self-sabotage when positive opportunities came into her life.

At our interview – which took place at least six months after I had seen her last – she looked very put together. She had obviously taken care to pick out clothes, she had taken time to style her hair and makeup, and she had lost a significant amount of weight. More than these superficial observations, though, Hope just seemed to exude confidence: there was just something intangible about her that seemed to shout, “I deserve the good things that happen to me! I am ready to take on the world!” I felt happy to see her like that, since I was accustomed to seeing a weary, downtrodden woman who looked much older than I knew her to be. Prior to seeing her in this interview I certainly never would have considered the name “Hope” as a pseudonym for her, with the possible exception of an ironic reference.

As I was writing my post interview field notes I noted that it felt like she and I were equals – just two people having a conversation – rather than being linked the way we were as helper and helpee. While I must acknowledge that just because I felt a particular way it does not
mean that Hope experienced the interview the same way, but the lack of a palpable power differential was striking to me. I believe that my previous relationship with her as her group leader in combination with the smooth, easy flow we had in our interview allowed Hope to feel safe being honest about her experience. For instance, she not only gushed about her positive experiences of DBT, she also freely shared the aspects of the treatment that she disliked, and she did so in a way that evidenced confidence in sharing her authentic self, without the need of a dissociative wall.

It is important to note that of my research participants, Hope was the only one who had not been diagnosed with borderline personality disorder. When proposing this study I had originally intended a BPD diagnosis within the past five years to be inclusion criteria. However, I chose to include Hope despite her lack of the diagnosis because her experience in DBT was such an overall success and her treatment also followed a similar arc as many individuals with BPD. Furthermore, Hope’s experience of learning about, accepting, and successfully managing her diagnosis of bipolar disorder closely mirrors the experience of individuals with BPD who also struggle to make meaning of the diagnosis. Hope’s experience in group was an excellent example of this process, and while the other participants touched on this concept in their interviews, none explained it to the extent that Hope did. Therefore, even if she did not, in fact, meet criteria for a BPD diagnosis her inclusion in the study offers important insight.

Hope first started noticing problems in her late teens, and was diagnosed with bipolar disorder in her early 20s. Hope reported feeling suicidal, absolutely worthless, and desperate for help prior to DBT. She had had difficulty getting up to go to work at the deli, which she often feared since her suicidal thoughts would trigger images in her mind of hurting herself with the meat slicer. This had been a very dark time for Hope.
The Search for What is Normal

During this time Hope was plagued by doubt and uncertainty about her illness. While those helping her at that time would have undoubtedly given her some basic information about bipolar disorder, Hope did not feel like she had all of the information that she needed. Instead, she felt like a passive recipient of treatment by the “experts” rather than an equal, informed partner in her healthcare. This inequality and lack of the facts of her situation seriously interfered with her ability to trust her own knowledge of herself:

I do know you just think that nobody really understands number one, you think that you're alone in this battle, you think <inaudible> kinds of things to keep you down. Just the fact that you're not in the right medications and you don't know how to fix it, you don't know what to do or how to do it, or when enough is enough, how suicidal do I have to be to need to go to the hospital? (Molly: yeah) how many days am I allowed to let myself sleep in order to get myself out of the depression? I mean I didn't, I had no outline of how the disease was supposed to be (Molly: yeah) I didn't there's no like dummies guide for bipolar, I didn't understand what was normal and what wasn't. It was in talking to other people in DBT that I understood what normalcy was.

Even before I wrote the I-poem on this excerpt I already noticed the overwhelming presence of the “you” pronoun. I decided to listen to her I and you voices so that I could hear what Hope was telling herself with her you voice, and how she responded with her I voice.

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<thead>
<tr>
<th>I</th>
<th>You</th>
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<tr>
<td>I do know</td>
<td>You just think</td>
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<td></td>
<td>You think</td>
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<td></td>
<td>You’re alone</td>
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<td>You think</td>
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At the beginning of her journey with mental illness, Hope knew very little about what to expect from her symptoms, about the course of her illness, or from the various treatments for it. Here, her second person “you” voice starts by continually hammering Hope with thoughts that no one understands or cares about her – that she is all alone in her struggles. It then repeatedly highlights her self-doubt by telling her, “you don’t know…you don’t know…” The I voice then joins in, either agreeing with the you voice or possibly protesting against it. The I voice here sounds as though it is asking, “what was I supposed to do? How could have I have known? Who was going to tell me?” From her I voice, Hope tells of how she desperately wanted information about her illness and how to manage it, but could not find anyone to help her uncover the knowledge that she needed. In particular, I notice that Hope was fearful about how severe her symptoms would get and how suicidal she was at times. Unfortunately, since Hope had such little information about her illness and felt so alone in her ordeal, she believed that she had to ride out her manic and depressive episodes on her own while bearing the fear that came with them.
Hope had a strong desire to be able to trust herself and to trust her own knowledge. Hope elaborated on the relational nature of the way she connected her relationships with her fellow group members to her knowledge of “what’s normal.”

I didn't know that....... I didn't know that people sleep for days. I didn't know that people cry like forever for days, and I didn't know that that was like a normal.. I thought there was something wrong with me. (Molly: uh huh) and so it gives you a sense of "what is normal?" And so to speak in that disorder, or mental illness in general (Molly: mhm) because what I feel as a bipolar person who has heard voices in the past, is similar to what a schizophrenic person goes through. (Molly: yeah) and the depression not necessarily you know I mean I don't know so I mean it's just you can relate to other people, and it makes a big difference and it makes you feel like you can be accepted.

I chose again to listen to Hope’s I voice and her you voice as she struggled to find out what to expect from her illness. When written as an I-poem, the above quote takes an antecedent-consequent “call-and-response” form in which the I voice continually expresses confusion, and the you voice finally enters to provide an answer.

<table>
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<th>I</th>
<th>You</th>
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<tbody>
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<td>I didn’t know</td>
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<td>I didn’t</td>
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<td>I mean</td>
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<td>I didn’t know</td>
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<td>I didn’t know</td>
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<td>I didn’t know</td>
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<td>I didn’t know</td>
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<td>I thought</td>
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<td>I feel</td>
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<td>I mean</td>
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<tr>
<td>I don’t know</td>
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<tr>
<td>I mean</td>
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You can relate
You feel
You can be accepted

If the I-poem above were written out musically, the parts in which the I voice is prominent would be depicted by modulating key signatures whose dissonance continually search unsuccessfully for resolution. The entrance of the you voice would be marked by a consonant, perfect authentic cadence resolving the tension of the I voice and establishing a stable key. The way Hope uses her I voice puts a great emphasis on her uncertainty and her frustration with that uncertainty about various aspects of her illness. She reiterates that she did not know that it is normal for someone suffering from bipolar disorder to sleep or cry for days on end. She continued to search for “what is normal,” with a strong worry or suspicion that she might be the only person to experience bipolar disorder this way. Were it true that her case was so unique that no one else could have shared similar experiences with Hope, then it would have meant that Hope was in uncharted territory – completely alone with no map, no navigation tools, no guidance, and quite possibly no hope for recovery. The you voice enters expressing the optimism and stability Hope found in the group. For it was in the group that she eventually found answers to many of her questions.

**Trusting her perception.** Hope’s ability to trust herself came out as an important theme. Here, she and narrates her process of moving towards being able to trust and embrace her thoughts and ideas:

Hope: I am learning to trust myself to work on ideas that are in my head instead of sort of not trusting them in the past. Because everything that happened in my head was some sort of ugly monster. It felt like.... Why would you trust somebody that's depressed all the time? Why would you trust someone that has no hope? I just had no I had no drive or
aspiration. I didn't want to write. I went to the University to be a journalist and I wrote for like three different papers when I was in school, and when I got really depressed my sophomore year I stopped writing completely. And I had no drive to write at all, not even a journal. And so in the past couple of years I've been able to pick that up again. You know you've gotta be able to trust your own thoughts, that they're valid, that they're reasonable. I didn't, I didn't think they were worth anything. What would you think that... That you'll never be able to go back to school and that you will ever be able to accomplish anything, and that you will never be able to do anything with your life, and then suddenly you go to a therapy that allows you to figure out some of the things in your head, like what, what is causing this? What are some of the all or nothing thinking? What are some of the things that aren't, so illustrating what is not good to be in your head and how to stop it. And so it helps me organize my thoughts in that sense and it helped me kind of understand where they're coming from. Like is this the depression talking? Is it the mania talking? Where is this coming from and how do I stop it? And before that I had no skills to do that. And I didn't know that I could control the thoughts in my head. I had no idea that I could gain control. And so, yes, I do believe I can trust myself a little bit more. I'm not saying that I can 100% trust myself because I'm still bipolar and I still have issues, but I have more hope, I have more dreams now because I'm allowing myself to kinetically work in my brain, and I have more trust in my thoughts that I did before.

Here, Hope’s I voice and you voice converse about self-trust and things that might interfere with her ability to trust herself. Eventually a separate “inner monologue” voice enters to illustrate the process by which Hope attempted to verify the trustworthiness of her thought process.
<table>
<thead>
<tr>
<th>I</th>
<th>You</th>
<th>Inner monologue</th>
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<tbody>
<tr>
<td>I am learning</td>
<td>You trust</td>
<td>I trust</td>
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<tr>
<td>I just had</td>
<td>You trust</td>
<td>You trust</td>
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<td>I had</td>
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<td>I didn’t want</td>
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<td>I went</td>
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<td>I wrote</td>
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<td>I was</td>
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<td>I got really depressed</td>
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<td>I stopped writing</td>
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<td>I had</td>
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<td>I’ve been able</td>
<td>You know</td>
<td>You’ve gotta be able</td>
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<td>I didn’t think</td>
<td>You think</td>
<td>Your own</td>
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<td></td>
<td>You’ll never</td>
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<td>You will never</td>
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<td>You go</td>
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<td>You figure out</td>
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<td>What is causing</td>
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<td>What are some</td>
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<td>What are some</td>
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<td></td>
<td>Where they’re coming from</td>
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<td></td>
<td>Is this the depression?</td>
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<td></td>
<td>Is this the mania?</td>
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<td></td>
<td>Where is this coming from?</td>
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<tr>
<td>I stop</td>
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<td>I had</td>
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<td>I didn’t know</td>
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<td>I could control</td>
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<td>I had</td>
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<td>I could</td>
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<td>I do believe</td>
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<td>I can trust</td>
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<td>I’m not saying</td>
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<td>I’m still</td>
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<td>I still</td>
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<td>I have</td>
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<td>I have</td>
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<tr>
<td>I’m allowing</td>
<td></td>
<td></td>
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<tr>
<td>I have</td>
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</tbody>
</table>

86
I notice that Hope’s “inner monologue voice does not use pronouns, and all of its statements are in the form of questions. Prior to the entrance of this voice, Hope revisits her self-doubts through a you voice that cuts her down, essentially telling her, “you will never accomplish anything.” Then the inner monologue voice enters, functioning to help Hope determine the veracity of the you voice’s claims, which in turn allows Hope’s I voice to decide to what extent she can trust her knowledge of that experience. When I reduce this inner monologue down to the function it serves, I hear Hope saying, “What’s going on here? Are these symptoms of mental illness, or is this an unalterable reality? If it is my illness, how can I stop or at least mitigate it?” Through her engagement in this inner monologue, Hope sees that the most distressing aspects of her experience are in fact due to symptoms of bipolar disorder.

Furthermore, after having completed her DBT treatment Hope now has confidence in her ability to skillfully manage these symptoms. As the inner monologue voice steps takes its leave, Hope returns to her I voice through which she says, “yes, I do believe I can trust myself.”

**Trust and normalcy.** Upon transcribing this interview, the echo of Raider-Roth’s *Trusting What You Know* (2005) hit me like a clanging cymbal. In her book, Raider-Roth explored the ways that children both knew and did not know content that they learned at school, and the difficulty these children had in accurately assessing their knowledge. The children in the study had mastered the subject matter that they had learned, but had difficulty accessing their knowledge unless they trusted that they had actually learned it. The development of their self-trust was facilitated at least in part by their relationships and interactions with their teachers.

Hope seemed to be hitting on this same point in her interview. In one way, it Hope had
knowledge of herself and her symptoms – her previous treatment providers had shared facts about bipolar disorder with her, and she had a subjective intuition that what she was experiencing was not “normal.” At the same time, she was unable to trust this knowledge because it either was not being validated or because somehow the relational dynamics she had with her treatment providers prevented this.

It became evident that Hope’s knowledge of “what’s normal” was closely related to the relationships she formed with her fellow group members. Again, she found the information about bipolar disorder that her previous treatment providers had given her to be insufficient, and not personal to her. The group provided a context for not only giving examples of using the skills, but also an opportunity to truly relate to real people who shared her problems, even if they did not share her diagnosis.

**Evolving Participation.**

Like the other research participants, Hope also reports significant distress about group and reluctance to commit, especially in the beginning. Aside from the anxiety about being in a group and about committing to attending weekly for a year, Hope also struggled with thoughts that the group was “stupid,” “pointless,” and “ridiculous,” and thus she found herself fighting with the urge to give up. When she was less confident she was about the material being discussed, she was less likely to participate – or, as Hope said, “the less you know, the more you shut up.” Her group leader – who also eventually became her individual therapist later in her treatment – is known for being very rule-oriented and somewhat confrontational.

[My participation] was skimpy in the beginning it was really involved at the end. I, yeah, I was really...... I was really involved in the end, I was participating pretty much the
whole time at the end. But I understood more. At the beginning I didn't understand much because I was... It's hard to participate when we're talking about. I don't like embarrassing myself, and if I don't understand the concept, like I did, I've asked questions, I did ask a lot of questions, like... But some of them I still don't understand. Like distress tolerance was really hard for me." Dear man" is hard too. I just, the less you know the more you shut up. Because you want to learn more from other people before I feel comfortable, you know, explaining it myself and giving examples to teach the newbies.

In this passage Hope continues to struggle with the concepts she did not understand. She then expresses an important point about collectively relating to the group content, saying, “the less you know, the more you shut up.” I felt a very strong impact from this phrase upon analyzing it because I took it as a bold reiteration of my interpretation in an earlier passage that knowing and sharing are closely connected.

Finally, she was often overwhelmed by the sheer volume of information the group covered, which caused her to feel embarrassed when she had difficulty understanding new concepts. Despite her confusion and frustration, Hope continued in group because she took her commitment very seriously and refused to go back on her word. She also felt that if she were to quit then she would risk disappointing her peers and her group leader. She found that the longer she stuck with group, the better she understood the skills and the more she got out of the group. Hope spent a lot of time in our interview discussing her evolution from being a hesitant wallflower in the group, to participating fully in order to really learn the skills, to finally being confident enough to lead by example.
Relationality of Group

Hope’s feeling of being accepted gradually led her to look forward to attending group. Over the course of several months she not only learned the skills, but saw little glimpses of the other group members in the context of how they were able to use the skills in their daily lives. Discussing the skills in the group format – psychoeducational format and all – is a relational process in a way that Linehan may not have purposely intended. After all, due to the extreme difficulty that individuals with BPD typically have with interpersonal relationships – and to the vast amount of rather complicated material to be covered in a relatively short period of time – members are instructed to refrain from sharing highly personal stories or giving too much detail about their situations and histories. Otherwise, a group session could easily devolve into a situation in which one or two members dominate the group – or worse, a situation that triggers emotions so extreme that they interfere with group members’ learning. Given the proscriptions against sharing too much during group, it is surprising that any relational dynamics develop at all. Intentional or not, Hope claimed that this acceptance she felt from other group members led to her feeling reinforced, by virtue of the fact that others facing similar obstacles were “doing it,” despite “it” being hard. She also attributed much of her progress to the relationships she had with fellow group members, temporary and casual though those relationships may have been.

Even if I didn't hang out with them after you know DBT, I still shared something with them because we went to group together, we shared our examples of the skill that we've been talking about that day. And we shared our diary cards, Lord have mercy, those diary cards! So we knew each of these weeks every week. We knew about each other, even if we didn't want to (Hope laughs loudly)(Molly: yeah) so I mean just getting an outline of other people's lives and what they were struggling with was interesting as well. ‘Cause
you know how long they had been in a depressed or, you know, what they've done to get out of it and what skills they used, and it might be different from what you decided you wanted to use.

After clarifying that she did not necessarily create close, longer-term social bonds with her peers in group, Hope explained how these seemingly superficial relationships facilitated her growth. She spoke about sharing and knowing, which was a marked contrast to Hope’s previously stated anxiety over not knowing and her fear for her safety.

One gains added perspective on the relationship between knowledge and sharing when paying attention to Hope’s voice of knowing in conversation with her voice of collaboration:

<table>
<thead>
<tr>
<th>Voice of knowing</th>
<th>Voice of collaboration</th>
</tr>
</thead>
<tbody>
<tr>
<td>And through understanding the skills</td>
<td>Through talking to people</td>
</tr>
<tr>
<td></td>
<td>By talking to people and by relating with other people</td>
</tr>
<tr>
<td></td>
<td>I still shared something with them</td>
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<tr>
<td></td>
<td>We went to group together</td>
</tr>
<tr>
<td></td>
<td>We shared</td>
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<tr>
<td></td>
<td>We shared our examples of the skill that we’ve been talking about</td>
</tr>
<tr>
<td></td>
<td>We shared our diary cards</td>
</tr>
<tr>
<td>We knew each of these weeks every week</td>
<td></td>
</tr>
<tr>
<td>Knowing exactly what’s going on in each other’s lives</td>
<td></td>
</tr>
<tr>
<td>We knew about each other</td>
<td></td>
</tr>
<tr>
<td>Getting an outline of other people’s lives and what they were struggling with was interesting as well.</td>
<td></td>
</tr>
<tr>
<td>‘cause you know how long they had been depressed</td>
<td></td>
</tr>
<tr>
<td>You know what they’ve done to get out of it and what skills they used</td>
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Immediately prior to the portion of the interview quoted above, Hope had stated that while DBT did not give her all of the answers she had sought, it gave her a better idea of what to
expect. When asked to explain how she felt that DBT helped her to accomplish this, she began her answer by speaking of sharing and collaborating. After she had stressed the importance of sharing with and relating to her fellow group members, she eventually transitioned into speaking of knowing. The implication of this section is that knowing and sharing are closely interwoven, and that collaboration precedes knowing.

**The relational nature of diary cards.** Like the other participants, Hope had a particularly difficult relationship with the diary cards. DBT diary cards are used to track clients’ progress in learning and using skills as well as their awareness of their emotional states and urges to engage in “targeted” behaviors. While she initially fought against them and considered them “stupid” and “pointless,” she eventually came to understand their value in her recovery:

> Just, understanding what diary cards are for, because at the beginning I thought they were dumb as hell (Molly laughs) you can quote me on that! (Both laugh) (Molly: you’re not the first person to say that!) But it did make sense at the end. And they do serve a purpose. But at the beginning you don't even know the skills are that you're checking, and forces you to kind of look it up in the middle of the week, which is kind of the point. So, what, what changed is understanding, friends, that I would call friends at that time, they were just, you know, people that I was relating with.

In another parallel to Raider-Roth’s work (2005), Hope made reference to the relational nature of DBT diary cards. Prior to DBT, Hope had great difficulty trusting her knowledge and subjective intuition about her experience with mental illness. The diary cards used in group gave her an opportunity to see her progress with the DBT skills in black and white. Being more or less forced to assess and document her skill use concretized the previously abstract concepts
discussed in group. This may be why Hope and so many other DBT clients responded to the diary cards with such aversion: completing the diary cards required clients to shift from their familiar, passive role in receiving knowledge to an active role in learning and applying the skills.

A Different Kind of Dissociation

While this “not knowing what is normal” is not the same type of dissociation of the self that I have been exploring in other interviews, it is a valuable piece of this study because it sheds light on how Hope came to know something about herself that was previously unknown. This was an integral part of her recovery – it is quite possible that Hope may have never achieved her current level of growth and remission of symptoms without first coming to know and accept the facts of her illness that she learned through DBT.

Analyzing this passage somewhat differently, I was reminded of how the pioneers of this type of analysis (Brown & Gilligan, 1992) identified the phrase, “I don’t know,” as a signal for dissociation. When their research participants used this phrase, it often meant that they were so afraid of acknowledging what they knew to be true that they chose to distance themselves from their knowledge to the point that they were no longer aware of their knowledge. In her interview, Hope employed a variation on this theme, though she at the time of the interview she could acknowledge what she previously had not known. The knowledge that Hope had both known and not known in the past was that she was not the only person in the world suffering from her symptoms, that there was a “normal” course for bipolar disorder and variations on that course, and that there were effective treatments available to her.

Aside from the difference in tense between “don’t” and “didn’t,” the main difference here between “I don’t know,” and “I didn’t know,” has to do with awareness. Brown and Gilligan’s
(1992) participants’ use of “I don’t know,” suggested that those individuals were not even aware of what they did not know; in other words, they were not aware that there was a void or a gap in their knowledge – something unknown that they ought to have known. Hope’s use of “I didn’t know,” signifies that while she may have been unaware in the past, she is now very much aware that there had been a gap in her knowledge. In other words, back then Hope did not know what she did not know, but now she does know and acknowledge that gap in her awareness. This implies that she has moved from behind her particular wall of dissociation and now knows that she had been right to question her suspicion that she was alone in her struggles.

In discussing Hope’s wall of dissociation I am not suggesting that she had deliberately chosen not to know these parts of herself, because it is clear from her interview that she desperately wanted this information. However, Hope was also disconnected from this knowledge about herself and her symptoms. At some level she knew that something was not right with her perception that she was alone in her suffering or that her symptoms were highly unusual and untreatable, but she was unable to fully trust that knowledge because it had never been adequately validated in any of her relationships prior to her experience in DBT group.

At this point I would like to step back and acknowledge that Hope was speaking specifically about bipolar disorder and not borderline personality disorder. However, all of her thoughts on this could just as likely be coming from an individual speaking about BPD – possibly more so. At least with bipolar disorder there is a certain level of public awareness of what it is. Most lay people would know, for instance, that the main feature of bipolar disorder is the tendency to shift between euphoria and depression. Many celebrities have “come out” as suffering from bipolar disorder, which adds to the public awareness and decreases the stigma.
associated with it. Borderline personality disorder does not share the same familiarity among those in the general public, and is therefore far more likely to be misunderstood.

Conclusion

Hope endured many setbacks along her road to recovery, including resurgences of severe mood episodes which would often lead to self-sabotage, particularly at work. However, Hope’s learning from and commitment to DBT skills group gave her the confidence to keep getting back up after she fell. Hope would still have “low” times when she felt like her life was not worth living, but she reported that these periods became less and less frequent and that they lasted for shorter periods of time than they did before. Furthermore, with her new knowledge – and confidence in that knowledge – Hope became more skillful at managing these periods when they returned.

Hope credited the group with her increasing self-confidence, and that confidence in turn empowered Hope to engage even more actively in group. She reasoned that in order to participate fully, a person needed to believe her inherent worth. Hope came to believe that what she had to say was worthwhile, and thus she began to participate more fully. The group provided a necessary context for her to build on and believe in her knowledge, since knowing and sharing were so closely related for her. The group played a significant role in Hope’s trust in her knowledge. It provided an opportunity to collectively relate to the skills, and confirmed important knowledge about the nature of her illness. Hope gained a great sense of clarity about herself and a greater sense of self-worth as a result of the connections she made with other group members. This clarity and self-worth empowered her to pursue her vision of a life worth living with greater certainty.
Chapter VII
Grace: Following Intuition towards Greater Complexity

Introduction to Grace

Prior to having Grace in my advanced skills group, I had met with her twice in another treatment context. At that time, Grace had been stuck in a pattern of active passivity in which she would find herself very overwhelmed and in need of help, but either unwilling or somehow unable to accept the help offered to her. In those two sessions we managed to get Grace recommitted to DBT, and I did not see her again until nearly a year later when she joined my advanced skills group. On her first day in my group, Grace was already carrying herself with noticeably more confidence. Her affect was brighter, and she participated more readily than I might have expected. She still retained a certain vulnerability and sentimentality, which seemed to be organic aspects of her personality that are part of what make her uniquely Grace. Grace was also the person who inspired the present study, as she was the individual who spontaneously spoke up during group to express her gratitude to the other group members for their roles in her recovery. Therefore, I was very happy that Grace volunteered for the interview and I was very much looking forward to speaking with her.

Prior to DBT, Grace’s life was chaotic. She had been to jail, she had attempted suicide, and she had been involved in chaotic and abusive relationships. She also had no sense of self to speak of in that she had become accustomed to feeling as though she had little control or choice in her life, and she felt the need to significantly alter her self-presentation according to situations in which she found herself. In our interview, Grace described that she saw how difficult her life was back then, and how very unhappy she was. However, since chaos was her reality and she
had no other reality as a basis for comparison, she did not realize at the time how bad things were. As she looked back on that time in our interview, she told me, “to me that was normal. That happened for so many years, I mean, I didn’t recognize it.” In those days, Grace was so engulfed by the chaos she could hardly take care of her basic needs without becoming very overwhelmed. This led to deep depression and suicidal thoughts. While she did make at least one suicide attempt, she found the idea of completing suicide frightening. Therefore she took a more passive approach to ending her life by getting involved with dangerous men, acknowledging, “I kind of gravitated towards abusive relationships because I felt like I could deal with somebody else killing me rather than trying to kill myself.”

**Voicing**

The voices of fear, courage, connection, and disconnection all stood out as important in my analysis of this interview. While I might have liked to have focused on one pair of contrapuntal voices for this listening, both of these pairs struck me as equally important in their ability to inform my research questions. One might assume that I could have easily chosen to focus solely on the voices of connection and disconnection; however, the voices of fear and courage – which also represent willfulness and willingness, respectively – made important contributions which I will discuss in this chapter. Furthermore, there were instances in which the voices of connection, disconnection, fear, and courage comingled and conversed in ways that I did not expect. I will focus on one of these instances later in this chapter. In addition to focusing on themes of connection with others in growth-fostering relationships, the voice of connection also represents intuition, trustworthy perception, and an attitude of willingness.
Covert Invalidation Within the Interview

As I reflected back on our interview, I recalled that Grace had seemed somewhat erratic to me: I had had a hard time following her train of thought at times, and I had worried that this would negatively impact my research. At the time of the interview and immediately following, I caught myself thinking that Grace did not make much sense to me at certain points in her interview. I noticed my own invalidating thoughts about her and hoped that these thoughts would be proven wrong after I analyzed the data. One example of a time when I had trouble comprehending Grace’s meaning was when she compared the DBT skills to the tentacles of an octopus:

You're forever learning skills - and always, you know, using skills that you had trouble using before, but you're always using those skills. Maybe not as much before because it was like a tentacle. A lot of skills are like an octopus.

As I sat down to work on my analysis of the interview, I found that I was able to understand Grace’s meaning about which I had previously been so confused. I found that I had inadvertently privileged my own knowledge and ways of knowing above Grace’s. It was only when I deliberately opened myself up to the possibilities of Grace’s experience that I was able to truly hear her voice and understand her metaphors. I found that the problem was not with Grace’s inability to articulate her experience in a logical way; the problem was in my failure to listen to her in earnest and accept the validity of her knowledge and ways of knowing. As I gave more thought to Grace’s octopus metaphor, I understood her meaning to be that one skill usually did not work on its own, and that the skills worked best when she used them in concert. I realized that the body of her metaphorical octopus was mindfulness, which included mindful breathing and awareness of doing one thing in the moment. Once she had this central body of
mindfulness enlivened, she was able to fully utilize her other skills – her metaphorical tentacles. She found that if one skill “tentacle” was weak, she could use others to compensate for its lack of strength or competency.

Therefore, upon further examination I came to appreciate Grace’s creativity in the connections that she made. While I might not have always readily discerned her meaning, if her metaphors and connections made sense to her then it was my responsibility to try harder to understand; it was not her responsibility to choose metaphors that I would find acceptable or to make connections that I would consider logical. As I considered that the overarching goals of my research included promoting a more empathic view among mental health professionals of those with mental and emotional disorders, I was struck by how in the process of writing Grace’s chapter I myself already unintentionally acquired new learning toward that end.

**Early Relational Images**

Grace spoke of highly negative relational circumstances in her early life, from an enmeshed relationship with her mother, to her father’s alcoholism, to Grace’s tendency to choose dangerous men as romantic partners. Grace had felt very vulnerable and in need of protection for most of her life, and she believed that she was so weak that she was unable to protect herself. Therefore, she sought out violent men because she believed that they were strong enough and powerful enough to keep her safe. Unfortunately, as Grace describes below, this solution “backfired” and resulted in her suffering extreme abuse at the hands of these violent men:

I didn't have any self worth. I had no value.... I didn't like myself, I couldn't look myself in the mirror. Relationships.... Anybody that wanted me, I would settle. If I thought that I could be happy.... In a way the people that I went with were strong, aggressive, because if
I thought they were for me then they could protect me. And I wouldn't be scared, and that kind of backfired. The very person that I felt comfortable and safe with was the one that I should've been afraid of. (Crying)

It was clear to me that Grace was very familiar with this narrative, and that had accepted these aspects of her experience. This helpless version of herself who desperately sought protection – and possibly completion – was a self that she knew well. Grace was able to look back at this time in her life with insight into the function that these aggressive men filled in her attempts to raise her self-esteem. She could also acknowledge the irony inherent in this decision: in her quest for protection, she found herself a victim of domestic violence.

Grace revealed that her choices in romantic partners also served a darker purpose: in her first person voice, Grace described feeling suicidal but too afraid to complete a suicidal act. Rather, Grace felt resigned to having her life ended at the hand of one of these men:

I found that as the years went on, as I got older, it was not a functionable lifestyle for me, that I wanted to die. And I kind of gravitated towards abusive relationships because I felt like I could deal with somebody else killing me rather than trying to kill myself. I had attempted suicide, I thought that was a bad person, I didn't love myself, I felt like I wasn't worthy of love.

When I pull out Grace’s self voices in this excerpt, I see a strong presence of her first person voice:

<table>
<thead>
<tr>
<th>I</th>
<th>Disembodied voice</th>
</tr>
</thead>
<tbody>
<tr>
<td>I found</td>
<td>Trying to kill</td>
</tr>
<tr>
<td>I got older</td>
<td></td>
</tr>
<tr>
<td>I wanted</td>
<td></td>
</tr>
<tr>
<td>I kind of gravitated</td>
<td></td>
</tr>
<tr>
<td>I felt</td>
<td></td>
</tr>
<tr>
<td>I could deal</td>
<td></td>
</tr>
</tbody>
</table>
I had attempted
I thought
I didn’t love
I felt
I wasn’t worthy

As previously noted, Grace’s first person voice does almost all of the speaking here, with the exception of a single entrance of her disembodied voice. As I listen this way, it seems that the purpose of the disembodied voice is to ease into territory about which Grace is not particularly comfortable speaking. Immediately prior to the disembodied voice’s entrance, Grace stated that “I wanted to die,” which is a more passive way of saying “I wanted to kill myself.” She then switches out of first person to a more passive voice in a way that almost serves to soften the blow of owning her suicidal thoughts. She returns to her first person voice with some obvious discomfort as evidenced by her repeating the word “I” several times in the phrase, “I had attempted suicide.” However, despite her discomfort, she stays in her first person voice for the duration of this excerpt, evidencing again that she fully acknowledges and accepts this subject matter as part of her history.

Grace recalled feeling alone and unloved during her childhood. Her father left when she was very young, which she reports that she internalized to mean that he did not want her. Since her mother had to put in more hours at work in order to support the family, Grace believed that she was unlovable since she was so often alone. While she eventually regained contact with her father, she described the relationship as very disconnected. Grace made a very insightful comment that, “it’s weird that you can be with somebody and be totally alone.” She went on to describe a convoluted communication style that was necessary for emotional and physical safety, since her father was a violent alcoholic who was often cruel to Grace:
It's like being disengaged with that person. You don't want to talk because it has to be a very manipulated conversation because you don't want to say anything stupid, that would trigger him to put me down, to tell you, "shut up." Just really degrading things that hurt you, emotionally. That's what it was like, it had to be a very manipulative, very, you had to "cope ahead" (laughs). You had to really be smart about what you talked about being around him, because he didn't love me. I don't think everybody's capable of love, but that's okay because I've learned to, now I have these skills, I have radical acceptance. That's hard having to teach my daughter that, because her father is gone. And she's hurting really badly, and I don't want that for her. But things really, I understand that though because I went through it. But how do you tell a child - I see myself in her - I have to tell her, ‘it's nothing personal, it's not you, you’re beautiful in so many ways, and it's not your fault that not everybody can see it, even the ones you love the most’ (crying).

When I break this section down to highlight the various voices speaking, various parts of Grace converse with each other:

<table>
<thead>
<tr>
<th>I</th>
<th>You</th>
<th>Disembodied voice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Put me down</td>
<td>Tell you</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Hurt you</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You had to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You had to</td>
<td></td>
</tr>
<tr>
<td></td>
<td>You talked</td>
<td></td>
</tr>
<tr>
<td>He didn’t love me</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t think</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’ve learned</td>
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Being disengaged
It was like
It had to be
Being around him

(crying)
I notice the dominance of Grace’s second person voice, which is a sharp departure from her nearly exclusive use of her first person voice at other points in the interview. In particular, this stands out because she was able to speak of some very painful aspects of her life in the first person, including her previous self-loathing and suicidality, yet she sharply distances herself here when she is talking about her relationship with her father growing up. Grace has to tell the parts of herself that want a relationship with her father, “you don’t want to talk,” “you don’t want to say anything stupid.” She reminds herself that she never had the authentic relationship with him that she had wanted because of the relational gymnastics she had to do when conversing with him: ‘you had to "cope ahead.’ You had to really be smart about what you talked about being around him.” Grace allows her first person voice in for a substantial portion of this section, triggered by her assertion that, “I don’t believe everyone is capable of love,” which I understand to function in a way that allows Grace to come back into herself, so to speak. According to my understanding, this poignant statement of hers reflects Grace’s acceptance it was not her fault that her father was not the parent she needed him to be, and that there was nothing that Grace could have done otherwise that could have forced him to love her. This is a remarkable shift from the typical BPD presentation that clinicians see in which the client employs “manipulative” behavior – or as DBT practitioners would say, “creative problem-solving” or “ineffective”
behavior – in an attempt to change a person who would not otherwise change of his or her own volition.

The other thing that jumped out here was Grace’s reference to her daughter using her second person voice. I was struck by the possibility that Grace could have just as easily been addressing herself rather than her daughter here, particularly when one considers that Grace precedes this utterance with the phrase, “I see myself in her.” Thus, Grace facilitates her own radical acceptance by telling herself by way of her daughter, “it's nothing personal, it's not you, you’re beautiful in so many ways, and it's not your fault that not everybody can see it, even the ones you love the most.” Now that Grace has a daughter of her own that she is raising as a single mother, she feels a strong need to model healthy relationships and self-esteem for her daughter. She is also taking some of the lessons she has learned in DBT and passing them on to her daughter so that she does not repeat some of Grace’s mistakes, particularly with regard to choosing romantic partners for the right reasons, and radically accepting reality when things do not go her way.

After Grace completed the DBT program, she felt much more empowered. At the time of the interview, she reported having been able to go out in public to go grocery shopping, she was seeking employment outside of the home, and she was giving some thought to going to school for training in a helping profession. Of particular importance, she began taking steps to reclaim her maternal role with her daughter, whereas before Grace’s experience in DBT she needed her daughter to take care of her. These were a few pieces of evidence of Grace’s success with the DBT program, but I wanted to know more, to be able to dig deeper to find out how she felt this came about, and what meaning she made of all of this.
Grace had been learning to back off a bit from the personal meaning she would make of other people’s unnecessarily negative feedback. She stated, “I do get hurt when I get negative feedback from somebody…when I didn’t necessarily give them a reason to treat me badly.” Instead of internalizing that feedback to mean something is wrong with her, she became better able to separate herself from the other person’s unkindness and say, “okay, that’s where they’re at right now, but it’s no reflection on who I am or what I’ve done.” Grace went from experiencing herself from a defensive position as a victim, to seeing herself as a sort of conduit of peace and good will. She purposefully chose to look for the good in people, in situations, and in herself. She made an effort to do good through her actions and to make others’ lives better as a result of her contact with them.

**Parallels Between Spiritual Faith and Relational Complexity**

The good that Grace found included a new perspective on her spirituality. Grace again breaks forth in an I-solo about this, saying:

So now I'm in a church, and I don't think religious at all, I think religion is dead, and religion turns people off. This is life to me. This to me, religion is like a stagnant pond, but what I have is like a clear running stream. And it's cleared out the darkness and stagnant waters which was killing me. I am very active in church, I'm excited now because they see that I have certain talents, that I love people, I used to hate people.

I

I’m
I don’t think
I think
To me
To me
I have
Killing me
I am very active
I included her direct object pronouns because she is still referring to herself in the first person when she says, “to me,” and “killing me.” This passage is of interest because Grace emphatically claims an identity for herself here, proudly and happily claiming that she has certain talents, and that she loves people. She also presumably takes a step away from her prior identity of helplessness and vulnerability when she rejects her earlier, received religious beliefs as “a stagnant pond.” She does this saying, “to me” twice, in a way that emphasizes that her new spirituality comes from her own understanding of her faith and not from someone else telling her what to believe. This also indicates that Grace recognizes that while her way of believing might be the right path for her, it may not be the same for others, and that is okay. It is notable that her new, more personal take on her spirituality came at a time when she was recovering from BPD, as one of the most prominent features of BPD is dichotomous, absolutist thinking – a cognitive process often present in those who strictly adhere to dogmatic religious beliefs.

Grace spoke of this by first describing the personal significance of her finding a spiritual home in her church, and in the same paragraph stating that, “religion is dead.” At the time of the interview I found myself rather confused by the seemingly contradictory way Grace spoke about her religious and spiritual beliefs. In some way I thought that I had an idea of what she was getting at in terms of her equating religion with dogma, but that was not entirely clear to me at the time. Here I notice that she compares religion to a stagnant pond, and “what I have” to a clear running stream. Perhaps my confusion came about because she never gave a name to “what I have,” and I failed to ask her to do so in order to distinguish it from religion. I had her clarify this for me:
I think it [religion] is [dead], I think it's just a thing where you're so, somebody put the law in you. I don't feel that way; I think it's natural like a bird takes the air. To me it's productive, and it’s life-giving. It takes me back to the very thing that drew me to the woods. You know, the light, the green grass, the birds, these were all healing to me, and the way I looked at it before it was, you know, you're a sinner, you lied, or you did this. But now I'm looking at it like I'm accepted, I have things, and sure I don't always do things right, but that's not the focus anymore. The focus is on the things that I do right. And the more that I focus on the things that I do right, the more I do right. And when I focus on the things that I do wrong, then I do wrong. But if I keep it positive in a good perspective on the way I view myself and other people, I get positive results.

Grace has a bit of a conversation between her self voice here, which I outline below:

<table>
<thead>
<tr>
<th>I</th>
<th>Passive I</th>
<th>You</th>
</tr>
</thead>
<tbody>
<tr>
<td>I think</td>
<td>You’re</td>
<td></td>
</tr>
<tr>
<td>I think</td>
<td>Put the law in you</td>
<td></td>
</tr>
<tr>
<td>I don’t feel</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I think</td>
<td>To me</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Takes me back</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Drew me</td>
<td></td>
</tr>
<tr>
<td></td>
<td>To me</td>
<td></td>
</tr>
<tr>
<td>I looked</td>
<td></td>
<td>You’re a sinner</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You lied</td>
</tr>
<tr>
<td></td>
<td></td>
<td>You did</td>
</tr>
<tr>
<td>I’m looking</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I’m accepted</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I have</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I don’t</td>
<td></td>
<td></td>
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<tr>
<td>I do right</td>
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<tr>
<td>I focus</td>
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<td>I do right</td>
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<tr>
<td>I do right</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I focus</td>
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</tbody>
</table>
I chose to highlight Grace’s use of her first person direct object pronoun. These are significant in that she uses these phrases when speaking about a significant change in her perception and does so in the first person, indicating a close identification with the healing she has derived from her spiritual faith. I broke these out into a separate “passive I” column because while she identifies with the things of which she is speaking, she phrases it in such a way that she is not the one performing action. Instead, she phrases it such that nature and spirituality are acting upon her. That is, Grace’s wording suggests that she was drawn onward by an outside force, perhaps her “higher power,” rather than by her own volition. This does not necessarily have negative implications; rather, this could be giving additional support to the idea that Grace has inherent knowledge or intuition about herself and that these are highly valuable. Grace’s second person voice also makes a few notable entrances, specifically when referring to her previous religious beliefs. These statements are imperatives coming from the outside in the form of “you,” and have a harsh, judgmental tone. “You are a sinner” sounds very much like an admonition from a strict parental figure, which parallels other critical messages from her parents that Grace had internalized early on.

When I listen to this whole section on her spiritual faith, I notice a clear, two-way conversation happening between the voices of connection and disconnection:

<table>
<thead>
<tr>
<th>Voice of connection</th>
<th>Voice of disconnection</th>
</tr>
</thead>
<tbody>
<tr>
<td>So now I'm in a church</td>
<td>I think religion is dead, and religion turns people off. Religion is like a stagnant pond,</td>
</tr>
</tbody>
</table>
but what I have is like a clear running stream. And it's cleared out the darkness and stagnant waters which was killing me. I am very active in church, I'm excited now because they see that I have certain talents, that I love people I think it is dead. I used to hate people. Somebody put the law in you.

I don't feel that way I think it's natural like a bird takes the air. To me it's productive, and its life-giving. It takes me back to the very thing that drew me to the woods. You know, the light, the green grass, the birds, these were all healing to me The way I looked at it before it was, you know, you're a sinner, you lied, or you did this.

But now I'm looking at it like I'm accepted, I have things, and sure I don't always do things right, but that's not the focus anymore. The focus is on the things that I do right

This conversation between voices looks and sounds like a set of bullet points laid out by the voice of disconnection, each of which are discussed and refuted by the voice of connection. Grace’s voice of connection clearly dominates her voice of disconnection here. The conversation gives us a window into the meaning Grace makes of her movement from a position in which her religion was based on a rigid set of dualistic principles to a position in which she felt free to define her faith on her own terms. In her previous position, Grace had felt a great deal of shame as well as a need to comply with religious tenets dictated from the outside. In this newer position in which she finds herself, Grace has a greater ability to self-authorize by relying on her intuition. Her perception is rooted far less on dualisms, and is focused primarily on seeking out the good in herself and others.
Experience in group

Like many other participants, Grace was also wary of group at the beginning. Since she typically isolated herself in her room with the exception of going to her individual therapy sessions, the group was quite a leap for her. She had told me that she typically needed whiskey in order to feel reasonably comfortable around people, so having to force herself to be around strangers while sober presented a challenge. Her biggest fear, she explained, was of the possibility that someone might say something that would upset her, which would lead her to react aggressively, since this was her usual method of operation at the time.

The one thing I didn’t like was the fact that it was group; I just didn't want to be around a bunch of people. And if I ever was it was usually I'd have to to have whiskey to do it. So, and actually talking, saying some things about your life you're embarrassed about, that was uncomfortable. And, too, I was afraid. You know, I was afraid because I, I've been to jail, I was afraid that somebody was, I was afraid maybe of myself? I was so out of control, I was like I didn't think I was ready to be in group. But I needed to be there because at that point, but I was afraid that I was, that somebody was gonna say something, and I may not be able to control myself. But it was different, I think we all had that fear. I think we all were afraid.

Because fear and disconnection were such important themes here, I chose to listen to this passage from the perspective of her voices of fear and disconnection.

<table>
<thead>
<tr>
<th>Voice of fear</th>
<th>Voice of disconnection</th>
</tr>
</thead>
<tbody>
<tr>
<td>The one thing I didn't like was the fact that it was group, and I just didn't want to be around a bunch of people.</td>
<td></td>
</tr>
<tr>
<td>And if I ever was it was usually I'd have to have whiskey to do it. So, and actually</td>
<td></td>
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</tbody>
</table>
talking, saying some things about your life you're embarrassed about, that was uncomfortable.

I was so out of control, I was like I didn't think I was ready to be in group.

I was afraid. You know, I was afraid because I, I've been to jail, I was afraid that somebody was, I was afraid maybe of myself? I was afraid that I was, that somebody was gonna say something, and I may not be able to control myself. I think we all had that fear. I think we all were afraid.

Illustrated above is an unexpected conversation between two “negative voices,” – if voices could legitimately be labeled as positive or negative – as represented by Grace’s voices of fear and disconnection. This dialogue helps illuminate the distinction between the voices of fear and disconnection. The voice of fear functions to explain or elaborate upon ideas presented by the voice of disconnection. In this way, the voice of fear makes it easier for the listener to empathize with Grace’s disconnection: Grace did not resist simply for the sake of being resistant, as mental health professionals often assume. Rather, she initially resisted connecting in group out of anticipation of the pain that her voice of fear verbalized.

Learning the Skills

Grace discussed her understanding of the wisdom behind DBT’s exposure protocols, which are performed as part of individual therapy as well as some the skills that clients learn in group. Examples of the latter include the skills known as “effectiveness,” “radical acceptance,” “willingness,” “building mastery,” and “opposite to emotion action.” Many clients resist these skills at first because of the extreme difficulty inherent in facing one’s fears directly. Grace described a time when this notion really “clicked” for her, likening the exposure skills to riding over waves in an inner tube:
Well when I think about some of the things that you guys talked about to try to stay where you're at when you're having... Don't take that flight because it triggers your brain to think that that's a dangerous situation, and you leave, but you never learned that you're safe there (Molly: yeah). And this is stuff that we would fight against, right? (Molly: yeah) Well I was on an inner tube on the water and trying to ride the waves, and every time the boat would turn, I see those waves coming and I get afraid and I'd pull against the waves. Well, I would flip! (Molly: yeah) and hit the water every time! I watched this one girl and she was flying over these waves after waves, and I was like how do you do that? And she says, “when the boat turns, and you're going into the wave, don't fight against it, forge towards it.” And when I did it I flew over the wave after wave. And I thought wow, and that stayed with me, because I thought that is, that attitude, that that way of thinking right there, not always, but that's happened when I've stayed in the store. I've calmed the storm. I stopped what I was doing, and looked at what I was doing, and looked around, and I talked to myself, I reasoned with myself, “I'm safe, I'm healthy, my child is taken care of. And I can't run out of the store just because I'm afraid.” If I run into these people, sure I've had people that threatened me, and fear is in itself, that was.... That was a cancer, that was really killing me and other people around me. Oh my God, and it kept me out of so much trouble, altercations where people of lost their temper with me, before, I would've punched them, I wanted to hurt them as bad as I was hurting inside.

It may be helpful for me to contextualize the above section with some background information. Grace mentions going to the store, which used to be a highly triggering situation for her since she had agoraphobia-like experiences when she was out in public. Unlike people
presenting with the more “classic” agoraphobia, Grace was not afraid of having a panic attack in public. Rather, she deeply feared the possibility that she might see and become physically violent with one of several individuals who had mistreated her in the past. While Grace was generally kind and submissive to a fault in her daily life, when her fight-or-flight response was triggered Grace’s instinct was literally to fight. She feared this tendency so much that she eventually began to flee preemptively in order to avoid a physical altercation. Fortunately, as described in the quote above, Grace overcame her fear through using her DBT skills that she learned in the group. The following contrapuntal poem features Grace’s voice of fear in conversation with her voice of courage:

<table>
<thead>
<tr>
<th>Voice of fear</th>
<th>Voice of courage</th>
</tr>
</thead>
<tbody>
<tr>
<td>While I was on an inner tube on the water and trying to ride the waves, and every time the boat would turn, I’d see those waves coming and I get afraid and I’d pull against the waves. Well, I would flip! And hit the water every time!</td>
<td>Don't take that flight because it triggers your brain to think that that's a dangerous situation, and you leave, but you never learned that you're safe there. And this is stuff that we would fight against, right?</td>
</tr>
<tr>
<td>“When the boat turns, and you're going into the wave, don't fight against it, forge towards it.” And when I did it I flew over the wave after wave. And I thought wow, and that stayed with me, because I thought that is, that attitude, that that way of thinking right there, not always, but that's happened when I've stayed in the store. I've calmed the storm. I stopped what I was doing, and looked at what I was doing, and looked around, and I talked to myself, I reasoned with myself, “I'm safe, I'm healthy, my child is taken care of.</td>
<td></td>
</tr>
</tbody>
</table>
And I can't run out of the store just because I'm afraid.”

Grace’s tubing metaphor here made much more sense to me than her octopus metaphor mentioned earlier. It also provided a way for her to explore her newfound ability to skillfully recognize, confront, and eventually break free from her fears. She begins in her voice of courage, though at this point the voice is not really hers, it is the voice of an outsider – possibly her individual therapist, her basic skills group leader, or myself as her advanced skills group leader. This voice is reminding her of what she knows to be factually true: that when one flees in reaction to the fight-or-flight response, one’s fear is greatly reinforced. While Grace believed this on an intellectual level, prior to learning this experientially she was not fully able to accept it and free herself from her fear. So after verbalizing her intellectual belief in the rationale for exposure with which therapists had presented her, Grace describes an event that provided her further evidence to this fact. She begins with her voice of fear, recalling her ineffective tendency to react with avoidance when she felt frightened. Her voice of courage appears next in the form of another outsider, only this time it comes from a stranger who she observed to be acting competently and effectively in the face of the same potentially frightening situation. From there, still in her voice of courage, Grace makes an important connection between what she learned experientially on the water and what she had been learning in DBT. She took knowledge that she had received from experts and applied it in vivo, yielding life-changing results.

It seems significant to me that her learning of her lesson on the water was facilitated by what I consider to be a peer. The girl who was successfully riding her inner tube was neither a water safety instructor nor a professional stuntwoman – she was just an average person that Grace happened to meet by chance. Similarly, while it may still be beneficial for clients to first
be exposed to coping skills by traditional means (i.e. psychoeducation), their learning may be significantly augmented when it is reinforced by clients seeing average people – people that they know, to whom they can relate, and who face similar obstacles – successfully implement these skills.

**Final Thoughts**

Grace wrapped up the interview by looking back at how far she has come, and expressing gratitude for the gains she has made as a result of her treatment in DBT. She begins by breaking the fourth wall of the interview to express concern that her contribution might not have been valuable, saying, “I hope I didn't waste your time coming here, Molly, the only thing I wanted to tell you guys how much I appreciate, I appreciate this class. I don't think I'd be here today...”(Trails off)

Molly: IT’S REALLY MADE A BIG DIFFERENCE FOR YOU.

Grace: (sobbing says something that is very muffled) saved my life... I just hope I didn't waste your time. The only thing I can really think of is that we all felt, I don't know how anybody else felt, but I felt incredibly close to everyone, very bonded coming in with all your troubles and you all working through with me with each of these problems. I felt very attached.

Molly: SO HOW DID THAT BOND OR THAT ATTACHMENT THAT YOU FELT HELP YOU?

Grace: it gave me faith that I can have that out there with other people and that is healthy. I felt like I was diseased, that I was incapable, not competent, like I had leprosy. And
now I see that I am quite capable. I can do things I can have healthy relationships now, and I know what to look for those relationships, and not to judge people harshly because they may be displaced their characteristics that I did before I came here. I would like to do this, I would like to help somebody else. I would like to be in this field… I would like to do that even without pay.

Grace stated more than once that she hopes that she did not waste my time in the interview. It is interesting that she said this, because there were times in the interview that I described earlier in which I found myself worrying that this may have been a waste of time. As I wrote this I found myself hoping that she did not sense this, but I fear that I may have unconsciously projected my incredulity during certain parts of the interview. It may also be that like my other participants who voiced similar sentiments, Grace legitimately doubted the significance of her experience and the strength of her voice.

I also notice here the sincerity of her gratitude for having participated in the DBT group. She suggests that she might not be here today were it not for DBT, which could mean that she thinks that she might have otherwise died by her own hand or by someone else’s, or else that she might be worse off than she currently is.

Grace attempts to speak for the group as a whole when she says, “we all felt,” but then quickly changes her mind, acknowledging that she really does not objectively know how anyone else in the group felt, and can therefore only speak for her own feelings of closeness and attachment. Still, this again could be evidence of Grace’s keen intuition and mutual empathy that she experienced with her fellow group members. Therefore, while the other group members have never overtly told Grace how they felt about her, other group members, or the group in
general, Grace may have been picking up on a different kind of knowledge than can be measured objectively.

I listen for Grace’s voice of connection in conversation with her voice of fear as she contemplating her thoughts on this topic:

<table>
<thead>
<tr>
<th>Voice of connection</th>
<th>Voice of fear</th>
</tr>
</thead>
<tbody>
<tr>
<td>I wouldn’t be here today…&lt;inaudible&gt; saved my life</td>
<td>I hope I didn’t waste your time coming here.</td>
</tr>
<tr>
<td>I felt incredibly close to everyone, very bonded coming in with all your troubles and you all working through with me with each of these problems. I felt very attached. It gave me faith that I can have that out there with other people and that is healthy.</td>
<td>I just hope I didn’t waste your time.</td>
</tr>
<tr>
<td>And now I see that I am quite capable. I can do things I can have healthy relationships now, and I know what to look for those relationships, and not to judge people harshly because they may be displaced their characteristics that I did before I came here. I would like to do this; I would like to help somebody else. I would like to be in this field…I would like to do that even without pay.</td>
<td>I felt like I was diseased, that I was incapable, not competent, like I had leprosy.</td>
</tr>
</tbody>
</table>

Grace’s verbalization of her fear that she may have wasted my time indicates to me a powerful sense of vulnerability, and, somewhat paradoxically, safety in that vulnerability. If Grace did not believe in the value of her contribution, she would not have feared a negative evaluation on my part – she would simply shrug off the idea and internally dismiss the significance of my opinion. However, she not only fears the possibility of my negative
evaluation of her, she goes a step further and openly acknowledges this fear to me. I conclude that Grace’s sense of self has developed significantly and complexly as evidenced by the following two dialectical tensions. She is able to simultaneously hold the beliefs that her experience is important and that it is possible that I might not share that belief. She assigns importance to my perception of her, and yet she feels safe enough to share this with me.

Next, Grace went on to bask in the closeness that she felt with her fellow group members, which again was somewhat puzzling to me since DBT group leaders do not necessarily encourage the development of close relationships among group members. Regardless of whether the way the group was run had anything to do with the closeness Grace felt with her fellow group members, this closeness developed nonetheless. This resulted in Grace’s outright claim in the segment above that the bond gave her faith that she could experience similar healthy, growth-fostering relationships in her life outside of therapy. To borrow an idiom from RCT, this was literally a very “good thing” in that Grace’s newfound motivation to seek out similar relationships outside of therapy is a hallmark of the growth-fostering relationships described by Jean Baker Miller (Miller & Stiver, 1997). Because of her early relational experiences with an overly protective mother and an unpredictable, alcoholic father, Grace believed that she was utterly incapable of functioning on her own. Her relational images featured Grace cast in the role of a helpless victim who needed to rely on others for survival. In those days, Grace felt very vulnerable and sought out protection from men who appeared strong by virtue of their aggression and propensity for violence. The power differential in these relationships was decidedly one-way, for while Grace may have felt some degree of protection from outside danger, it came with the knowledge that sense of protection might have very well cost her safety or even her life.
Conclusion

Grace’s experience in DBT skills group facilitated her movement from dualistic thinking to more complex perceptions of herself and others. This is evident in the way she describes herself, her empathy for others, and even her religious faith. She began to see herself as being worthy of love and acceptance, and, in turn, being more capable of sharing her love and acceptance with others. As a result, Grace is less prone to passively isolate herself and is more likely to act with courage and authenticity.
Chapter VIII

Cross-Case Analysis

Up to this point, the present study has focused on the in-depth, individual experiences of four graduates of the DBT skills training group at Wellness Pathways. Each individual informed the concept of the relational aspects of their experiences in DBT skills training group. Of particular note were the varying ways that they experienced themselves as beings-in-relationship with other group members, group and individual therapists, the group process itself, as well as the various aspects of themselves.

As the previous chapters examined each research participant in depth, this chapter will highlight themes that were shared between all of the research participants. Each of the themes served to illuminate the evidence and effects of the relational aspects of DBT skills training group. The major thematic areas to be discussed are (1) research participants’ initial discomfort in group, (2) the evolution of each research participant’s perception of their self-worth, (3) participants’ use of voicing to narrate their experience, and (4) negotiation of dialectical dilemmas, namely the central relational paradox. Subthemes falling under these areas will be discussed with attention paid to the function of growth-fostering relationships in relational change.

Discomfort in Group

A common theme that emerged from each interview was that participants felt embarrassed or uncomfortable about “sharing” in group, despite the fact there really is no “sharing” beyond a quick listing off of skills tried or used in the previous week. Scarlett, Hope, Grace, and, to a lesser extent, Flora each gave examples in their interviews of ways that they found group to be a distressing aspect of their treatment. To reiterate, DBT skills training group
is a didactic psychoeducational group, not a process-oriented group where individuals disclose private feelings or are confronted about their insecurities. These individuals’ experiences of this group as “embarrassing” and “uncomfortable” is highly incongruent with the intention or rationale of the group, which is simply to transmit coping skills in an effective, efficient way that causes minimal distress among its members. It seems that even the innocuous way the group was conceived and run was far more distressing than group leaders might imagine. This would indicate that even minimal social interaction with relative strangers such as simply being in the same room together is enough to elicit feelings of shame among individuals with BPD traits and presentations. This also indicates the possibility that DBT skills group members may experience their relationships with one another as being much more intimate and meaningful than outsiders might believe.

**Inherent equal value**

Group members’ initial reactions of discomfort and embarrassment provide a clue to the means by which gains are made in area of perceived self-worth. A significant contribution to this study came from Scarlett when she described how she came to realize her inherent equal value to other group members. This happened in a covert, experiential way; the fact of her inherent value was not taught to her in a didactic manner. The fact that her group leader never allowed Scarlett to simply “pass” on sharing her diary card or otherwise participate in group introduced and continuously reinforced the notion that Scarlett’s inherent value as a human being was equal to that of her peers.

Again, it is important to note the Scarlett’s reluctance to participate in group was due to her belief that any input that she might give would be a waste of other people’s more valuable
time. She believed that she deserved to suffer, and that she therefore did not deserve the benefit of the skills. This is not an individual who was trying to “get away” with not doing her homework by deceiving the group leader, nor was this an individual who necessarily felt shy or embarrassed about speaking in front of people. These points were refuted in the interview when Scarlett admitted that she had always completed her homework, and when she corroborated her competence at speaking in front of others with examples of having skillfully done so in other contexts in the past. By ceaselessly challenging Scarlett to participate in the group process week after week, her group leader unknowingly helped Scarlett to develop a cognitive dissonance between her experience of herself as a worthless waste of time, and a contradictory image of herself as being worthy of the group’s time. Scarlett’s image of herself as inherently worthy eventually won out.

None of the other interview participants spoke of this experience outright. It may be that they were unaware that this was happening at the time. This is understandable since this kind of awareness requires significant mastery of mindfulness skills and considerable introspection. As mentioned previously in Scarlett’s chapter, she was already highly introspective in her thinking, and, unlike most clients in DBT, she indicated a preference for the mindfulness skills above all of the other DBT skills. While Scarlett may have a heightened awareness of the relational process she underwent in group with regard to her concept of her self-worth, one cannot justifiably conclude that others did not share similar experiences. Therefore, it may be helpful to look for how the other research participants experienced an increase in self-worth as a result of their participation in DBT skills group.

Similar to Scarlett’s experience, Flora shared ways that DBT skills group lead her to accept her inherent value as a person. However, instead of this coming about as the result of a
group leader continually pressing her to participate, for Flora this resulted from an amalgamation of what one might call “microaffirmations.” She described instances when other group members would simply listen and indicate that they had paid attention to what she said. This included occasions when other group members responded to Flora by saying things such as, "wow that really that helped me understand that, because you just said that that way." Such responses from her peers constituted the mutual empathy and mutual empowerment inherent in growth-fostering relationships, and these relationships, no matter how superficial they may have appeared to outsiders, fostered the growth of Flora’s belief in her worth as a human being.

In Hope’s case, she felt completely alone in her struggle with mental illness, fearing that she might be the only person in the world experiencing her changes in mood, suicidal thoughts, self-sabotaging behavior, and increased somnolence. Despite her previous treatment providers’ efforts, Hope did not feel that she had an adequate understanding of how to live a meaningful, productive, happy life with chronic mental illness, or whether this was even possible. In interacting with others in the DBT skills group, Hope found normalization and validation for her experience. While this normalization and validation of her experience with mental illness is not quite the same thing as finding confirmation of her inherent worth, Hope desperately needed this. Without it, Hope had felt “like a lost puppy” and stated that “sometimes you don't feel like you're worth living.”

In her paean to group that was excerpted near the end of her chapter, Grace, too, connected her improved sense of self with her experience in group. Grace acknowledged that prior to her involvement in DBT she had felt, “as though I had leprosy,” and was therefore unworthy of healthy relationships and love. As a contrast, Grace now has a much stronger belief in her inherent worth: she knows that she is “quite capable.” Based on the relationships she
formed in her DBT skills training group she is now confident that she knows what to look for in relationships, and will be able to establish and maintain healthy relationships “out there.”

I draw attention once more to the fact that the relationships that these individuals reported having with fellow group members were not deep, intimate friendships. The individuals who participated in the interviews for this study reported that in their most intimate form, the relationships they had with fellow group members involved meeting up for lunch at fast food restaurants after group was over, and that otherwise group members tended to go their separate ways when out in the “real world.” In some cases they added one another to their social media circles (e.g., Facebook), but did not develop these relationships further than that. It is necessary that readers understand this, lest they mistakenly conclude that the relationships that affirmed group members’ inherent worth were aberrant occurrences of highly intimate, long-lasting friendships rarely seen or encouraged among members of psychoeducational groups. As with Scarlett’s example of allowing a casual friendship to evolve on its own rather than forcing it to become unnaturally intimate, these casual relationships among group members also held great power in their potential to transform clients’ ways of relating to one another.

**Intrapersonal communication**

Moving away from the interpersonal realm, each individual who gave an interview spoke about and either knowingly or unknowingly demonstrated their intrapersonal communication to varying degrees. This intrapersonal communication took the form of their various inner voices conversing with one another as demonstrated by the analysis of I-poems in previous chapters. Interview participants demonstrated this in its most overt form by sharing examples of when they would narrate the process of coaching themselves on their DBT skills.
**Functions of voicing.** Each interview featured conversations between each of the interview participants’ varying perspectives. These conversations illuminated the speakers’ metacognition as they struggled to make meaning of the events in their lives. Of particular note, Grace and Scarlett both narrated clear debates about the merits and drawbacks of participating in group. Speaking with her you voice, Grace admonished the I voice for complaining about homework and the classroom-like style of the group. Scarlett spoke from her voice of worthlessness about how her input was not as valuable as that of other group members, and therefore did not deserve time spent in group. After receiving feedback from the group leader and other group members, Scarlett first used her “everybody voice” and eventually her voice of worth to acknowledge that she, too, was inherently valuable and thus deserving of time to speak in group.

It was interesting to note that Flora use her I voice to express both her former self-doubt and her current self-confidence. Flora may have reached a dialectical synthesis between these extremes: she accepts her prior passivity as a legitimate and recognizable part of who she was, and at the same time she embraces her newfound confidence in validating and advocating for herself. Other prominent features of Flora’s voicing include her simultaneous use of her collaborative and assertive voices for interacting with obstinate group members.

**A note on the disembodied voice.** Each research participant spoke from her disembodied, passive voice during the interviews. In each case, the disembodied voice functioned to narrate themes of passivity and a lack of coherent sense of self. For instance, Flora used her disembodied voice when she spoke about her previous passive interpersonal style in which she allowed others to usurp her autonomy by making decisions on her behalf. Similarly, Grace uses her disembodied voice as a vehicle for describing the passive, “manipulated” way she needed to
interact with her unpredictable, abusive father. Hope did not speak as much about passivity as
the other interview participants, and her use of the disembodied voice was correspondingly less
prominent. When she did speak from her disembodied voice, it functioned to introduce ideas for
the I voice to take further, perhaps because she was initially uncomfortable owning those ideas.
Scarlett used this in a similar way to Hope, in that she cautiously introduced ideas with her
disembodied voice that her I voice eventually developed further. The concept of the
disembodied voice takes on a double meaning in each of the four cases. When one considers that
a major focus of this study is on interview participants’ emerging sense of self, it is striking to
note that even in their recovery and personal growth their voices still occasionally lack a self to
narrate their stories. It seems that in all cases the disembodied voices serve as remnants –
perhaps ghosts – of these individuals’ old ways of being. That is, while these individuals may be
experiencing themselves more fully and authentically than they ever had before, the disembodied
voice serves as a vestige of their previously dissociated self-experiences in which they had to cut
off or ignore key aspects of themselves.

**Narrating self-coaching.** Participants’ voicing became particularly relevant when they
narrated instances in which they coached themselves on their DBT skills. In each instance, these
individuals spoke to themselves by describing the situation, and reviewing their options for
managing the situation as they had learned to do in the group. In addition to this common
ground, each participant had their own unique concerns and approaches for self-coaching. Prior
to their experience in DBT skills group, most clients respond to problems in a highly reactive
way, and report extreme difficulty with paying attention to their thoughts and urges at first.
While self-coaching is not something that occurs overtly in DBT skills group, the fact that each
of the DBT graduates in this study spoke about this in their interviews indicates that they were
actively mindful of their thought processes, and that the group had radically changed their way of thinking about their problems.

In Hope’s case, her main concern was determining “what is real.” Her thoughts often focused on trying to figure out what was going on, whether that was “normal,” and whether there was anything she could do to stop or change the situation or symptoms she was experiencing. Hope’s main fear was that her symptoms were unlike any that mental health professionals had seen before, and were thus untreatable. Therefore, when experiencing symptoms of mental illness she would often ask herself, “where is this coming from and how do I stop it?” “What is causing this?” “Is this the depression talking? Is it the mania talking?” Hope was also able to integrate her DBT skills into her self-coaching, as she did when she asked herself whether she was engaging in cognitive distortions.

Grace gave an example of coaching herself through an in vivo exposure exercise in which she used her DBT skills to confront, tolerate, and eventually overcome her fear. She used the opportunity to remind herself that while her fear was highly aroused in that moment, she was in fact safe and healthy. This required an incredible amount of mindfulness and self-control, since Grace’s natural inclination was to flee the feared situation in response to her unacknowledged thoughts that she was in danger.

Scarlett used self-coaching as a means of exploring and beginning to trust and validate her intuition. In her example, she first acknowledged her current thoughts and feelings, speculated on what she might be able to do about the situation, and finally sought validation of these facts from her therapist. Over the course of her treatment, she learned that in most cases
her intuition and her problem-solving were on the right track, which led her to further trust her own perception and competence.

Flora’s approach to self-coaching was similar to that of Scarlett, though Flora took it a step further by actually validating herself as well. This can be seen in the way Flora answers the question, “do I have a right to feel that way?” by saying, “yes, I have a right to feel that way.” Therefore, Scarlett and Flora may represent consecutive points on the journey of a person with BPD as one gains the ability to self-validate, eventually becoming fully free to trust one’s perception. The Listening Guide methodology provided necessary tools for hearing and rendering meaning of Flora’s self-coaching inner dialog.

**Dialectical Dilemmas and the Central Relational Paradox**

Each research participant reported having responded to dialectical dilemmas with some type of dissociation prior to her involvement in DBT. While the details varied somewhat, each case represents a variation on the central relational paradox. Each research participant employed various strategies of disconnection in order to keep her authentic self out of relationship for the sake of preserving her relationships. Likewise, over the course of their DBT treatment and thereafter, each individual interviewee slowly began to let down her dissociative “wall,” opening herself up to more authentic relationships and the risk that goes with them.

In Grace’s case, she had been striving to find dialectical synthesis in both her relationship with her father and in her spirituality. She had described previous communication with her father as having been “very manipulated,” and that she had to anticipate a wide array of possible responses from him lest she be taken unawares by his often cruel remarks. While she knew that as an active alcoholic her father had a very limited capacity for genuine relationships, she still
desperately wanted a filial relationship with him despite that knowledge. Grace adopted Gilligan’s “brilliant but costly solution” as a strategy for relating to her father by meticulously choosing her words and the topics that she brought up with him. This strategy served to keep her safe from the emotional pain that her father so often inflicted, and at the same time it was a step to ensure the lack of genuine connection in the relationship. After her time in the DBT program, Grace has come to accept the possibility that her father may not be capable of the kind of loving relationship that she had desired. This acceptance has freed her from self-blame and brought her serenity in the knowledge that she had done the best she could in a situation that was unnatural and unfair.

Grace had noted the similarity between her relationship with her father and her spiritual walk. She even went so far as to say, “I thought that God rejected me because my father rejected me.” In the case of her spiritual faith, Grace had found herself torn between the religious beliefs that she had been taught growing up, and her intuitive knowledge that the absolutist dogma she had received was a “stagnant pond” that was “killing” her. She had initially tried to fit herself into this belief system, thereby keeping parts of herself out of relationship with God. The results were Grace’s feelings of spiritual unfulfillment and her continued belief that God had rejected her. Compounding the issue was her deep knowledge that there were other ways of practicing her faith that might have been a better fit for her spiritual journey. Her initial choice not to seek such alternate paths resulted in self-invalidation and shame. As Grace evolved greater complexity in her ways of perceiving the world, she made the choice to find a new church that affirmed her beliefs and ways of relating to God. This represents a synthesis rather than a dichotomous abandoning of one system in favor of another because she has still retained her Christian beliefs; the difference is in the way she adapts them for her personal practice of faith.
Scarlett had great difficulty managing interpersonal relationships as evidenced by the all-or-nothing approach she used to take. As she said in her interview, “I had a tendency before to latch onto somebody very quickly which is why probably my second husband and I were married six weeks after we met.” This was particularly problematic in casual friendships, in which she often found herself “oversharing” details of her life that may have been more appropriate for closer, much more intimate relationships. While “self-editing” may be a sign of inauthenticity for most people who are otherwise mentally and emotionally healthy, Scarlett’s failure to self-edit in the early development of her friendships resulted in those friendships’ failure to thrive. People found her boldness in disclosing the darker aspects of her life awkward if not somewhat frightening, leading them to discontinue the friendship. This set up a dynamic in which Scarlett believed that unless potential friends accepted all of her, then they necessarily must not have accepted any of her. As Scarlett gained facility in using her DBT mindfulness and interpersonal skills, she became more aware of her thoughts, feelings, and behavioral urges, as well as how her expression of these affected others. With this knowledge and awareness, Scarlett became better able to differentiate between topics that were appropriate in the early stages of a friendship, topics that were better suited to a more deeply developed friendship.

Of equal importance here was Scarlett’s improved awareness of how far along her friendships were, developmentally speaking, since this knowledge was necessary for her to be able to successfully implement her self-editing strategy. In her previous approach to relationships, Scarlett kept people at bay by over-disclosing, and therefore disallowing for a more natural progression from casual friendship to deeper intimacy. Following her successful experience in DBT, Scarlett opened herself up to the possibility of relationships that were
mutually empowering and mutually empathic by allowing her casual friendships to progress in a natural way.

As a contrast to Scarlett, Flora had the most difficulty in close interpersonal relationships, because as Flora stated, “When it's a close personal relationship, it's just too close. And I'm just so afraid of messing it up that I'd rather just not do anything.” For Flora, the central relational paradox was most prominent in her belief that her mental illness necessarily invalidated her thoughts and feelings. Since she believed herself to be “crazy,” Flora found that it was better to keep most of her thoughts to herself and to suppress her emotions. As a result, she suffered under the tension of her tendency to invalidate herself in the face of nearly constant contradictory subjective experience. In her attempts to relieve herself of this tension, Flora became very passive in close interpersonal relationships, allowing others to determine her subjective experience on her behalf. Through her participation in DBT, Flora found freedom from the dichotomy between the trustworthiness of her experience and reality of others’ experiences, and therefore no longer saw them as being mutually exclusive. Flora began to validate her right to think and feel as she did while coaching herself to respond to her thoughts and feelings in the most effective ways possible. In doing so, she arrived at a synthesis in which she concluded, “this is how I feel, and yeah maybe I feel it more strongly, and I struggle with the strength of the emotion because of the bipolar, but I still feel this way and I'm not ashamed of it.”

While Hope did not report any major difficulty in interpersonal relationships, she experienced the central relational paradox nonetheless. Hope found herself caught between the knowledge that her experience might not have been particularly aberrant for someone with bipolar disorder, and her fear that her case might have been so unique that it was untreatable, thus condemning her to unabated suffering. Hope found that she could not trust her knowledge
because, like Flora, she had labeled herself as “crazy,” that her thoughts were like an “ugly monster.” Thus, Hope concluded that she was incapable of having logical or valid thoughts, and she found herself out of intrapersonal relationship with herself. As with the other research participants, Hope’s ability to trust her knowledge about living with mental illness came about experientially, as an unexpected consequence of being in group. Like Flora, Hope came to accept that while her illness was capable of clouding her judgment at times, she was still able trust her own thoughts as valid and reasonable.

**Participant-Specific Themes**

In addition to the themes that were present across most or all interviews, each participant added specific pieces to this study that were unique, setting them apart from one another. Rather than aberrant pieces of material that took away from the unity of this study, one might view these unique facets as adding to the richness of the data. One might even conceptualize the acknowledgment of this variance as adding to the potential transferability of the findings, since one is unlikely to find any group of individuals with truly unified, conforming experiences in the real world. A composite sketch artist requires diverse accounts from a group of informants giving accounts from their varied perspectives in order to render an image. Similarly, by adding their own specific, identifying characteristics in their accounts, the participants in this study each contributed to my rendering of the image of relational growth in DBT.

**Scarlett.** While others recounted their own journeys with self-esteem, Scarlett described the process in remarkably explicit detail. Scarlett shared a keen awareness of the group’s role in affirming her worthiness via the equal treatment she received from her group leaders and the unity with which group expectations were upheld.
**Flora.** Flora went into greater detail than the other participants about her evolving relationships with fellow group members. Flora’s experience was punctuated by her alternation between frustration with – and eventually empathy for – her “obstinate” peers. An additional difference between Flora and the other participants was her report of having been fully committed to the DBT process from the beginning. While most clients in DBT treatment negotiate a “learning curve” both in terms of their understanding of the concepts and in their readiness to commit to therapy as intense as DBT, Flora reported to have enjoyed DBT throughout her time in treatment.

**Hope.** Hope’s most unique contribution to this study was her exploration of her meaning-making surrounding her mental illness. While Hope’s journey was specifically about bipolar disorder rather than borderline personality disorder, there are many things about her account that make it applicable to this study. As stated before, the respective presentations of bipolar disorder and BPD share many common characteristics, including affective instability, suicidality, a tendency toward high-risk behaviors, and overall difficulty in day-to-day functioning. Her journey from uncertainty about the symptoms and course of her condition to confidence in “knowing what’s normal” sheds meaningful light on the respective journeys of those with BPD.

**Grace.** The most unusual interview belonged to Grace. Grace shared unconventional metaphors and offered unexpected wisdom that challenged my assumptions as both a clinician and a researcher. I caught myself covertly dismissing Grace at times during the interview, and from this experience I learned much about the insidious nature of clinicians’ stigma. Grace also demonstrated inimitable awareness about the factors that motivated her aversion to interpersonal contact, namely her fear that she might react violently to perceived rejection or criticism.
Conclusion

While the ongoing nature of this work prevents the findings of this dissertation to be “complete,” this chapter is meant to lay the groundwork for a greater understanding of how members of DBT skills training groups begin to reclaim their belief in their inherent validity, and how they negotiate the dialectical dilemmas in their lives – particularly the central relational paradox. Additionally, this chapter serves to begin the conversation about how participants’ experiences in group impact their relational development. In beginning this exploration here I hope to establish a foundation upon which I might build future work with the goal of understanding those aspects of DBT participants’ experiences in skills training group that are not yet understood in the field.
Chapter IX

Key Findings and Implications

“I don’t know where I’d be without you guys; it’s because of you that I am who I am today!”

-Grace

Factors related to DBT skills training group that influenced clients’ ability to recover from a dysregulated sense of self have been the primary foci of this dissertation. Specifically, the DBT graduates that gave interviews for this study evidenced relational growth by a more complex sense of self (clarity) and increased feelings of self-worth. These serve as evidence of the presence of Miller and Stiver’s “five good things” about growth-fostering relationships (1997), which also include a feeling of “zest” or vitality, increased motivation and empowerment to act, and the desire for additional growth-fostering relationships. The process by which their participation in DBT skills training group aided in affirming clients’ self-worth and emerging sense of self was examined through the multiple lenses that each research participant represented.

Psychoeducational groups like the DBT skills training group have the benefits of remediating skills deficits, transmitting knowledge in an efficient manner, normalizing group members’ presenting concerns, and they can be especially helpful for individuals who have difficulty in interpersonal relationships (Berg, Landreth, & Fall, 2013; Ivey, 1976; Martin & Thomas, 2000). The wellness literature indicates that clients might derive additional, less easily measured benefits from psychoeducational group formats, potentially leading to recovery from chronic mental illness in unexpected ways. For example, in addition to the transmission of information about symptoms and coping skills, Aho-Mustonen, Miettinen, Koivisto, Timonen, &
Räty demonstrated that participation in psychoeducational groups lead to enhanced clients’ meaning-making and increased hope for the future (2008).

With regard to the implications of this work, it is necessary to consider the themes that are relevant to academic study and clinical practice as related to DBT and BPD. These include clients’ initial discomfort in group as evidence that their awareness of the potential for the group’s dynamics to expose their vulnerabilities. The other major theme found throughout this study was evidence of DBT skills group’s function as a context for growth-fostering relationships.

Discomfort in Group

The rationale for the strict didactic, psychoeducational format of DBT skills training group includes efficiency in the transmission of information, and, to a lesser extent, exposure to interpersonal situations that some DBT clients might find mildly distressing (Linehan, 1993b). Leaders of DBT skills groups make considerable efforts to adhere to the psychoeducational content and process for the sake of efficiency, and to discourage group members from discussing highly triggering content for the sake of providing group members the greatest likelihood for success in treatment. However, despite therapists’ efforts, clients participating in DBT skills group typically experience group as embarrassing, intimidating, or otherwise distressing. These feelings of distress prevented individuals from fully participating at the beginning of their time in group, as Hope explained when she stated that the “less you know, the more you shut up.”

While one would not classify Hope’s relationships with her peers in group as intimate friendships, Hope feared embarrassing herself by appearing ignorant or uninformed to them.

Anxiety about the group requirement was the case for the individuals who participated in the present study as well as the vast majority those that I have witnessed on an anecdotal level in
my work at Wellness Pathways. In fact, this was the most frequent cause for clients to drop out
of DBT prematurely – among the clients in the DBT program at Wellness Pathways there were
many examples of individuals who regularly attended individual therapy sessions but were
dismissed from the program due to missing four or more consecutive group sessions. As noted
in previous chapters, this incongruence between therapists’ intentions and group members’
experiences may be due to clients’ heightened emotional experiencing and reactivity, making
even the most benign social interactions extremely distressing (Chapman, Dixon-Gordon &
Walters, 2011).

Group as Context for Growth-Fostering Relationships

For visual illustrations of the findings about the group’s function as a context for growth-
frusting relationships, the reader may find it helpful to refer to the concept map below as it
relates to the more detailed explanation that follows. This concept map illustrates the evidence
of interview participants’ improved sense of self. This evidence takes the form of the “five good
things” about growth-fostering relationships as suggested by Miller and Stiver (1997).
Evidence of improved sense of self. The implications of the literature on group work, RCT, BPD, and the findings of this study demonstrate the potential for DBT skills group to possess the hallmarks of a context in which growth-fostering relationships might form and flourish in a unique way. The relationships that my research participants formed with fellow group members, group leaders, and the group as an entity unto itself were not deep, intimate, or long-lasting relationships as one might expect growth-fostering relationships to be. Rather, these
brief, perhaps utilitarian relationships were authentic for their purposes, which made them
trustworthy, and had well-defined limits, which made them predictable and safe. This
trustworthiness and safety provided optimal conditions for individuals to succeed and thrive, as
these conditions laid the groundwork for each of my research participants in their own ways to
experience zest, clarity, empowerment, worthiness, and a desire for more relationships.

_Zest_. Grace described the effects of the “five good things” as changing the way she
experienced her religious faith, and thus her whole worldview. I cannot think of a more apt
representation of “zest” than Grace’s depiction of the newfound vitality that she has derived from
her renewed understanding of her religious faith:

> What I have is like a clear running stream. And it's cleared out the darkness and stagnant
> waters which was killing me. I am very active in church, I'm excited now because they
> see that I have certain talents, that I love people; I used to hate people.

_Clarity_. Flora now has a greater sense of clarity about herself and others as a result of her
participation in DBT skills training group. Whereas she previously tended to invalidate her
perception, thoughts, and feelings since she had labeled herself a “mental patient”, she can now
recognize the validity of her inner experience. This is made all the more complex by the fact that
she can simultaneously recognize the way that her mental illness might color her inner
experience. So instead of Flora seeing this as being a black-and-white case where she can only
be either “right” or “wrong” – “sane” or “insane” – she accepts the truth in both extremes: that
she has just as much right to her thoughts and feelings as anyone else while also acknowledging
that her mental illness might sometimes amplify these to the point where their intensity might not
fit the facts of the situation.
Empowerment. Each participant gave examples of how they felt more empowered as a result of their group interactions. For instance, Flora described her interactions with an individual who she initially found intimidating but with whom she eventually formed what could be considered a fairly collaborative relationship. While the two never became friends in the social sense, they acknowledged the opportunities and obstacles in one another’s lives and seemed to “play off” of one another, each feeling emboldened by the another’s success to make greater strides in their recovery. The group provided a context in which Hope could practice the skills she would need to use if she were to go back to school, including attending regularly and completing homework. The fact that she honored her commitment every week for that year provided her with evidence that she could succeed if she were to go to college, which she eventually did and at which she excelled.

Worthiness. Through her experiences in group, Scarlett came to believe that her experiences are as valid as those of others, saying, “I actually kind of believed that my opinion was worth as much as anybody else's.” While she verbalized that she still does not yet believe that she is not personally as worthy of valuable as others, she acknowledged that she is at least worth more than she had previously thought.

Similarly, Flora stated that “I matter to myself.” Prior to DBT, Flora adopted other people’s opinions and assimilated herself to fit these. That she would repeatedly cast aside her own thoughts, opinions, and interpretations is evidence that Flora did not matter to herself at that point in her life. Her emerging sense of worth now empowers her to assert her own identity with less fear of potential relational consequences.

For Grace, her increased sense of worth allowed her to realize her right to question her previously dualistic religious beliefs and determine her own spiritual path as she saw fit.
Additionally, she now verbalizes that she is capable of having healthy relationships in the “real world,” which indicates her belief in her inherent worthiness.

Finally, in Hope’s case, her sense of self-worth was tied to her ability to trust herself. Hope was rarely sure of how much she could trust her perception prior to her treatment in the DBT program. Now that she is better able to recognize her symptoms of depression and mania, she can differentiate those symptoms from her experience of self; that is, she does not identify with her mental illness to the degree that she previously had. She now feels that her thoughts are credible and trustworthy, and that this has confirmed that she, herself, is worthy.

Desire for more relationships. Grace stated outright that her experience in group confirmed that she was capable of having healthy, growth-fostering relationships in the “real world” outside of group. Likewise, as Scarlett developed her interpersonal skills, she has been increasingly capable of having more complex relationships as evidenced by the skill with which she has attended to her more casual friendships. Her willingness to “meet a relationship where it is” rather than force it into an unnatural realm of intimacy for its stage demonstrates a desire for more relationships in that she is now allowing her relationships to develop at a more natural pace than she previously had.

The role of DBT skills group in facilitating relational growth. As this concept is similarly complicated as the evidence presented above, the reader again will benefit from referring to the following concept map. This concept map illustrates the function of DBT skills group in facilitating the changes that were outlined in the preceding section.
Interaction among group members. The first prong of the relational process at work in DBT skills group is group members’ interaction with one another. While group leaders might view this interaction as relatively superficial, group members found this interaction to be a necessary condition for their growth. Group members’ interaction with one another affirmed members’ inherent value and worth in several ways. Some, like Scarlett, saw themselves as being partially responsible for other group members’ growth. Scarlett acknowledged that she did not hold sole responsibility for her peers’ recovery, but she took her role as being an example for others very seriously. This feeling of responsibility for others’ improvement in turn affirmed for Scarlett that she mattered; her presence and progress impacted other group members, resulting in mutual empathy and mutual empathy between Scarlett and the rest of the group.

For others, like Flora and Hope, the group provided an opportunity to confirm the validity of their internal experience. Flora and Hope found normalization for their presenting concerns
by interacting with their peers on the seemingly superficial level of sharing which skills they used during the week for which problems. They came to understand that others with whom they empathized shared and could effectively manage similar presenting concerns, thus confirming the validity and manageability of their own concerns.

Finally, group members’ interactions with one another provided a context in which they could “bounce ideas” off of one other; that is, they could collectively relate to the group content and thereby transform their understanding of the skills. In collectively relating to the content as a group, members were able to shape their understanding of the content in a dynamic way. This resulted in their ability to make meaning of the content and their presenting concerns in ways that each group member found relevant.

**Intrapersonal communication.** Throughout this work, I have highlighted research participants’ intrapersonal communication as an important clue about their development as relational beings. In addition to its function as evidence of change, the research participants’ intrapersonal communication also functioned in the healing process itself. Scarlett, Flora, Hope, and Grace each described incidents of self-coaching and self-validating in which they covertly used the skills they learned in group to solve problems and to affirm the validity of their experiences. Their facility with self-coaching and self-validating is most likely the result of the close attention paid to the mindfulness skills in group. The process of self-coaching and self-validating both strengthened their sense of self, and the content of this intrapersonal communication served as evidence thereof. Additionally, this covert inner dialog also served as a means to make meaning of their experience.

**Role of group leaders.** A group leader’s primary responsibility is to facilitate the group process. In a DBT skills training group there are two leaders present with different roles: the
primary leader is charged with teaching the content, while the secondary leader – also called the 
other observer – assists the primary leader by monitoring group dynamics, managing disruptive 
behavior, offering additional examples of the skill, and providing validation when group 
members are struggling. As a part of their responsibility to facilitate the group process, group 
leaders must uphold group norms and adhere to DBT group protocols rather rigidly. The 
consistency of expectations for all members is what ultimately led Scarlett to believe in her own 
inherent validity as a person. While facilitating the group process, it is also of great importance 
that group leaders remain mindful of the biases and stigma they may hold towards particular 
diagnoses, symptoms, or group members. Not even those counselors with the best of intentions 
can ever be truly free of biases and assumptions about their clients, and their potential for harm 
increases when they go unacknowledged.

**Implications for Counselors**

It is necessary that counselors be aware of the way the group naturally allows for clients 
to grow relationally, without specific additional intervention from therapists. The cases of each 
of the four research participants in this study – as well as that of Sierra, whose interview served 
as my pilot study – indicated that growth occurred on its own in response to the group being run 
as indicated by the treatment manual. The relational growth that occurred seems to have been an 
unintended benefit, since the true rationale for the prescribed process of the group was efficiency 
in skill-building. The DBT treatment manual does suggest the possibility of relational growth in 
its own way when it describes the ultimate goal of DBT as being to help clients achieve a “life 
worth living” marked by a “capacity for freedom and joy.” However, the treatment manual 
makes it clear that these rather lofty goals are not attainable in the short term, and should not 
pursued until clients have achieved more basic levels of success as evidenced by attaining
physical safety, remediating posttraumatic stress responses, and acquiring the capacity for non-anguished emotional experiencing (Linehan, 1993a). Therefore, it is somewhat surprising that the individuals interviewed for this study evidenced much relational growth at all, particularly since many of them still struggle to various degrees with posttraumatic stress and considerable emotional dysregulation. Given the often slow process of noticeable improvement in DBT clients’ lives, it could be beneficial for therapists to be vigilant for signs of this kind of growth so that they might make their clients aware that they are, in fact, improving more than they might think. This is especially true since it is my supposition that what clients truly desire more than a set of coping skills is relational growth in the domain of their sense of self. If DBT therapists were able to demonstrate to their clients that their participation in DBT skills training group may actually be a means to that end, clients might experience more hope for the future, greater satisfaction with their therapy, and demonstrate better adherence to their treatment.

While many more process-oriented counselors who intend to help clients grow relationally might prefer to lead a group in a way that is less overtly directive and more flexible and egalitarian than prescribed in the treatment manual, the results of this study indicate that doing so might not be in the best interest of clients in DBT. Scarlett indicated in her interview that it was precisely her group leader’s unwavering adherence to the manualized treatment protocols that lead her to consider the value of her input, and even her very existence. Had her group leader conceded to Scarlett’s reluctance to share her diary card out of a belief that it might have been harmful or traumatic to “push” Scarlett beyond where she was “ready” to go, the group leader might have unintentionally reinforced Scarlett’s belief that she was inherently unworthy and that her experiences were insignificant. This finding supports the hypothesis that highly structured treatment such as the DBT skills group is necessary in order to facilitate
meaningful change for clients with BPD (Hodgetts et al., 2007). Therefore, it is important for practitioners and counselor educators alike to be aware of the potential for benefits beyond the stated rationale for strict adherence to manualized protocols like the DBT skills training group.

The above claim seems counterintuitive for a paper claiming to be part of the feminist, RCT tradition, since feminism and RCT emphasize the deconstruction of hierarchies and power differentials. However, based on the findings of this study, these hierarchies and power differentials serve an important purpose in that they provide necessary structure in the lives of a group of individuals for whom many types and degrees of dysregulation are sadly the norm. As some DBT practitioners are known to quip, “in DBT, we are building a tent in a hurricane.” However, while structure and predictability are important means for achieving the goals of DBT, hierarchy and rigidity as ends unto themselves are contraindicated.

My research participants all indicated that to some extent they initially resented the hierarchy and the admittedly fairly rigid structure of DBT skills training group. While it is preferable to avoid causing clients unnecessary discomfort in the course of their treatment, some discomfort might be needed for growth. Psychoanalysts and object relations practitioners might attribute this to the need for clients to develop a transference to the therapist that eventually must be interpreted and worked through (Stark, 2002). Similarly, RCT practitioners would attribute this to the benefits clients derive from the opportunity to repair ruptures in the therapeutic alliance (Jordan, 2010; Walker, 2004). The difference may appear to be semantic, but it is important that the reader acknowledge the divergent traditions from which these semantic differences come, since the older schools of psychoanalysis and object relations tend to hold pathologizing beliefs about clients with mental illnesses, while RCT promotes a more wellness-
oriented understanding of clients’ presenting concerns and deconstructs the environment’s role in bringing about distress.

Due to their history with invalidating environments, individuals suffering from BPD are especially sensitive to ruptures in their interpersonal relationships, and are also particularly vigilant to signs of impending betrayal, exploitation, and abuse. For these reasons it is important for therapists to limit any appearances of being arbitrary to the fullest extent possible, as Linehan (1993a) recommends. That is, when being rigid in one’s adherence to DBT protocols, therapists must be as transparent as possible about their reasons for doing so. This will mitigate the semblance of arbitrariness, ease clients’ fears of being exploited, and aid in facilitating clients’ trust in their group leader. Therefore, it is crucial that DBT therapists thoroughly understand the rationale for the DBT protocols that they follow, and seek supervision when they encounter uncertainty.

Along the same lines, counselor educators who teach and supervise students using manualized approaches to treatment would be well-advised to not only become intimately familiar with the rationale for the protocols their students are using, but also open their minds to possible unforeseen benefits that might come about as a result of treatment. As suggested among the implications for counselors, clients would benefit from the knowledge that they are progressing more than they realize, and in ways that are personally important to them.

This study also carries implications for addressing cultural competency in counselor training programs. As BPD is a highly stigmatized diagnosis to which mental health professionals tend to respond viscerally, the complexity of each participant that was rendered in this study represents a challenge to the biases and assumptions that counselor trainees might hold with regard to this population. The fact that I, as someone whose intention was to dismantle the
stigma surrounding BPD, was also educated in this regard during the course of this study illustrates the necessity that even those counselors with the most beneficent of intentions be ever mindful of their underlying stereotypes and prejudices.

**Reflection**

While it was my intention to produce a work that would lead mental health practitioners to question their own assumptions about clients presenting with BPD traits, I felt somewhat shocked by the irony for experiencing this transformation myself when working on Grace’s chapter. I had come to think of myself as something of a benevolent crusader on behalf of a stigmatized population, but was humbled when I forced myself to thoroughly examine my impressions of Grace. I had privileged my own knowledge and ways of knowing while dismissing those of someone that I had unknowingly deemed inferior. This serves to illustrate that no matter how noble any of us might believe our intentions to be, there is always room for counselors and counselor educators to improve in terms of their capacity to compassionately conceptualize their clients.

**Implications for Future Research**

I have suggested that clients in DBT might prioritize relational growth above skill-building, symptom management, and remediation of deficits as treatment goals. This is consistent with the RCT belief that involvement in healthy, connected relationships is a necessary context for emotional well-being. However, I did not include this hypothesis among my research questions. Future inquiry could focus on whether or not this is the case, and, if it is the case, how clients conceptualize relational growth. Such inquiry could provide support to the implications of the present study, as I am suggesting that this could result in improved treatment adherence and better outcomes among clients who participate in DBT programs.
Another area of particular relevance would be a study of individuals who did not grow in this way, or who dropped out of the program prematurely, before these gains could be made. Such a study could explore whether relational growth failed to occur, whether clients and their therapists failed to recognize relational growth that may have been happening, and how ruptures in the therapeutic alliance might have been prevented. Since a large proportion of clients dropping out of the DBT program at Wellness Pathways do so because they miss too many group sessions, it would be extremely beneficial for clients and their therapists to better understand clients’ reasons for their poor attendance. This way, DBT therapists and program administrators would be better able to prevent or address attendance problems more effectively, thus leading to better outcomes for those who might have otherwise dropped out prematurely.

A final potential line of inquiry would investigate the development of counseling students’ – and possibly counselor educators’ – attitudes towards individuals with borderline personality disorder, the various ways these attitudes manifest, and the effects of these manifestations. Factors such as the form these manifested attitudes take, how they are perpetuated, and the roles of students’ and counselor educators’ positions of power and privilege would be salient to the counselor education and supervision literature.

Limitations of the Study

This study is potentially limited by the fact that I had prior relationships with each of the individuals who were interviewed, as they had known me in the capacity of a group leader in the DBT program at Wellness Pathways. While I believe the net effect of this dual relationship was positive in that it facilitated rapport and authenticity in the interview process, it is possible that our prior relationship may have led the interview participants to feel the need to please me by volunteering or answering questions in a certain way.
The implications of this study are that each of these individuals changed in ways that facilitated their growing capacity for interpersonal and intrapersonal authenticity as a result of their experience in DBT skills group. However, due to the nature of this study and its methodology, it is not possible to prove that DBT skills group had a causal role in their improvement, nor can one even prove that these individuals improved at all in the absence of psychometric instruments. Instead, this study was intended to be a portrait of a select group of individuals at a specific point in time in the context of their recovery from BPD.

Finally, these findings are not meant to be generalized to other populations due to the nature of this study. This study provided a snapshot of a snapshot of a specific group of individuals in a specific location at a specific time. Therefore, the individuals in this study do not necessarily represent all clients with BPD, nor do they represent all clients participating in DBT programs. Rather, the insights presented can be used to highlight the strife and the fulfillment that are possible when individuals seeking DBT treatment are in and out of connection.

Conclusion

This study has produced new research findings that convey the experience of a localized group of clients who had graduated from dialectical behavior therapy groups at one community mental health agency. Specifically, these findings include a rich description of the relational aspects of DBT skills group, and how they impacted clients’ expression of their authentic sense of self. These findings suggest a broader academic research agenda for discussions that inform the practices of mental health counseling and counselor education, including but not limited to clinician stigma, and the relational impact thereof. The implications of this study have the potential to improve the experiences of individuals attempting recovery from BPD if counselors,
counselor educators, and community mental health agencies respect DBT clients’ knowledge and ways of knowing. The implications of this study also have the potential to enhance DBT therapists’ enjoyment of working with their clients, since from deeper understanding comes deeper empathy and more authentic connection.
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Appendix A

Guide for individual interviews

1. Tell me a little about your life before DBT, and what led you to DBT.
2. What was your “sense of self” like back then? How did you feel about yourself?
3. How were your relationships with others?
4. How have those things changed between then and now?
   a. Tell me about your sense of self now; do you feel any more or less secure in yourself than you did back then?
   b. What are your interpersonal relationships like now?
   c. What role do you feel that your experience in DBT played in this?
5. What was group like for you?
   a. Did you meet anyone that you “hit it off” with?
      i. Tell me more about that.
      ii. How did that affect your feelings about group, therapy, yourself, and life in general?
6. In what ways did you find that your participation in group helped you?
   a. How do you think this might have been different if you had learned the skills through individual counseling, or from reading them in a workbook instead of learning them in the group setting?
   b. What are your feelings about your level of participation in the group?
      i. Do you wish you had participated more actively, less actively or about the same? Why?
      ii. Did your participation in group change the way you felt about yourself, your problems, and the people in your life? How?
      iii. If you were able to do it over again, is there anything you would change about your participation in group? What might that be, and why?
7. Tell me about your idea of “a life worth living,” as the ultimate goal of DBT.
   a. How do you feel that you will eventually get you there?
   b. Has your idea of “a life worth living” changed since entering treatment?
   c. If you feel that DBT played a part in increasing your hope for the future, what parts were the most helpful or significant to you?
      i. What, if anything, did your therapist, skills trainer, and/or other group members say or do that helped you? How was this helpful for you?
      ii. Are there any parts that you feel affected you negatively?
         1. Tell me more about that.
         2. What could the therapist/skills trainer/group member(s) have done differently in order for this to have not affected you negatively?
8. Is there anything else about your experience in DBT that you would like me to know?
Appendix B

Focus Group Discussion Prompts

1. How did your comfort level in group evolve and change?
2. Tell me about how “DBT language” impacted your ability to learn and use the skills.
3. How did the level of your participation change over the course of your DBT treatment?
4. How did your relationships with one another affect your progress?
5. What else do you feel was an important aspect of your experience in DBT group that we have not touched on?
Title of Study: Dialectical behavior therapy skills group as facilitator of relational development

Introduction:

You are being asked to take part in a research study. Please read this paper carefully and ask questions about anything that you do not understand.

Who is doing this research study?

The person in charge of this research study is Molly Stehn of the University of Cincinnati (UC) Department of Counseling.

She is being guided in this research by Mei Tang, Ph.D.

What is the purpose of this research study?

The purpose of this research study is to find out more about clients’ experiences in dialectical behavior therapy (DBT) treatment. More specifically, this study concerns the ways that participating in the skills training group affects clients’ progress in meeting their goals.

Who will be in this research study? Up to 15 people will take part in this study. You may be in this study if you:

- Graduated from a DBT basic skills training group
- Have been free of life-threatening behavior for at least six months
- Are over 18 years of age
- Have been diagnosed with borderline personality disorder at some point in the last 5 years
- Are a native speaker of English

You may not be in this study if you:

- Currently are experiencing psychotic symptoms
- Engaged in self-harm behavior or other life-threatening behavior in the past six months
- Have been hospitalized for psychiatric reasons in the past six months
• Have been arrested in the past six months

What will you be asked to do in this research study, and how long will it take?

• The individual interview will be 60 minutes long, and will take place in an office at LifePoint Solutions.
• The focus group will be 90 minutes long, and will take place in a group room at LifePoint Solutions, and will include other research participants.
• The interview and the focus group will happen in two separate visits.
• You will be asked questions about your experiences in DBT, especially your experiences in skills group.

Are there any risks to being in this research study?

• Some questions may make you uncomfortable. You can refuse to answer any questions that you don’t want to answer.
• To reduce the possibility of risk, you may choose to stop your participation in the study at any time.
• If you want to talk to someone because this research made you feel upset, the researchers can give you information about people who may be able to help you.

Are there any benefits from being in this research study?

Because of being in this research you may gain a deeper understanding or a new way of perceiving your experiences in DBT as a result of participating in this study.

What will you get because of being in this research study?

• You will be given a $10 gift card to a gas station for each of the two visits you make, for a potential total of $20 if you choose to complete the study.
• You will receive the first gift card at the beginning of the individual interview. You will receive this even if you choose to stop your participation before the interview is done.
• You will receive the second gift card at the beginning of the focus group. You will receive this if even if you choose to stop your participation before the focus group is done.
• These will be given as a token of appreciation of your time and willingness to share your experience.

Do you have choices about taking part in this research study?

If you do not want to take part in this research study you

• may simply not participate.
• will receive the same services you already get.  
• will not be treated any differently.  

How will your research information be kept confidential?

Information about you will be kept private by

• using a different name (pseudonym) in place of your own name on the research forms
• keeping the master list of names and pseudonyms in a separate location from the research forms
• limiting access to research data to the research team
• not including the participant's name on the typed transcript
• erasing audio recordings as soon as they are transcribed
• keeping research data on a password-protected computer

Signed consent forms will be kept in a locked cabinet in the faculty advisor’s office. Other records containing your information, including transcriptions of audio recorded interviews and a master list of participants’ names and pseudonyms will be kept on a password-protected computer for three years after the end of this study. At that it will be destroyed by deleting electronic files and shredding any paper documents containing your information.

The data from this research study may be published; but you will not be identified by name.

Agents of the University of Cincinnati may inspect study records for audit or quality assurance purposes.

The researcher will ask people in the focus group to keep the discussion confidential, but the people in the focus group might talk about it anyway.

Your identity and information will be kept confidential unless the authorities have to be notified about abuse or immediate harm that may come to you or others.

What are your legal rights in this research study?

Nothing in this consent form waives any legal rights you may have. This consent form also does not release the investigator, the institution, or its agents from liability for negligence.

What if you have questions about this research study?

If you have any questions or concerns about this research study, you should contact Molly Stehn at (513) 947-7032 or stehnma@mail.uc.edu.

Or, you may contact Mei Tang at tangmi@uc.edu

The UC Institutional Review Board reviews all research projects that involve human participants to be
sure the rights and welfare of participants are protected.

If you have questions about your rights as a participant or complaints about the study, you may contact the UC IRB at (513) 558-5259. Or, you may call the UC Research Compliance Hotline at (800) 889-1547, or write to the IRB, 300 University Hall, ML 0567, 51 Goodman Drive, Cincinnati, OH 45221-0567, or email the IRB office at irb@ucmail.uc.edu.

What if you are hurt because of being in this research study?

If you are hurt because of being in this research study, emergency care will be provided. The University of Cincinnati and/or funding agency will decide on a case-by-case basis whether to reimburse the person for other out-of-pocket care expenses that are incurred. No other compensation is available. IF YOU BELIEVE YOU HAVE BEEN HARMED AS A RESULT OF THIS RESEARCH STUDY, YOU SHOULD CONTACT: Molly Stehn at (513) 947-7032, Mei Tang at (513) 556-3716, or the Vice Chairperson of the UC IRB at (513) 558-2086.

Do you HAVE to take part in this research study?

No one has to be in this research study. Refusing to take part will NOT cause any penalty or loss of benefits that you would otherwise have.

You may skip any questions that you don't want to answer.

Since all interviews and focus groups will be audio-recorded, you may choose not to participate if you are not willing to be recorded.

You may start and then change your mind and stop at any time. To stop being in the study, you should tell Molly Stehn at (513) 947-7032.

Agreement:

I have read this information and have received answers to any questions I asked. I give my consent to participate in this research study. I will receive a copy of this signed and dated consent form to keep.
Participant Name (please print) __________________________________________

Participant Signature ___________________________________________ Date ______

Signature of Person Obtaining Consent _____________________________ Date ______

BY TAKING PART IN THESE ACTIVITIES YOU INDICATE YOUR CONSENT FOR YOUR ANSWERS TO BE USED IN THIS RESEARCH STUDY.

PLEASE KEEP THIS INFORMATION SHEET FOR YOUR REFERENCE.
“Dialectical behavior therapy skills group as a facilitator of relational development”

Volunteers Wanted for a Research Study on DBT

As a participant in this research study, you would be asked to participate in an individual interview and a focus group.

Potential participants are adults who have graduated from DBT skills group.

Your participation would involve 2 sessions, with the first lasting 60 minutes and the second lasting 90 minutes.

You will receive one $10 gas station gift card at each of the two sessions, for a potential total of $20, in appreciation for your time.

For more information about this study, or to volunteer for this study, please contact:

Molly Stehn
Department of Counseling, University of Cincinnati
Email: stehnma@mail.uc.edu
Phone: 947-7032
### Appendix E

**Structured Ethical Reflection**

<table>
<thead>
<tr>
<th>Values</th>
<th>Developing partnerships</th>
<th>Constructing Research Question</th>
<th>Recruiting participants</th>
<th>Collecting data/taking action</th>
<th>Analyzing data/evaluating action</th>
<th>Member checking</th>
<th>Going public (presentation and publication)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Autonomy</strong></td>
<td>How does my choice of site impact my participants' autonomy in this study? That is, will they feel coerced in any way?</td>
<td>Does my research question adequately reflect my belief in my participants' self-determination as opposed to portraying them as victims?</td>
<td>How can I make sure my participants are joining my study of their own free will, without feeling coerced?</td>
<td>How will I know/make sure that I am not leading my participants to the types of responses I might be looking/hoping for?</td>
<td>How will I make sure that I am accurately representing my participants’ voices the way they intended?</td>
<td>How can I make sure that everyone who wants or needs to make a correction has the opportunity to do so?</td>
<td>How might I be able to represent my participants to the public in a way that challenges the traditional, hierarchical assumptions about research?</td>
</tr>
<tr>
<td><strong>Beneficence</strong></td>
<td>Does my choice of site support my participants’ growth and well-being?</td>
<td>How might I phrase my question in a way that it will be most likely to bring about good for my participants?</td>
<td>Does my method of recruitment take into consideration my participants’ best interests?</td>
<td>If an anticipated benefit of participation is that it may give participants a new or deeper perspective on their circumstances, how can I best facilitate that process through my data collection?</td>
<td>How will the way I analyze my data directly or indirectly help my participants?</td>
<td>How might I facilitate member checking in a way that could repair any potential ruptures due to potential misunderstandings about my findings?</td>
<td>In what way will my presentation of my findings be most likely to lead to better care for my participants?</td>
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<tr>
<td><strong>Fidelity</strong></td>
<td>Will I be consistent with this choice of site?</td>
<td>Does my question really ask what I intend to study?</td>
<td>What promises am I making in my recruitment of participants, and am I fully prepared to fulfill those promises?</td>
<td>What might be some potential misunderstandings about my data collection procedure, and how can I clarify these prior to collecting data?</td>
<td>How will I know that I am accurately representing my participants in a way consistent with their understanding of this project?</td>
<td>How will I be able to proceed with this project if a member challenges any of my findings?</td>
<td>How can I ensure that the end product is consistent with what I led my participants to believe from the beginning?</td>
</tr>
<tr>
<td><strong>Nonmaleficence</strong></td>
<td><strong>How can I be sure that by choosing this site I am not unknowingly harming my participants?</strong></td>
<td><strong>How can I be sure that the way I ask my question does not add to the stigma around BPD?</strong></td>
<td><strong>How can I be sure that my recruitment procedure does not harm potential participants?</strong></td>
<td><strong>How will I know if my participants experience unexpected emotional discomfort in our interviews, and what will I do if this happens?</strong></td>
<td><strong>Have I made sure not to focus too much on what is “wrong” with my participants? Am I able to see beyond clinical labels as I analyze?</strong></td>
<td><strong>How can I make sure that I do not inadvertently silence a member out of my own pride?</strong></td>
<td><strong>How can I make sure that I do not inadvertently pathologize my participants or reinforce the stigma surrounding them in my descriptions?</strong></td>
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<tr>
<td><strong>Open-mindedness</strong></td>
<td><strong>How can I be sure that I am not choosing my site simply for convenience?</strong></td>
<td><strong>Does the way I ask my question allow for my recruitment procedure?</strong></td>
<td><strong>How strict will I be with my recruitment procedure?</strong></td>
<td><strong>How can I be sure that my questions allow for my participants' free expression, rather than simply leading them to say what I hope they will say?</strong></td>
<td><strong>How can I make sure that I am not simply fishing for quotes that will confirm my preconceived ideas?</strong></td>
<td><strong>Will I be able to balance the dialectic if a member challenges my findings?</strong></td>
<td><strong>How accurately does my final product reflect the wide range of experiences of my participants?</strong></td>
</tr>
<tr>
<td><strong>Justice</strong></td>
<td><strong>Is it fair for me to expect the site and potential participants to be amenable to my study?</strong></td>
<td><strong>Does the way that I am asking my question fairly describe my participants and their concerns?</strong></td>
<td><strong>How can I be sure that my recruitment procedure fair to all involved?</strong></td>
<td><strong>How can I ensure that my participants are equal partners in the interview, rather than subordinate “subjects?”</strong></td>
<td><strong>How will the voices for which I am listening influence mental health professionals in a way that leads them to being more empathic and fair in their work with these individuals and others with BPD?</strong></td>
<td><strong>Does my method of member checking allow each participant the opportunity to hear and challenge my findings? How will I react if a participant challenges my findings?</strong></td>
<td><strong>How can I plan my presentation so that this project positively influences mental health professionals’ conceptualization and treatment of BPD, such that these individuals will have a better chance at “a life worth living?”</strong></td>
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Appendix F

Program Notes on Musical Composition

An Auditory Guide to the Listening Guide

When preparing to defend my dissertation – which used the Listening Guide as its primary analysis strategy – I decided that it was important to provide auditory aides to illustrate some of the musical terminology present in the analysis. I recalled that I felt very fortunate to possess the musical background that I did when I was first learning about this method. While it is certainly not necessary for one to hold a master’s degree in music to understand this terminology, I found that my facility with the language of music augmented my understanding and opened new doors to conceptualization using this method.

While I certainly do not make any claim to be a composer of any sort, I endeavored to create auditory illustrations of my differing uses of the word “voice” in the second and third/fourth listenings and how these multiple voices might sound when synthesized into a finished product. I chose three singers – all classically trained sopranos – to sing the “roles” of the “I voice,” the “you voice,” and the “disembodied voice.” When singing their respective parts, the music was written in such a way that showcased the unique timbres of their respective instruments. I made a deliberate effort to find singers with timbres that could be readily distinguished from one another to an untrained ear. Therefore, the musician singing the part of the “I voice” had a rich, round, dark tone quality, whereas the musician singing the part of the “you voice” had a thin, bright, almost metallic quality. The musician singing the part of the “disembodied voice” has a dark tone quality that is similar to that of the musician singing the “I voice” line, but to set her apart – and to illustrate what I believe the function of the disembodied voice to be – I wrote her part in Sprechstimme. Sprechstimme is a way of vocalizing that is halfway between speaking and singing. When one vocalizes this way, she approximates notes
written on the staff in a way that sounds more like speaking than singing, but, because she is
following written rhythms and respecting the vertical distance between approximated notes on
the staff, the result sounds ethereal and alien to the Western ear. Because I felt that the
disembodied voice functioned as a detached, wraithlike voice to each of my research
participants, I could think of no better aural representation for this than Sprechstimme.

To illustrate a special case in one of my second listenings, I chose to focus on the
“everybody voice,” in the first movement. The “everybody voice” was only present for a brief
time in Scarlett’s interview, and did not appear anywhere else in the other interviews. Rather
than fully including herself by using the pronoun “we” at this point in the interview, Scarlett
included herself in a more tentative, ambiguous way by repeatedly using the word “everybody.”
For this reason, I chose to bury the musical line of the “I voice” under those of the other singers
by giving her the lowest pitches as compared to the other voices. The result was that the I voice
was still present, but more difficult to hear under the other voices singing at higher pitches.

I also made deliberate choices in the musical themes I wrote for the third and fourth
listening texts to set the contrapuntal voices – the voices of fear and of disconnection, for
example – apart from one another. I chose to write the voice of disconnection in such a way that
its melody was literally disconnected by half- and sixteenth-rests in the middle of phrases.

Additionally, I set the voices from the third and fourth listenings to different musical
modes in order to further differentiate between their musical themes and to inform their
respective characters. I set the voice of disconnection in the aeolian mode due to its minor, sad,
yet familiar quality. I refer to this as a familiar mode because of all the minor-sounding modes,
Westerners are most accustomed to hearing music written in the aeolian mode. I wrote the voice
of fear in the phrygian mode due to the dark, mysterious, almost fearful quality the mode
possesses with its flattened second interval. Finally, I chose the mixolydian mode for the voice of connection due to its close resemblance to the ionian/major mode to which the Western ear is most accustomed, yet still feels somewhat other-worldly due to its flattened seventh interval. I chose not to write this voice in straight ionian mode because despite the fact that all of my research participants seemed to be functioning better when in connection with self and others, this feeling of connection was still new to them and they were still in the process of adjusting to this new way of being in relationship.

In conceptualizing the final product it was important to me to illustrate how all of the voices might come together in a synthesis. E.g., the I voice could be readily distinguished by its timber while also singing a readily distinguishable musical theme from the third and fourth listenings. If I would have had more time for composition, I would have found selections of the interview transcripts in which participants spoke the third and fourth listening voices through a variety of second listening voices. That is, in ideal circumstances I would have been able write music that reflected the voice of disconnection being traded back and forth between the I voice and the you voice, for example.

While the composition of a piece such as this might have been in better hands with a musician who had more practice and formal training in musical composition than I have, this was more of a prototype of what I had in mind rather than a true, finished product. I am hopeful that this initial attempt at aurally rendering a synthesis of voice poems might assist other researchers using the Listening Guide methodology to conceptualize the stories told by their interview participants.
Appendix G

Musical Examples
I was late. I usually didn't. I had never been. I

had been. I had never been. I thought we were running out of time.

we will. We will. We were running late.

we will. We will. We were running late.
Second Listening
excerpt II
(I, You and disembodied voices)

Andante

I have
I say
I say
I develop

I

dream
calling to keep
ing being able to say

I

dream

I'm kind of rea-ally
I'm in love

I

dream

I'm wing able
getting but feeling moving not moving
Flora Thrird Listening
(3 and You voices)

I
without saying that word, I feel like I matter to myself now

you

I
where I don't feel I really thought a book that I really don't

You

I
I don't think I did I never really had me in

you

I
there. so yeah now I do have me in there and I feel like I do

You

I

You
Grace Thirld Listening
(I, You, + Downloaded Voices)

The one thing I didn't like was the fact that it was group

I didn't want to be around a bunch of people

and it was very

I'd have to have whiskey to do it

it was usually

...about your life, you've been through a lot...

and actually telling someone things

Grace 1
I was so out of control. I was like, I didn't think I was ready to be in group. I was at home. I was a book, once.

I've been to jail. I was afraid that somebody was I was a fraud. My whole life.

I was afraid. I was afraid somebody was going to say something and I wasn't. It was a book.