

The Cult Leader and Borderline Personality Disorder

"Cultic groups and relationships are formed primarily to meet specific emotional needs of the leader, many of whom suffer from one or another emotional or character disorder. Few, if any, cult leaders subject themselves to the psychological tests or prolonged clinical interviews that allow for an accurate diagnosis. However, researchers and clinicians who have observed individuals describe them variously as neurotic, psychotic, on a spectrum exhibiting neurotic, sociopathic, and psychotic characteristics, or suffering from a diagnosed personality disorder.

Personality disorders, as a diagnosis, relate to certain inflexible and maladaptive behaviors and traits that cause a person to have significantly impaired social or occupational functioning. Signs of this are often first manifested in childhood and adolescence, and are expressed through distorted patterns of perceiving, relating to, and thinking about the environment and oneself. In simple terms this means that something is amiss, awry, not quite right in the person, and this creates problems in how he or she relates to the rest of the world."

*Source: Tobias, M.L. & Lalich, J. (1994). *Captive Hearts Captive Minds*. CA: Hunter House*

“Many of the cult leaders I have studied in the last 15 years would qualify for the diagnosis of Borderline Personality Disorder. Check out these characteristics and see if any of them describe the leader of your loved one's group.”

Source: Mason, P.T. & Kreger, R. (1998). *Stop Walking On Eggshells*. CA: New Harbinger Publications, Inc.

The DSM-IV Criteria for BPD

The *DSM-IV* diagnostic criteria for Borderline Personality Disorder reads as follows:

A pervasive pattern of instability of interpersonal relationships, self-image, and affects [moods], and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

1. Frantic efforts to avoid real or imagined abandonment. Note: Do not include suicidal or self-mutilating behavior covered in (5).
2. A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation.
3. Identity disturbance: markedly and persistently unstable self-image or sense of self.
4. Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, shoplifting, reckless driving, binge eating). Note: Do not include suicidal or self-mutilating behavior covered in (5).
5. Recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior.

6. Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days). [Dysphoria is the opposite of euphoria. It's a mixture of depression, anxiety, rage, and despair.]
7. Chronic feelings of emptiness.
8. Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights).
9. Transient, stress-related paranoid ideation or severe dissociative symptoms.

Following is a further explanation of the *DSM-IV* criteria, as well as examples from people with BPD and their family members. We will explain lack of identity and feelings of emptiness (3 and 7) in the same section because we believe they are related. Conversely, we have separated self-mutilation and suicide (5) because we believe that the motivations for each are very different.

People with BPD may dissociate to different degrees to escape from painful feelings or situations. The more stressful the situation, the more likely it is that the person will dissociate. In extreme cases, people with BPD may even lose all contact with reality for a brief period of time. If the borderline in your life reports memories of shared situations quite differently from you, dissociation may be one possible explanation.

Karen (BP)

Sometimes I feel like a robot going through the motions. Nothing seems real My eyes cloud over and it's like there's a movie going on all around me. My therapist says I look lost, like I am off in a place where even she can't reach me. When I come back, people tell me that I did or said certain things that I can't remember.

Additional Traits Common to BPD

People with BPD may have other attributes that are not part of the DSM definition but that researchers believe are common to the disorder. Many of these may be related to sexual or physical abuse if the BP has experienced abuse earlier in life.

Pervasive Shame

John Bradshaw's (1998) book *Healing the Shame That Binds You* is not about Borderline Personality Disorder, yet his explanation of toxic shame and the resulting feelings and behaviors epitomizes BPD. Bradshaw writes:

Toxic shame is experienced as the all-pervasive sense that I am flawed and defective as a human being. It is no longer an emotion that signals our limits; it is a state of being, a core identity. Toxic shame gives you a sense of worthlessness, the feeling of being isolated, empty, and alone in a complete sense. Exposure to oneself lies at the heart of toxic shame. A shame-based person will guard against exposing his inner self to others, but more significantly, he will guard against exposing himself to himself.

Bradshaw sees shame as the root of issues such as rage, criticism and blame, caretaking and helping, codependency, addictive behavior, excessive people pleasing, and eating disorders. In their typical all-or-nothing way, people with BPD may either become consumed by their shame or deny to themselves and others that it even exists. Shame is also a core issue for many non-BPs—especially those who remain in chosen, abusive relationships.

Undefined Boundaries

People with BPD have difficulty with personal limits—both their own and those of others.

Tom (BP)

I was brought up thinking that the perfect intimate relationship had no boundaries. Boundaries only meant a rift between people. Boundaries meant I had to be alone, separate, have an identity, i didn't feel good enough to have a separate identity. I needed either total enmeshment or total isolation.

We will further discuss boundary issues in chapter 6.

Control Issues

Borderlines may need to feel in control of other people because they feel so out of control with themselves. In addition, they may be trying to make their own world more predictable and manageable. People with BPD may unconsciously try to control others by putting them in no-win situations, creating chaos that no one else can figure out, or accusing others of trying to control them. Conversely, some people with BPD may cope with feeling out of control by giving up their own power; for example, they may choose a lifestyle where all choices are made for them, such as the military or a cult, or they may align themselves with abusive people who try to control them through fear.

Bradshaw believes that shame also leads to oversteering:

Those who must control everything fear being vulnerable. Why? Because to be vulnerable opens up one to be shamed. All my life I used up my energies by always having to be guarded. The fear was that I would be exposed. And when exposed, all would see that I was flawed and defective as a

person.... Control is a way to insure that no one can ever shame us again. It involves controlling our own thoughts, expressions, feelings, and actions. And it involves attempting to control other people's thoughts, feelings, and actions. Control is the ultimate villain in destroying intimacy. We cannot share freely unless we are equal.

Lack of Object Constancy

When we're lonely, most of us can soothe ourselves by remembering the love that others have for us. This is very comforting even if these people are far away—sometimes, even if they're no longer living. This ability is known as object constancy.

Some people with BPD, however, find it difficult to evoke an image of a loved one to soothe them when they feel upset or anxious. If that person is not physically present, they don't exist on an emotional level. The BP may call you frequently just to make sure you're still there and still care about them. (One non-BP told us that every time her boyfriend called her at work, he introduced himself using both his first and last name.) The BP may keep a photo of you nearby or carry something you gave them to remind them of you, in the same way that children use teddy bears and blankets to remind them of their parents' love. This strategy is often suggested by therapists to help the BP understand and better cope with fears of abandonment. Letters, pictures, colognes (scents that remind the BP of their partner) are typically used. Non-BPs need to understand that these strategies help the BP, often reducing their anxieties and fears. Usually, the result is less clinging behavior, which often brings some relief to the non-BP.

Interpersonal Sensitivity

Many individuals have noticed that some people with BPD have an amazing ability to read people and uncover their triggers and vulnerabilities. One clinician jokingly called people with BPD

psychic.

Interpersonal sensitivity can best be understood by the non-BP in terms of the BP's astute ability to identify and use social and nonverbal cues of others. BPs can empathize well with others and often understand and respect how others feel, and they can use these skills to "see through others." It is thought that many adults who were repeatedly physically and/or sexually abused as children developed these "social and emotional antennae" as a survival strategy. This helped them predict and therefore prepare themselves (usually by dissociating) for what their abusers were "ts. BPs continue to use these social antennae to uncover triggers and vulnerabilities in others that they can use to their advantage in various situations. Therapists who work with BPs can attest that BPs have a "gift" for knowing how their therapist is doing that day (e.g., tired, worried, sad, or angry) and will often bring this up during the session.

Situational Competence

Some people with BPD are competent and in control in some situations. For example, many perform very well at work and are high achievers. Many are very intelligent, creative, and artistic. This can be very confusing for family members who don't understand why the person can act so assuredly in one situation and fall apart in another. This ability to have competence in difficult situations while being incompetent in seemingly equal or easier tasks is known as situational competence.

By way of explanation, one borderline woman says, "We

know deep within that we are defective. So we try so hard to act normal because we want so much to please everybody and keep the people in our lives from abandoning us." But this competence is a double-edged sword. Because they can appear so normal, high-functioning borderlines often don't get the help they need.

Narcissistic Demands

Some people with BPD frequently bring the focus of attention back to themselves. They may react to most things based solely on how it affects them. Some people with BPD draw attention to themselves by complaining of illness; others may act inappropriately in public. These self-involved characteristics are defining components of narcissism; narcissistic behavior can be especially taxing on non-BPs, as the BP may not even consider how their actions affected the non-BP.

Jack (non-BP)

My mother's perception of me, my brother, and my father were as an extension of her. All my relationships were perceived to be about her, affecting her either by creating a reflection of her (good or bad) as a mother or by threatening my availability to provide her with emotional support and validation.

My mom also saw all of my friends as threats to her. She did everything she could to sabotage my friendships. The only "acceptable" people were ones who could never be really close friends, such as those who weren't in our faith (we were a very religiously conservative family).

Manipulation or Desperation?

It's no secret that non-BPs often feel manipulated and lied to by their borderline loved ones. In other words, they feel controlled or taken advantage of through means such as threats, no-win situations, the "silent treatment," rages, and other methods they view as unfair. We believe that, in most cases, the BP's behavior is not intentionally manipulative. Rather, this kind of behavior can be seen as desperate attempts to cope with painful feelings or to get their needs met—without the aim of harming others.

Source: Mason, P.T. & Kreger, R. (1998). *Stop Walking On Eggshells*. CA: New Harbinger Publications, Inc.

The Non-BP Point of View

Susan Forward (1997) defines emotional blackmail as a direct or indirect threat by someone to punish someone if they don't do what the person wants. "At the heart of [emotional blackmail] is one basic threat, which can be expressed in many different ways: if you don't behave the way I want you to, you will suffer." Forward explains that people who use this technique—which is widely used by all types of people, not just BPs—can skillfully mask the pressure they're applying to people, who often experience it in ways that make them question their perception of what's happening.

Almost universally, non-BPs say they feel manipulated by the BPs in their lives. If the non-BP doesn't do what the BP wants them to do, BPs may threaten to break off the relationship, call the police, or even kill themselves.

The BP Point of View

The terms "manipulation" and "emotional blackmail" imply some sort of devious, planned intent. While this may be true for some people, borderlines who appear to be manipulative usually act impulsively out of fear, loneliness, desperation, and hopelessness—not maliciousness. Marsha Linehan (1993) writes:

People with BPD do influence others, such as through the threat of impending suicide or through communications of intense pain and agony. But this, by itself, is not evidence of manipulation. Otherwise, we would have to say that people in pain or crises are "manipulating" us if we respond to them.

In our interview with psychiatrist Larry J. Siever, he said:

Although [people with BPD] can be apparently manipulative, they don't think about the behavior as such. They're trying to meet their needs in the only way they know how. Somebody has to relieve their anger or anxiety or distress or sense of impending annihilation right now. They are trying to elicit a response to soothe them, to help them feel better.

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Degrees of Awareness

In our experience, people with BPD have varying degrees of conscious awareness that their behavior could be perceived as manipulative—just like most people do.

A. J. Mahari (BP)

My days and thoughts are not consumed by plans of how to push which button in whom. My actions are about survival and preserving my identity; they are not some preplanned sporting activity.

Petrova (BP)

Often I realize my motivations only after the incident is over. Once, I was so upset that my husband was ignoring me at Christmas that, right in front of him, I began destroying all the gifts he had just given me. My husband stopped me as I was about to rip apart the gift I loved most: a book of love poetry. When I saw the book, it dawned on me that I never would have ruined it. I was more interested in seeing my husband try to stop me. If I had been living alone, the whole episode would have never happened. So why did I do it? The answer was ugly and harsh, shameful and disgusting. Manipulation. I felt deeply ashamed.

Laurey (BP)

While others might feel manipulative, I feel powerless. Sometimes I just hurt so bad from the mean things that people do to me, real or perceived, or I'm so desperately feeling abandoned, that I withdraw and pout and go silent. At some point people get pissed off and fed up with that crap and they go away and then I'm left with nothing all over again.

It is important that you understand the differences between manipulation and desperation. The BP's behavior is more about them than you. For example, it may help to be able to look at a self-mutilating BP's behavior as self-punishment, rather than as a way to "trap" the non-BP into a relationship. In chapter 7, we will explain communication techniques that can be used to respond to behavior that you perceive as manipulative.

High Functioning, Low Functioning

People with BPD vary a great deal in their functionality, that is, in their ability to live a normal lifestyle, work inside or outside the home, cope with everyday problems, interact with others, and so on. Some people with BPD are so incapacitated by their illness that they are unable to work. They may spend a great deal of time in the hospital because of self-mutilation, severe eating disorders, substance abuse, or suicide attempts. BPD makes it very hard for them to form relationships, so they may have a weak support system. They may be so incapable of dealing with money that they have no cash for food or a place to live.

People who are close to low-functioning borderlines often find themselves living from crisis to crisis. They often feel manipulated by self-mutilation and suicide attempts. However, because the borderline is obviously ill, non-BPs usually receive understanding and support from family and friends.

High-functioning borderlines act perfectly normal most of the time. Successful, outgoing, and well-liked, they may show their other side only to people they know very well. Although these borderlines may feel the same way inside as their less-functional counterparts, they have covered it up very well—so well, in fact, that they may be strangers unto themselves.

Non-borderlines involved with this type of BP need to have their perceptions and feelings confirmed. Friends and family members who don't know the borderline as well may not believe stories of rage and verbal abuse. Many non-BPs told us that even their therapists refused to believe them when they described the BP's out-of-control behavior.

Of course, there's a lot of room in between high-functioning (sometimes referred to as the "borderline" borderline) and low-functioning BPs. Stressful life events are most likely to trigger dysfunctional coping mechanisms, such as those explained in the next chapter.

Source: Mason, P.T. & Kreger, R. (1998). Stop Walking On Eggshells. CA: New Harbinger Publications, Inc.

Acting In, Acting Out

Most borderline behavior is about one thing: trying to cope with internal anguish. However, people with BPD may do this in different ways. In our experience, the behavior of people with BPD tends to fall into two general categories: "acting out" and "acting in." These are not official, empirically researched categories. Rather, they are a convenient, real-world way of looking at differences.

Acting-out behaviors are attempts to alleviate pain by dumping it onto someone else—for example, by raging, blaming, criticizing, making accusations, becoming physically violent, and engaging in verbal abuse. Acting-out behaviors cause direct anguish for friends, family members, and partners. For example, one borderline woman, Kiesha, became very angry when she felt that her husband was ignoring her at an office Christmas party. So she went up to him, threw her drink in his face, and stalked out.

Acting-in behaviors mostly hurt the person with BPD, although non-BPs are also affected. Someone with BPD who mostly acts in may feel extremely guilty over imagined transgressions. They may mutilate themselves, try to hold in their anger, and blame themselves for problems that are not their fault. Suicide is also a possibility.

Source: Mason, P.T. & Kreger, R. (1998). Stop Walking On Eggshells. CA: New Harbinger Publications, Inc.