DPsych thesis

The long road back to self. An exploration of the lived experience of a survivor's journey of recovery, after being in a relationship with a partner who displays psychopathic traits

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METANOIA INSTITUTE/MIDDLESEX UNIVERSITY

FACULTY 2: RESEARCH AND DOCTORAL PROGRAMMES

Cover Sheet for Written Assignments

Name of candidate: Jayne Ann Dales-Tibbott

Title of assignment: The long road back to self. An exploration of a survivor's journey of recovery, after being in a relationship with a partner who displays psychopathic traits.

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DECLARATION

I hereby certify that this material, which I now submit for assessment on this programme of study, is entirely my own work and has not been taken from the work of others, save to the extent that such work has been cited and acknowledged within the text of my work and in the list of references, and the contribution of any assistive technologies used is fully acknowledged.

Candidate signature: Jayne Ann Dales-Tibbott
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Date: 22/03/2024

FINAL PROJECT

DPY 5360

The long road back to self. An exploration of the lived experience of a survivor's journey of recovery, after being in a relationship with a partner who displays psychopathic traits.

Submitted in partial fulfilment of the requirements for the Doctorate in Psychotherapy by Professional Studies

The Metanoia Institute

and

Middlesex University

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Doctorate in Psychotherapy by Professional Studies

DPY 5360 Final Project

Name: Jayne Ann Dales-Tibbott

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Title of final programme: Doctorate in Psychotherapy by Professional Studies

Title of the final project: The long road back to self. An exploration of the lived experience of a survivor's journey of recovery, after being in a relationship with a partner displaying psychopathic traits.

Composition of proposed programme of study

Module	Module Title	Credit	Level	Completed/To be Completed		Passed
				Semester	Year	
DPY 4421	Review of Personal and Professional Learning (RPPL)	20	7	First	2019	Yes
DPY 4442	Research Challenges	40	7	Second	2019	Yes
DPY 4443	Practice Evaluation Project (PEP)	40	7	First	2021	Yes
DPY 4443	RAL 7 at Level 7	40	7	N/A	N/A	N/A
DPY 4444	Programme Planning	40	7	Second	2021	Yes
RAL at Level 8	Major Project Capability	120	8	N/A	N/A	N/A
DPY 5547	Professional Knowledge	40	8	First	2023	Yes
DPY 5360	Final Project	360	8	First	2024	Yes
Total credit in programme obtained to date 180						

TABLE 1 - TABLE OF ABBREVIATIONS, MEANINGS AND DEFINITIONS

[…]	Omission of non-relevant words
AA	Academic Advisor
AC	Academic Consultant
ASPD	Antisocial Personality Disorder
BPD	Borderline Personality Disorder
CD	Chronic and Persistent Cognitive Dissonance
CPD	Continued Professional Development
DSM-111	Diagnostic and Statistical Manual of Mental Disorders - third edition
DSM-1V	Diagnostic and Statistical Manual of Mental Disorders - fourth edition
DSM-5	Diagnostic and Statistical Manual of Mental Disorders - fifth edition
GET	Group Experiential Themes
Hare P-Scan	Hare Psychopathy Scan - Research Version
IPA	Interpretative Phenomenological Analysis
NPD	Narcissistic Personality Disorder
PCL-R	Psychopathy Checklist Revised
PDPT	Person Displaying Psychopathic Traits
PEP	Preliminary Exploratory Project
PET	Personal Experiential Themes
PKS	Professional Knowledge Seminar
PREC	DPsych Programme Research Ethics Committee
PTSD	Post Traumatic Stress Disorder

RTA	Relational Thematic Analysis
Survivor	Recovering or recovered victim of abuse by person displaying psychopathic traits
The Association	The Association for NPD/Psychopathy Survivor Treatment, Research & Education
The Institute	The Institute for Relational Harm Reduction and Public Pathology Education
Victim	Current victim of abuse by person displaying psychopathic traits
[…]	Omission of non-relevant words

ABSTRACT

The long road back to self. An exploration of the lived experience of a survivor's journey of recovery, after being in a relationship with a partner who displays psychopathic traits.

The consequences of being in a relationship with an unconscienced person/partner who displays psychopathic traits (PDPT) are severe. Many psychopathic traits are shared with other DSM-5 Cluster B personality traits such as superficial charm, manipulation, lying and deceit. This study suggests that it is the unique combination of an absence of conscience, pre-meditated harm imposed for self-gain, and the ability to convincingly emulate the full range of emotions, which includes unconditional love and care through intimacy, that sets this pathology apart. As such, a particular psychotherapeutic focus is required to understand the complex clinical presentation and symptoms of its intimate partner victims in order to support directed recovery. This new field of psychotherapy is in its infancy and, to date, despite a growing corpus of anecdotal literature, written by recovering victims, no formal qualitative research has focused on the lived experience of the victims of this abuse and their journey towards recovery.

Once the pathology of a person displaying psychopathic traits (PDPT) was formally scientifically evidenced, this study conducted an in-depth exploration of the journey of recovery of eight purposively chosen participants who had been out of their relationship with a PDPT for a minimum of one year and who were at the end stage of recovery. Using Interpretative Phenomenological Analysis (IPA) as the method with which to conduct the research, in-depth analysis revealed three final experiential themes; 1) There are phases of recovery, 2) Society re-abuses, and 3) Recovery begins with knowledge. The findings identified relational dynamics that are unique to this particular pathology, which result in atypical trauma presentations that are therapeutically missed or misunderstood, and which worsen until informed support is effected. This research has revealed essential knowledge with which to add to the first and currently, only formal psychotherapeutic training model which is to identify and support the recovery of victims of relational pathological abuse.

Keywords: pathological abuse, victims of psychopathy, training in relational abuse, IPA

DEDICATION

To the victims of PDPT abuse who need to know that there is a journey of recovery and to the participants in this research who have helped to show us the way.

ACKNOWLEDGEMENTS

I extend my warm gratitude and heartfelt thanks to the participants in this research and to all the survivors with whom I have worked, past and present. You are all beautiful, extraordinary individuals and it is my privilege to have travelled part of your journey with you. Thank you for also being my teachers.

To my academic advisor, Dr Maxine Daniels, whose knowledge of my topic was of particular comfort before I found the words with which to communicate it. To my academic consultant, Sandra Brown, who gave generously of her time, personal space and knowledge.

To all my colleagues and facilitators at Metanoia Institute, who over the years have provided community, academic support and encouragement. I am especially grateful to Dr Stephen Goss, Dr Christine Stevens and Dr Marie Adams whose foundational teaching provided an ongoing, valued source of reference.

Special thanks to Dr Jude Adcock and Pablo Van Schravendyk who have both astonished and humbled me with their generously shared knowledge and expertise, unwavering support and genuine friendship.

To my friends, old and new who bring goodness, care and joy to my life. Your loyalty, support and encouragement have sustained me through this process.

Special thanks to my husband Peter who has been my confidant, technical support and advocate. Thank you for holding my hand and showing me what honest, real love feels like and for letting me know every day that I am loved, cherished and safe. I share this achievement with you.

A NOTE ON THE STANCE OF THE RESEARCHER

The participants in this research are all female and literature on the topic of relational psychological abuse predominantly relates to women. This is seemingly entirely the case in the historical literature on domestic violence as will be revealed in the literature review. This study acknowledges that this issue also affects men, which has been evidenced in the clinical practice of, and in the preliminary study conducted by the researcher. Although not personally experienced to date, this study extends inclusion to the LGBTQIA+ community, recognising the need for further research to expand diversity.

The language required to describe the potential consequential actions and harm inflicted by persons without conscience is negative and the written descriptions that portray the lived experience of the abuse suffered by participants can be emotionally hard hitting given the dark, disturbing nature of such actions executed from a place of no-conscience. The researcher does however acknowledge that not all actions executed by a person displaying psychopathic traits (PDPT) are negative or harmful and recognises the positive impact that such a condition can bring to society. No intended harm is directed towards PDPT as individuals. The intention of the study is to prevent victims from falling prey to the injurious negative relational actions that PDPT can inflict.

CHAPTER 1

INTRODUCTION

An overview of this project will first be offered in order to orientate its reader. It will outline the project, chapter by chapter, before introducing and locating the researcher within the research.

Overview of the project

This research is about the relational abuse inflicted by persons displaying psychopathic traits (PDPT) and how it affects its victims. Little is known about this phenomenon, so the study sought to understand how the recovery process is experienced by its victims with a view to informing the psychotherapeutic profession in facilitating effective, relevant support. A phenomenological methodological approach, using Interpretative Phenomenological Analysis (IPA) was used and findings did uncover dynamics that reveal unique aspects that set this particular pathological psychological abuse apart from that inflicted by other DSM-5 (2013) Cluster B personality disorders.

This chapter begins by locating the researcher in the context of the work. It outlines the challenges encountered to enable initiation of the project and details how these were overcome. It concludes with a clear understanding of why this research is necessary and how it will contribute to the field of intimate pathological abuse.

The literature review in chapter two recognises the lack of germane research and literature pertaining to the support of victims of psychopathic abuse and goes on to identify the reasons why this may be so. In so doing, it offers an exploration of the history of relational psychological abuse, ending with latest advances in the field and their relevance to this particular domestic abuse. An examination of what defines self-concepts and the construction of the self is also considered and defined in the context

of the study, given its relevance to unfolding victim presentations. This provides a framework of understanding for the unfolding dynamics of the phenomenon as the study progresses.

The rationale for the design of the study, which considers philosophical, epistemological, and ontological positioning, ethical considerations and the reflexive stance of the researcher, is detailed in chapter three. The systematic step-by-step method undertaken to execute the study design is outlined in the next chapter. This includes detailed description of the analytic process and the investigative techniques implemented in this time intensive, iterative phase of in-depth exploration, before final themes are settled upon to best represent the findings.

The findings chapter forms an essential part of the study and uncovers varying depths of new knowledge, from descriptive accounts of data, to the essence of the phenomenon, which surfaced as analysis deepened. Participant data is a key feature of IPA (Smith, Flowers & Larkin, 2022) and its inclusion, interspersed with researcher interpretation, offers compelling insight and emotional complexity that reflects the nature of the topic.

A discussion chapter follows that considers theme by theme, how the implications of the findings can be translated into therapeutic practice. This is a substantial undertaking that requires a strategic plan to guarantee effective research dissemination and successful implementation, which is outlined in the penultimate chapter. A critique of the strengths and limitations of the project and a balanced consideration of its validity is offered at this stage of the thesis, before concluding with final reflections.

It will become apparent that this has been a complex project given its elusive, ill-defined, topic so challenges are unfolded and discussed in their context. This includes

the progressive reflexive considerations of the researcher throughout. The research overall is deemed necessary and insightful. It leaves the reader with no doubts about the contribution it makes to the psychotherapeutic profession. It is positioned as foundational knowledge and the urgent need for further research is clear.

I begin this project with a personal introduction of who I am and what brought me to this particular study.

1.2 Personal Introduction

I am an integrative psychotherapist, clinical supervisor and trainer and have been in private practice for 20 years. I particularly enjoy the clinical work, working with predominantly long-term complex trauma cases (Herman, 1992; van der Hart, Nijenhuis & Steele, 2006; van der Kolk, McFarlane & Weisaeth, 1996), as well as supporting couples through relational and familial challenges. I firmly believe in the process of psychotherapy; the value of committed ethical, relational one to one support, carefully integrated theory, appropriate interventions, and the positive outcomes that are effected as a result. I have supervised within charities that support victims and families affected by substance misuse and I spent nine years working with Survivors' Network, a charity that supports women who were sexually abused in childhood. My early experience of working with childhood sexual abuse taught me first-hand the dynamics of the particular complex trauma that these survivors suffered (Kepner, 1995; Messler Davies & Frawley, 1994). They lived with hidden turmoil, shame and silencing before this kind of abuse was brought into public awareness beginning in 2008, with the emergence of the Savile case (Davidson, 2008). I believe there is no coincidence in how we are drawn to particular sectors of the work, even though that path may not always be evident at the time. This has certainly been the case in my career and I am awe struck at how life events have somehow become my professional calling. I am a firm believer in Heidegger's philosophy (1962), that it is not what happens to you, but the sense that you make of it that matters. As my work has

evolved over the years, it has been my privilege to pass on the wisdom of my experience to others and to share the same through the delivery of specific trainings. I maintain a passion for my work and strive to support best practice for the benefit of all who seek it.

The motivation for this study is borne out of both personal and professional experience. I have included a separate chapter (appendix i), outlining my personal experience. This is for ease of redaction prior to formal publication in order to protect the anonymity of all stakeholders.

1.2.1 Professional context and clinical awakening

In my professional experience over the years, client presentations often uncannily follow my personal experience. When I have experienced particular self-growth, so clients may appear seeking that of the same. I make this observation without discounting the importance of theoretical knowledge and my ongoing commitment to professional educational growth. However, the former is true of my experience as I found myself in the midst of discovery and recovery from relational psychopathic abuse. The more I began to learn about the dynamics of this hidden, insidious, psychological abuse, so I realised that some clients had been presenting with similar narratives and symptoms, such as persistent self-blame, paranoia, confusion, and symptoms that worsened, as opposed to improving, the more they were explored. I could identify the potential that they too may be victims of psychopathic abuse. Furthermore, as I cast my mind back over my years of clinical cases with both individuals and couples, I realised that the same potential existed, and I may have missed it in some cases.

When discussing the dynamics in question with professional peers, it became evident that most had no knowledge or understanding of the presentation of psychopathic abuse. Moreover, as I grappled with language in my attempts to coherently describe

and explain my new unfolding insights, I was met with bewilderment and scepticism. The exception came when conversing with individuals who had lived experience of the abuse and were recovering victims themselves. These interactions were markedly different. Beyond words, there was an innate knowing. A tacit connection that was instantly validating, albeit problematic to describe. As my work continued, both personally and professionally, it became more apparent to me that; 1) this relational dynamic exists, 2) it goes largely undetected and missed within the profession, 3) it was not defined in the literature as a particular abuse, and 4) as a consequence, no training was available to the helping professions. Consequently, these clients who required a different treatment direction were being missed, misunderstood or inadvertently re-abused when seeking therapeutic support.

In October 2018, having familiarised myself with the history of psychopathy in the context of psychotherapy (Cleckley, 2015; Hare, 1993; Kraeplin, 1907; Pinel, 1806), the challenges of its definition (Hare, 1996; Ronson, 2011; Simon, 2010) and the confused terminology and assigned labels that were in circulation (Kantor, 2006; Robbins & Pryzbeck, 1991), I joined the DPsych programme with Metanoia Institute and Middlesex University. This was with the intention of academically and formally validating this insidious, ill-defined relational dynamic in the hope of informing the psychotherapeutic profession of much needed training to understand and support the needs of its victims. Needless to say, I was cognisant of the enormity of the challenges that lay ahead.

1.3 Clarification of terminology to be used in this study

Before the study could commence, it was necessary to consider the particular terminology to be used and moreover, to define the pathology to which this study would refer. The first pertains to the topic of the research and my justification for the specific choosing of terms such as survivor and recovery, so I will begin by clarifying

these. I will then go on to outline how I came to define the term Persons Displaying Psychopathic Traits (PDPT), before offering an overview of its relational consequences.

1.3.1 Defining the terminological references used in the study

This study recognises the importance and significance of language use, acknowledging that words not only convey meaning through the definitions they have, but can evoke deeper, more complex connotations that affect the people who are described by them (Fohring, 2018). It has been deemed essential, therefore, that the terms used throughout this research are those that are chosen as a best fit by this group. As such, all terms used were afforded informed consideration and were arrived at as a result of consultations with the client population in question, through client work and in conversation with the peers and collaborators who have lived experienced.

The term victim has been chosen to represent persons who are currently experiencing relational psychopathic abuse, either out of their awareness or in the early stages of discovery. The term victim is generally understood to mean someone who has suffered harm from another or from some adverse act or circumstance (Collins, 2019). It has been suggested that the word can elicit the idea that someone has lost their agency or their ability to make their own life choices. As Van Dijk, (2020) suggests, this can be counterproductive in certain populations and can be negatively associated with being powerless or helpless (Fohring, 2018; Strobl, 2010). On the other hand, victim is a term that is recognised within the justice system, the legal profession and law enforcement agencies, which advocate that victims have been the subject of a crime. For these reasons, it is widely felt by the informed persons questioned, that harm was inflicted upon them, against their will and/or out of their awareness and is a phenomenon that they wish to have recognised.

Conversely, the term survivor might be associated with a person who is empowered and has agency. This too may have negative or restrictive connotations in certain

populations (Van Dijk, 2020). For instance, it could cause undue pressure to move forward from the inflicted harm and, equally, it has the potential to stigmatise populations who for legitimate reasons cannot move beyond harm that is beyond their ability (Fohring, 2018). This in turn questions the concept of recovery.

Chronic and persistent cognitive dissonance (CD) and experienced atypical trauma is a symptom of psychopathic abuse (Brown and Young, 2018), as introduced in the literature review, p43. This worsens over time when undetected and as discussed, operates out of the awareness of its sufferer, which can result in a personal sense of hopelessness and self-blame (Brennan, Brown & Paradise, 2021). As such, recovery is deemed unattainable, as sense of personal self-agency becomes further compromised. Typically, in this population, once the reality of the relationship is discovered and the symptomatic psychological dynamics are understood, empowerment to restore self-agency is a key factor in the process of recovery, so the transition from victim to survivor is of significance to them.

The journey of recovery that is explored in this research is about personal recovery, as opposed to clinical recovery, which is deemed to be a subjective experience (Anthony, 1993; Slade, 2009). The participants recruited in this study believe themselves to be at the end stages of a personal journey of recovery. A rigorous recruitment process was conducted to ensure, as far as possible, the validity of this status, as is detailed in chapter four. Recovery here aligns with the meanings ascribed by Anthony (1993), a pioneer in psychosocial rehabilitation and recovery. He states that recovery is described by survivors as "*A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles*", and continues "*Recovery involves the development of new meaning and purpose in one's life as one grows beyond the effects of mental illness."* (Anthony, 1993, p.12). As such, the choice to explore individual lived experience is paramount to understanding how recovery is subjectively experienced.

Other words and terminology used by this population can be impactful and can equally evoke differing responses and meaning according to personal resonance. For this reason, language used throughout is that which is specific to and used by this population and is evidenced in participants' transcriptions. It is also that which has been cited by the experts and forerunners in the field of psychopathic abuse, Cleckley (2015) and Hare (1993).

1.3.2 Defining the pathology to which this study refers

I began my doctoral endeavours using the term "psychopathic abuse". Psychopathy has long been a contentious topic (Cleckley, 2015; Hare, 1996; Kantor, 2006; Millon, 1981; Robbins, Tipp & Pryzbeck, 1991). In his seminal publication in 1950, Cleckley, a Professor of Psychiatry and Neurology in Georgia, observed that unlike other pathologies, the superficial outward appearance of normality, '*The Mask of Sanity*' (2015), defies accurate clinical observation, so no common categorisation can be agreed upon. As such, despite ongoing debates for its inclusion (Hare, 1996; Robbins, Tipp & Pryzbeck, 1991), it remains excluded from DSM-5 (2013), its traits instead being clustered with Antisocial-Personality-Disorder (ASPD), Narcissistic Personality Disorder (NPD) and other DSM-5 Section 11 Cluster B personality disorders (Masterson, 1981; Smith Benjamin, 1996). To compound confusion the term psychopath itself is interchangeable with sociopath. Although unsubstantiated, the reasons and degrees to which this is so varies, which further blurs the issue. For instance, in the USA, the term sociopath is more commonly used to reference the severe pathology of no empathy (Stout, 2006), whereas in the UK, the term psychopath tends to suggest the same and sociopath might be considered resultant of childhood developmental deficits (Freestone, 2020; Keihl, 2015). It was essential therefore to define the pathology to which my studies would refer, with a view to providing symptomatic clarity of an evidencable pathology to introduce to the psychotherapy profession.

1.3.3 Psychopathy and psychopathic traits

Although evidencing the pathology remains problematic, there does appear to be general agreement about the behavioural traits of a psychopath. From Cleckley's (2015) earlier observations to more recent recognition of non-incarcerated, functioning psychopaths (Fallon, 2013; Hare, 1996; Kantor, 2006; Keihl, 2015; Simon, 2010), the discerning traits are encapsulated in Hare's Psychopathy Checklist (PCL-R) (2003). This is an assessment scale, based upon Hare's extensive studies of incarcerated subjects, which is now referenced by law-enforcement institutions and the justice system (Hare, 2003). Access to this checklist is restricted to relevant, invested professionals and extensive training is a pre-requisite of its use. These traits were also evidenced in the findings of my Practice Evaluation Project (PEP) research, (Dales-Tibbott, 2021) which is entitled: '*An exploration of how we (as Psychotherapists) identify partners of psychopathic abuse and how this informs our work with them'*. Below I outline the main traits evidenced in my preliminary research, as extracted from Hare's (2003) checklist.

Table 2 - List of Psychopathic Traits (Hare, PCL-R, 2003)

Most commonly identified
Glibness/superficial charm Conning/lack of sincerity No conscience/lack of remorse or guilt Pathological lying and deception
Less obvious until identified

Egocentricity/grandiose sense of self worth
Proneness to boredom/low frustration tolerance
Lack of affect and emotional depth
Callous/lack of empathy
Promiscuous sexual relationships
Serial adulterous relationships
More hidden until/unless identified
Lack of realistic long-term goals
Impulsivity
Parasitic lifestyle
Irresponsible behaviour
Frequent marital relationships
Failure to accept responsibility for own actions
Poor behavioural controls

1.3.4 Assessing/measuring psychopathic traits

As stated, Psychopathy defies separate definition in DSM-5 (2013) Section 11, Cluster B Personality Disorders. However, an alternative model for measurement was developed for DSM-5, entitled '*Alternative DSM-5 Model for Personality Disorders*' which is located in section 111, (p.761-782). Inclusion of this *"new approach, aims to address numerous shortcomings[…]For example, a typical patient meeting criteria for a specific personality disorder frequently also meets criteria for other personality disorders"* (DSM-5, p.761).

This is certainly the case with psychopathy, which does share traits with ASPD and NPD, yet has its own unique defining traits. In this alternative model, which was first highlighted by Brown & Young (2018), as a reliable measurement of non-section 11

Cluster B pathological personalities, disorders are characterised by pathological personality traits and impairments in functioning. It examines how the personality disordered individual views 'self' and how 'self' reacts towards others. This is categorised as self-functioning and interpersonal functioning. The self-category considers factors regarding self-identity and self-direction and the interpersonal category considers factors regarding empathy and intimacy.

This model recognises that these four factors are needed to maintain a healthy relationship and that impairments will have detrimental effects on the relational partner. Whereas section 11 Cluster B personality disorders focus solely on the symptomatic impact on the patient. Similarly, Hare's Revised Psychopathy Checklist, (2003) (PCL-R), which I referenced earlier as an endorsed instrument of measurement, also introduced a four-factor structure that now considers interpersonal, affective, lifestyle and antisocial factors, thereby acknowledging the potential detrimental effects inflicted upon all who encounter the pathology.

The DSM-5 alternative model scores its categorised four factors on a scale of severity, from little or no impairment to extreme impairment, which is measured against the five personality domains of: negative affectivity (vs. emotional stability), detachment (vs. extraversion), antagonism (vs. agreeableness), disinhibition (vs. conscientiousness) and psychoticism (vs. lucidity). Based upon this, this study rates the traits of psychopathy within the extreme impairment category (p.778). Table 3 outlines the key findings that constitute this rating on DSM-5's scale.

Table 3 - DSM-5 Alternative Model - Level of personality functioning scale. Extreme Impairment (DSM-5, Revised, 2022, p.898).

Self	**Interpersonal**
Identity	**Empathy**

Self	Interpersonal
Experience of a unique self and sense of agency / autonomy are virtually absent or are organised around perceived external persecution. Boundaries with others are confused or lacking. Has weak or distorted self-image. Significant distortions and confusion around self-appraisal. Emotions are not congruent with context or internal experience. Hatred may be disavowed and attributed to others. **Self-direction** Has poor differentiation of thoughts from actions, so goal setting ability is severely compromised with unrealistic or incoherent goals. Internal standards for behaviour are virtually lacking. Genuine fulfilment is virtually inconceivable. Is profoundly unable to reflect on own experience. Personal motivations may be unrecognised and/or experienced as external to self.	Has pronounced inability to consider and understand others' experience and motivation. Attention to others' perspectives is virtually absent (attention is hypervigilant focused on need fulfilment and harm avoidance). Social interactions can be confusing and disorienting. **Intimacy** Desire for affiliation is limited because of profound disinterest or expectation of harm. Engagement with others is detached, disorganised or consistently negative. Relationships are conceptualised almost exclusively in terms of their ability to provide comfort or inflict pain and suffering. Social and interpersonal behaviour is not reciprocal; rather it seeks fulfilment of basic needs or escape from pain.

The definitions measured under these four factors, that score as extreme impairment, align with the psychopathic traits outlined in table 2 and it is these resultant, defined (Hare, 2003), measured DSM-5 (2013) personality traits that this study recognises.

1.3.5 The differentiating trait - no conscience

Having established the measurable traits of psychopathy, there is one trait that requires particular focus; the trait of no-conscience. This trait significantly differentiates this pathology from others such as narcissistic personality disorder (NPD) and anti-social personality disorder (ASPD) (Blair, Mitchell and Blair, 2005; Kiehl et al, 2004; Stout, 2006), given the potential consequences of human actions that lack conscience. Dr Stout, Clinical Psychologist and Professor of Psychology in the USA, offers in-depth consideration to the implications of such, defining it as *"the single most meaningful characteristic that divides the human species - the presence or absence of conscience*" (Stout, 2006, p.11). Without conscience, there is no guilt, shame or remorse. There is no sense of responsibility or consideration for others. All actions are devoid of concern for consequences. Furthermore, this psychological deficit is "*conveniently hidden from the world*" and will "*most likely remain undiscovered"* (Stout, 2006, p.2). The invisible, no-conscienced individual has the psychological liberty to pursue and fulfil all desires and meet all personal needs, undetected and unhindered by any moral code. Stout concedes that the same cannot be said of other psychiatric diagnoses, including NPD and ASPD, which do "*involve some amount of personal distress or misery for the individuals who suffer from them*", citing the no-conscienced pathology as "*a stand-alone disease that causes no dis-ease for the person who has it, no subjective discomfort*" (p.12).

1.3.6 Neurological impairment

Whilst it remains unclear as to the cause, scientific breakthroughs have evidenced differences in the brain activity of individuals with the no-conscienced, psychopathic

disorder (Blair, 2003; Fallon, 2013; Hare, 1993; Kiehl et al, 2004; Kiehl, 2015). The amygdala is the area of the brain that controls emotional responses which "*when impaired, give rise to the functional impairments shown by individuals with psychopathy"* (Blair, 2003, p.5). Limbic abnormalities and its association with psychopathy was evidenced by Kiehl (2015), a Professor of Psychology, Neurosciences and Law at the University of New Mexico, using functional magnetic resonance imaging (fMRI). His ground-breaking research was based upon the brain scans of incarcerated individuals who scored highly on Hare's (2003) Revised Psychopathy Checklist (PCL-R). Without exception, neurological impairment was evidenced, rending psychopathy a pervasive pathology. This research was somewhat limited by the fact that it was only evidenced within criminal populations. However, in 2005, Fallon, who is an eminent neuroscientist, inadvertently discovered his own psychopathy when conducting research using PET scans (positron emission tomography) on "*violent psychopaths*" (Fallon, 2013, p.62). Concurrently, he was using a scan of his own brain as a control for another study, when he made the shock discovery that he in fact shares the distinguishing abnormalities that define psychopathy. As a result, his publication '*The Psychopath Inside*' (2013), chronicles aspects of his own relational style and functional capacity, from the perspective of what he terms a "*prosocial psychopath*" (p.225), or to which Kantor refers "*The psychopaths of everyday life"* (2006, p.1). As with all pathology, this indicates a spectrum of severity from the murdering criminals at one end, to the more disguised, high-functioning, high-achieving individuals in our midst. As Freestone (2020), a senior lecturer for Psychiatry at Queen Mary University, London observed, "*psychopath is far too narrow a term to capture the diversity of people who have captured the label*" (2020, p.5) and whilst he goes on to describe the diverse presentations of those he has observed, the defining traits and neurological impairment are consistently evidenced in all.

1.3.7 Persons/partners displaying psychopathic traits (PDPT) - a defined, measurable pathology

Having established the measurable traits of psychopathy and the evidenced neurological abnormalities that result in an absence of conscience, this study proposes the term 'Persons Displaying Psychopathic Traits' (PDPT), as a defined pathology and it is this pathology to which it shall refer. It was crucial to this work in the early stages to tackle this tricky issue, in order to arrive at a defined, measurable term that befits its resultant relational abuse, given the terminological confusion that exists. This personality disorder is positioned at the most severe end of the pathology spectrum. This study suggests that there are fundamental differences between the relational abuse inflicted by the dysfunctional person displaying psychopathic traits (PDPT) and other pathologies such as NPD and APSD; the predominant factor being lack of conscience. This invisible trait, combined with predatory self-fulfilling motivations, superficial charm, pathological lying and deceit, and ability to convincingly emulate the full range of emotions, is what sets it apart, resulting in a unique presentation of dire relational consequences. Furthermore, unlike other pathologies that hold potential for change to differing degrees, the fixed neurological abnormalities of a PDPT render the condition pervasive, so no change can be effected (Kiehl et al, 2004).

1.3.8 Relational/psychological consequences of partnering with a person displaying psychopathic traits (PDPT)

The hidden nature of a PDPT defies detection. They lack conscience and are incapable of genuine emotion yet are expert at convincingly emulating the full emotional range, including unconditional love (Hare, 1993). They are predatory, seeking out their prey, so the initial encounter is an insincere trap, set up purely for self-serving motivations. Given that *"Many psychopaths are charmers*" (Kantor, 2006, p.44), and having targeted their unsuspecting victim, the beginning of the relationship is generally a whirlwind of overwhelming positive attention in what is commonly described as a '*love*

bombing' phase (MacCallum, 2018; Milstead, 2021; Pumphrey, 2021) or what Brown & Young refer to as the "*trolling, luring or early relationship phase*" (2018, p.153). Pumphrey details the experience of this phase as intoxicating and fast paced; the victim believing they have met their perfect match with a partner who "*shares your interests, passions, behaviours and even your gestures and mannerisms*" (2021, p.93). Unbeknown to them, this is a direct demonstration of how PDPT quickly and expertly extract intimate personal details and then mirror them back, using words like '*soulmate*', as they "*fast track to commitment*" (Pumphrey, 2021, p.93). This is a silently, unseen, dangerous phase that hooks the victim in by inducing the oxytocin fuelled hormones that flood the brain and overwhelm all other senses, creating an addiction to the intoxicating sense of euphoria and ecstasy, that will be continually sought thereafter (Brennan, Brown & Paradise, 2021). This induced state leaves victims blind to the potential relational warning signs that all is not conducive to healthy relating, until they are entangled in a committed relationship**.**

What follows is the beginning of a relational cycle of devaluing (the opposite experience of the idealising, love bombing), discarding and then re-engaging (Brown, 2009; Milstead, 2021), as demonstrated in Figure 1.

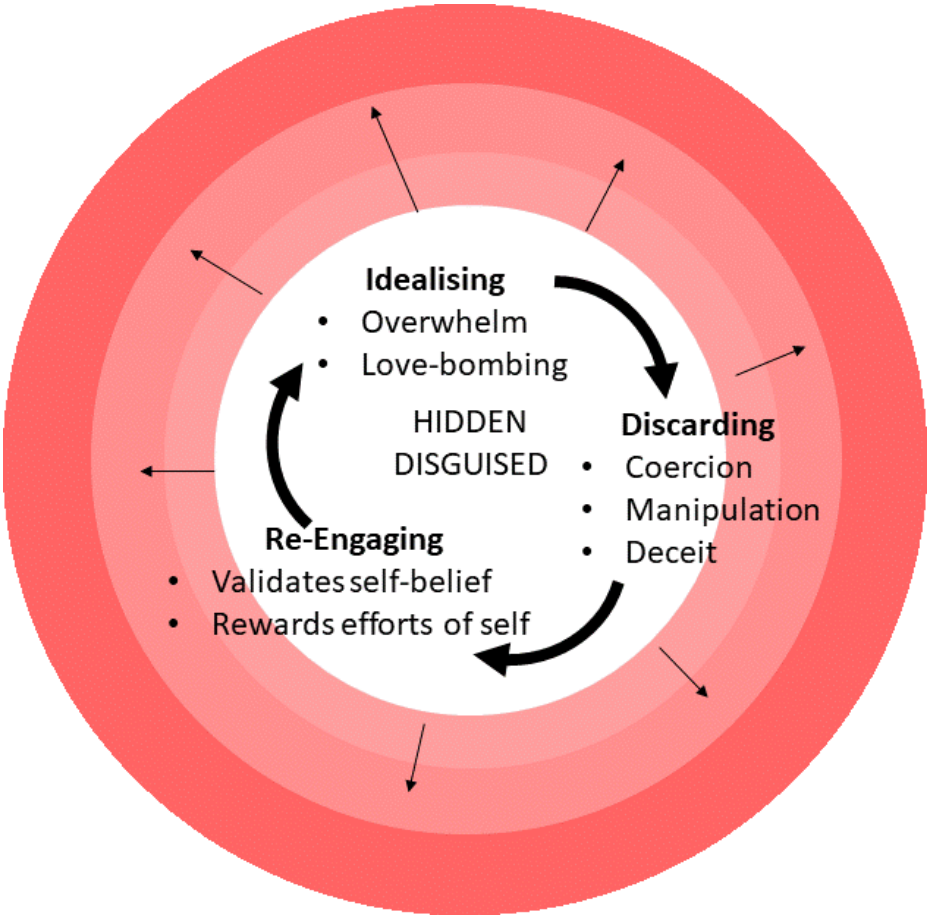

Figure 1 - The Relational Cycle

The timeline and methods employed to inflict this insidious abuse varies from relationship to relationship and is dependent upon the needs of the perpetrator and the usefulness of the prey. It might be short-lived if the victim has been hoodwinked into an affair for the PDPT personal amusement and sexual gratification, or it may unfold subtly over many years if the victim's role is to unwittingly provide spousal comfort, stability and respectability, as was directly evidenced by Fallon (2013).

Methods employed to ensure continuation of the cycle vary but will generally include subtle psychological manipulation, coercive control and gaslighting (Hare, 1993; Stark, 2007), using combinations of calculated displays of pity, aggression/anger, charm, blaming, adoration, promises, withdrawal, and seemingly unconditional love and care (Brennan, Brown & Paradise, 2021; Hare, 1993; Stout, 2021). Insincerity, disguise, lies and deceit (Hare, 1993) will be the given in every relationship as the perpetrator consciously inflicts deep psychological distortions on the victim's sense of reality.

1.3.9 Cognitive dissonance and reality distortion

For the victim, the cycle of alternating realities sets up the neurological impairment of cognitive dissonance, resulting in a dichotomous existence of desperately grappling with sense-making between the dual realities of relational experience (Brennan, Brown & Paradise, 2021). Blind to the insincere trap in which they are ensnared, their continued efforts to exist within the dichotomies and paradoxes of bonding and abandonment, idealising and devaluing, protection and danger, trust and mistrust, love and hate, excitement and exhaustion, slowly depletes their ability to consistently experience who they have come to know themselves to be (Brown & Young, 2018). Over time, not only does the victim "*have dual thoughts, feelings and behaviour about the dissonant partner, each thought conflicts with feelings; each feeling conflicts with behaviour; and each behaviour conflicts with thinking*" (Brown & Young, 2018, p.335), turning self against self, the partner, and the relationship, whilst alternately attempting to protect and support the same. A full exploration of how 'self' is defined in the context of this work is offered in the literature review (p.47).

The result is severe and worsening neurological impairment and psychological destruction of internal cognition, which is masked by the outward appearance of functionality, as the victim, who has been convinced that the eventual, usually sudden and shocking demise of the relationship, is the result of their own relational inability and dysfunction, tries to make sense. Not only does this "*negative and exhausting*

mental activity" become "*an aftermath symptom"*, according to Brown (2009), but the victim is generally left to deal with additional dire personal consequences as a result of PDPT fraudulent trickery for personal gain. As Hare observes *"Everyone, including the experts can be taken in, manipulated, conned and left bewildered by them*" (1993, p.207), adding that "*once you are trapped in the web of deceit and control, it will be difficult to escape financially and emotionally unscathed*" (1993, p.211).

1.4 Rationale for this research study

My preliminary research study (PEP), conducted in 2020/21, set out to explore if and how psychotherapists could identify when their clients were victims of the psychopathic abuse that I have just described and if so, how it informed their work thereafter. The study was limited by size and sought to elicit knowledge beyond its capacity, given the confused terminology and definitions, paucity in literature about this victim abuse and consequent lack of existent training within the profession. For these reasons, recruitment also proved challenging. It became evident that only psychotherapists who had lived experience of the abuse, could understand what this research sought to explore. However, three such psychotherapists were recruited, and findings did confirm the existence of client presentations that corroborate the newly evolving understanding of the symptomatic differences between survivors of PDPT abuse and those of non-PDPT abuse. As reported, "*all three cases revealed similarities in the essence of the unfolding dynamics*" (Dales-Tibbott, 2021, p.41), that "*once identified required different therapeutic focus*" (p.42). The study concluded that "*further investigation was undoubtedly needed to advance the work*" (p.43) The findings of this study, combined with my continued clinical work with this client population and the progression of my information gathering research endeavours, fuelled my enthusiasm for the cause. I was determined that this particular relational abuse needed to be formally researched and professionally evidenced, so that much

needed informed training could be delivered to the psychotherapeutic profession to identify and support its victims.

At the time of writing up the PEP findings, no formal training existed within the psychotherapy profession to identify and support victims of this insidious relational abuse and limited literature was available, save for the many anecdotal accounts written by survivors of the abuse, which further highlighted the urgency of the need.

1.4.1 Foundational clinical breakthrough

In 2021, in the midst of my PEP being formally assessed by Metanoia Institute and Middlesex University, a ground-breaking new training was delivered by Brennan, Brown & Paradise via PESI.com (an online portal that provides continued professional support to psychotherapists, counsellors and psychologists). It was entitled '*Narcissistic and Psychopathic Abuse. The Clinicians Guide to the New Field of Traumatic Pathological Love Relationships*.' The first of its kind, this two-day training introduced a dialectal, scientifically factual and clinically researched model for the profession. It introduced a broad classification of the perpetrator's pathology, the consequential insidious relational abuse and the psychological challenges to survivor recovery.

The training asserts that recovery from this abuse is long and complex. It details four combined identifiers for consideration when working therapeutically with this population: 1) the traits and disorder of the perpetrator, 2) the resulting relational dynamics, 3) the traits/personality of the victim, and 4) the resulting aftermath typical and atypical symptoms of the survivor. Deeper exploration of this model will be detailed in the literature review. Whilst it acknowledges all DSM-5 Cluster B, Narcissistic and Psychopathic personality disorders, as opposed to my particular focus on Persons Displaying Psychopathic Traits (PDPT), this work directly compliments my research and findings. It represented a fundamental development in the field of

pathological relationships offering sound foundational knowledge from which my own research could now evolve.

1.4.2 Academic consultant

This in-depth training was directed by Sandra Brown, a psychotherapist who is a pioneer in the field of pathological relationships, having been writing, training and researching the genre for over 30 years. Based in the USA, she founded '*The Institute for Relational Harm Reductio*n *and Public Pathology Education*' (the Institute), which remains to date the only one of its kind worldwide to offer an informed recovery programme for victims of pathological abuse. She later developed '*The Association for NPD/Psychopathy Survivor Treatment, Research and Education*' (the Association) to continue collaborative development and advancement in the field.

Having undertaken the two-day training with Pesi.com in February 2021, I contacted Sandra directly and was delighted to be invited to an online meeting to discuss my research ideas. Lively, informative communications ensued beyond first meeting. Our work aligned and was met with Sandra's enthusiasm to encourage new formalised research to add to the sparse corpus of cogent, credible contributions in this field. As such, she agreed to be my Academic Consultant, and invited me on to her Association's Board of Advisors, enabling continued collaboration to the benefit of my evolving research project and its positioning within the field of pathological relationships.

1.5 Chapter summary

In this chapter, I have outlined the initial challenges that I faced regarding the contentious topic of psychopathy and how I overcame them by first clarifying my rationale for specific terminological usage, before defining a measurable, evidenced pathology that I have named Persons Displaying Psychopathic Traits (PDPT). I described the relational traits of a PDPT and the particular harm inflicted upon their

partners, highlighting the lack of knowledge or understanding and consequential absence of professional training to support those victims. I then offered a brief introduction to the first formal training of its kind in the field of pathological relationships and my introduction to the pioneer behind it, which has enabled me to collaboratively consider and design a research project that further develops the field. Also in this process, I have positioned myself in the context of this study.

The next chapter offers a review of relevant literature that has informed my professional endeavours.

CHAPTER 2

LITERATURE REVIEW

2.1 Research review strategy

The purpose of this review is to situate the present study in the context of the existing literature relating to the consequences of relational abuse inflicted by Persons Displaying Psychopathic Traits (PDPT). In so doing, electronic databases were searched monthly (including EBSCO, Sage, Wiley Online and Google Scholar), between October 2018 and December 2023. Keywords included: partners of emotional abuse, recovery from psychopaths, victims of abusive relationships and training in psychopathy. Additionally, throughout this research I remained updated on latest books, articles, papers, grey literature, publications and trainings via memberships and activities within relevant research forums and through collaborative connections in the field. Citations and references were also researched using the snowball technique.

2.2 Implications of search results

Whilst each electronic search returned an average number in excess of 10,000 research papers/studies relating directly to the identity and behaviours of psychopaths, there was a sparsity in results pertaining to the victims of psychopaths and no results regarding professional training to support said victims. Only one quantitative study (conducted by Kirkman in 2005) was identified that directly examined the experiences of female victims of psychopathic abuse. Findings in this study did confirm commonalities in the experience of psychopathic abuse yet did not elaborate in-depth, concluding that further research was essential.

Similarly, a vast corpus of literature exists relating to the study of psychopathy; the first notable contribution dating back to 1806, when Pinel, a French doctor described

the condition as "*maniaque sans delire"* (Rafter, 2009*),* meaning maniac without delirium, prior to Cleckley refining his ideas and concepts in his seminal work '*The Mask of Sanity*' (Cleckley, 2015) in 1950. The contentious, ill-defined phenomenon of psychopathy continues to be debated to date (Freestone, 2020; Hare, 1996; Robbins et al, 1991; Ronson, 2011), with more recent advances in the understanding of the etiology of the pathology (Blair et al, 2005; Keihl, 2015) and acknowledgement of the existence of the "*psychopaths among us*" who he states "*perpetrate a great deal of violence on the dignity, identity and bank accounts of many people. They rarely take a single life but have serious potential for ruining the lives of many"* (Kantor, 2006, p.14). Hare (1993) vocalises similar offering his clinical observations that "*Parents, children, spouses, lovers, co-workers and unlucky victims everywhere are at this moment attempting to cope with the personal chaos and confusion psychopaths cause and to understand what drives them*" (p.9).

Despite this, what is striking is the glaring absence of research or literature pertaining to the harm inflicted upon victims of the pathological Persons Displaying Psychopathic Traits (PDPT). Cleckley observed that "*the interest was desperate among parents, wives, husbands, brothers etc. who had struggled long and helplessly with a major disaster for which they found not only no cure, no social, medical or legal facility for handling, but also no full or frank recognition that a reality so obvious existed*." (2015, p.7). Yet seventy years later relational psychopathic abuse remains under-researched, hidden, missed and misunderstood. How could this be so?

In an attempt to answer that question, this review has identified two main areas for consideration: 1) terminological challenges, and 2) the historical and evolving field in clinical understanding of psychological abuse. A third area identified which necessitates exploration in this review is the concept of 'self'. Given that the title is '*The long road back to self*', acknowledging that 'self' is detrimentally harmed when in an intimate relationship with a PDPT, a theoretical overview of how self is understood

in the context of this research will be offered. An in-depth exploration of each in turn now follows.

2.3 Terminological Challenges

To reiterate, this study refers specifically to the defined, measured pathology which is named as Persons Displaying Psychopathic Traits (PDPT); the predominant defining difference from any other pathology being lack of conscience due to neurological impairment. As already discussed in the introduction, the term psychopath, often used interchangeably with sociopath, cannot be clinically evidenced due to its disguised, chameleon-like nature (Cleckley, 2015). Since its inception, by far the greatest challenge to conducting this research, with its view to acknowledging, understanding and clinically supporting victims of psychopathic abuse, has been in defining and formally evidencing the pathology, hence the essential introduction of the defined term PDPT, which, as previously mentioned, is considered to be at the most severe end of the spectrum of pathological personality disorders. Regardless, it remains the case that confused terminology persists in the field and it is vital that this is understood in the context of this research: 1) to ensure continued clarity and differentiation between PDPT abuse and other pathologies, and 2) to comprehend how the phenomenon of PDPT and consequently PDPT abuse remains missed and misunderstood in the psychological field. Beginning with earlier clinical observations and diagnostic criteria that have informed the psychological professions in the treatment of pathological personality disorders (Benjamin, 1993; Gabbard & Wilson, 1994; Johnson, 1994; Masterson, 1981), these formalised, defined and debated differences between the pathologies will be considered. I will then contemplate present day trends that serve to further hinder accurate classification of PDPT abuse.

2.3.1 Psychopathy is not ASPD, NPD or other DSM-5 section 11 Cluster B personality disorders

2.3.1.1 Antisocial Personality Disorder (ASPD)

This study asserts that whilst a Person Displaying Psychopathic Traits (PDPT) shares behavioural traits with other DSM-5 (2013) Cluster B Personality Disorders, which include ASPD and NPD, not all Cluster B disordered personalities are psychopathic (Hare, 1993; Keihl, 2006; Lowen, 1983). This is an essential point to make as was debated by Hare in his attempts to differentiate the pathology of psychopathy for inclusion in DSM-IV (1994). Given that antisocial personalities are more often convicted of violent and aggressive behaviour than other pathologies, he contends that "*the distinction between psychopathy and ASPD is of considerable significance to the mental health and criminal justice systems"* (1996, p.1), given the consequences for wrongly assigning the "*unremorseful*", "*unconscionable*" and "*cold-blooded*" personality characteristics that are unique to psychopaths, to individuals with ASPD when assessing clinical treatment direction and judicial punishment.

Regardless, the focus on the more easy-to-measure behaviours that typify a pathological disorder were chosen in the updated manual in favour of the more difficult to define personality traits, resulting in the exclusion of psychopathy in DSM-IV (1994), clustering the disorder instead with ASPD. Despite Hare's hopes that such *an "unfortunate and unnecessary"* outcome "*might be rectified in DSM-V*" (1996, p.4), this has not been the case, but instead, psychopathy has seemingly been further diluted. DSM-5 (2013) posits that "*the essential feature of antisocial personality disorder is a pervasive pattern of disregard for, and violation of the rights of others that begins in childhood or early adolescence*" and continues "*it has also been referred to as psychopathy, sociopathy, or dyssocial personality disorder*" (p.659). This does not account for the congenital neurological impairment evidenced in the psychopathic brain (Keihl, 2006) resulting in the absence of a conscience that has altogether more

sinister and dire consequences, with the potential for relational and societal harm. It does not acknowledge that it is a pervasive condition entirely without remorse, and it defies recognition that in opposition to the impulsivity characterised in ASPD, the actions of a PDPT are calculated, measured and disguised.

In his continued endeavours to accurately identify and define psychopathy, as previously referenced (p.9), Hare devised the Revised Psychopathy Checklist (PCL-R) (2003). Resulting from an intense, systematic and prolonged process of clinical observations, collegial research and consultation, and scrutinised referencing and cross-referencing of professional case studies (Hare, 1993, p.32), this reliable instrument of measurement is now recognised and used worldwide within the criminal justice system and law enforcement institutions. It can be noted however that the Hare P-Scan (Hare & Herve, 1999), devised specifically for the supporting professions of victims of psychopathy, is neither widely acknowledged nor used. Terminological confusion ensues in consulting rooms and on psychological couches as the label ASPD, and more recently, the term NPD is used (sometimes interchangeably) to describe manipulative and coercive treatment and whilst this may be true in many cases, it misses serious detrimental implications in others.

2.3.1.2 Narcissistic Personality Disorder (NPD)

Like ASPD, many characteristics of NPD appear the same as PDPT, such as outward charm, elevated self-importance and relational deviances characterised by manipulative and controlling behaviour. Narcissistic pathology however is rooted in developmental arrest, often termed narcissistic wounding. The injurious wound to the emerging self leads to *"a basic disruption in the sense of self, the self-concept, and the self-image"* (Johnson, 1994, p.169), necessitating a rejection of true self in favour of an adaptive false self. What then underpins this defended self is a desperate need to avoid the perceived worthless, unacceptable, disowned self, which manifests as a constant dread of potential shaming and humiliation (Benjamin, 1993; Johnson, 1994;

Lowen, 1983). The outward appearance and behaviours are therefore an attempt to *"defend against that crisis of desperate feelings" (*Johnson, 1994, p.164), hence the complex and dysfunctional relational characteristics that result. Equally, developmentally, early attachment dysfunction may result in a reduced volume of grey matter in the prefrontal cortex of the brain (Nenadic et al, 2015; Stout, 2021), suggesting "*reduced or damaged capacity for empathy and emotional regulation*." (Pumphrey, 2021, p.66). Stout likens the defining differences between NPD's defended behaviour and low empathy and PDPT's unconscienced, self-serving motivations, as to *"having an arm seriously damaged in early childhood as opposed to having been born without an arm"* (Stout, 2021, p.216). The former is visible and although poorly functioning, has potential for improvement and the latter does not exist, yet its absence might be disguised beneath expertly designed cover.

2.3.1.3 Borderline Personality Disorder (BPD)

Individuals with BPD fear abandonment and suffer "*chronic feelings of emptiness*" (DSM-5 (2013), p.663) whereas a PDPT is incapable of feeling emotion (though convincingly emulates it) and is devoid of conscience. Borderline Personalities "*may at times have feelings that they do not exist at all. Such experiences usually occur in situations in which the individual experiences a lack of a meaningful relationship, nurturing and support*" (DSM-5 (2013), p.664), which is in contrast to a PDPT who according to Masterson, a Clinical Professor in Psychiatry in New York and former Director of '*The Character Disorder Foundation for Teaching and Research on Character Disorders*', states that the "*psychopath has no affective investment in the object*" and "*cannot experience the gratification of emotional relatedness*" (1981, p.47). He goes on to describe the BPD defences as "'*splitting, avoidance, denial, acting-out, projection, clinging and projective-identification*" (1981, p.136).

As with PDPT abuse, these disordered relational behaviours will almost certainly be experienced as manipulative, coercive, emotionally inconsistent and significantly

detrimental to the psychological wellbeing of any relational encounter. Indeed, the same might be observed in ASPD and NPD behaviours. The difference being that they are more evident, diagnosable and treatable thereby enabling the partner to make more informed choices about the relationship.

To summarise thus far, clinical distinctions and differences between ASPD, NPD and BPD and Persons Displaying Psychopathic Traits (PDPT) lie within the relational motivational drivers and resultant impaired levels of neurological capacity. The former are developmental disorders that can be treated psychotherapeutically (Benjamin, 1993; Masterson, 1981; Johnson, 1994). Impulsive and/or defended behaviour is in contrast to the measured, calculated actions of an expertly disguised predator and the consequences of acting without conscience is distinct from low or no empathy which is concerned with the capacity to care about another human being on a relational level. Therefore, whilst discerning similarities can be observed in outward presentation and indeed as evidenced in the clustered descriptors of DSM-5 (2013), section 11 Cluster B personality traits, essential differences can be identified as evidenced in Hare's Psychopathy Checklist (PCL-R) (2003), to which this study is aligned. Considerations will now be made regarding more recent advancements in the field that serve to exacerbate terminological confusion.

2.3.2 Pathological Love Relationships (PLRs)

Sandra Brown, who has provided academic consultation on this project, has been a forerunner in developing our clinical understanding from a victim perspective, by classifying relational pathology and its consequential "*inevitable harm*" (2009, p.290), under the umbrella term '*Pathological Love Relationships'* (PLRs). First coined in 2009 in her first of three editions '*Women who love Psychopaths. Inside the relationships of inevitable harm with Psychopaths, Sociopaths and Narcissists*', the opening chapter is entitled '*Understanding the Names Related to Psychopathy', in which s*he states her aim "*to explain some of the categories professionals often use to refer to psychopaths,*

both with and without the term psychopath" (p.15). She then goes on to discuss each of the DSM-IV (1994) Cluster B personality disorders in turn, to include antisocial personality disorder (ASPD) and borderline personality disorder (BPD), whilst additionally clustering traits, assigning informal labels such as '*borderpaths*' (p.23) and '*sociopathic enough*' (p.23) and cites all of these disordered personalities for inclusion under the umbrella term PLR's, without differentiating each pathology with regard to psychopathy. Not least, this is at odds with the publication's title '*Inevitable Harm with Psychopaths, Sociopaths and Narcissists*'. This confused interchanging of name usage between the different pathologies (which includes psychopathy), remains throughout her work. Clustering all pathologies in this way colludes with existent contention pertaining to formal definition of psychopathy, further blurring the issue and diluting potential clarification, which was not seemingly the intention of her endeavours.

That said, the term '*Pathological Love Relationship'* (PLR), a term under which she incorporates all DSM-5 (2013) Cluster B personality disorders and psychopathy, has enabled vital research and supported thousands of victims through the work of '*The Institute for Relational Harm Reduction and Public Pathology Education' (the Institute),* that she founded in the USA, and her continued advances via '*The Association for NPD/Psychopathy Survivor Treatment, Research and Education*' (the Association). The resultant training is the only available formalised, certified programme to date. The second training in the series of three that was introduced in 2022 is entitled '*Treating the survivor of narcissistic and psychopathic abuse: a clinical focus on evidence-based and trauma-informed treatment protocols.'* Again, viewed through a terminological lens, confusion reigns in the title of her trainings and the naming of her organisations, which make specific reference to narcissistic and psychopathic abuse yet go on to include Cluster B personalities in the content. It can be recognised beyond doubt that use of the term Pathological Love Relationship (PLR) has significantly advanced the field by introducing knowledge and training regarding the understanding and treatment of intimate psychological harm, which is applicable to PDPT abuse.

However, it must be acknowledged that, in the context of this study, it has inadvertently set the foundations for clinical misinterpretation of Cluster B personality disorders and the "*stand-alone*" (Stout, 2006) pathology of psychopathy. Although it can be viewed that inevitable harm from a PLR has a scale of severity depending on the diagnostic personality traits, this study asserts, in agreement with Stout (2021) and Hare, (1996) that a perpetrator without-conscience requires separate recognition and understanding from a victim recovery perspective.

2.3.3 Media misinformation and societal perception

In 2018, Brown & Young cited "*over eight-hundred websites, social media venues and blogs*" that operate in the USA alone that are "*predominately set up by well-meaning survivors, with a view to supporting fellow victims of pathological abuse*" (p.4). As observed, "*they lack professional psychological training, guidance, censorship, or evidence-based data*" (Dales-Tibbott, 2021, p.12). Prior PEP research also reported "*a growing body of literature, written by non-therapeutic lay victims of PDPT*" (Andersen, 2012; Birch, 2015; Lou, 2016; MacKenzie, 2019) (p.12) which highlighted the "*urgent need for rigorously researched, ethically sound studies to substantiate their experiences and inform the profession in how to aid their recovery*" (p.12).

Since then, technological advances have seen an acceleration in the use of social media. This rapid upsurge in technology and accessibility of unfiltered, unpoliced information via an ever-increasing number of blogs and streams, has, I suggest, resulted in a present-day overload of unsubstantiated misinformation and sensationalised trauma memoirs pertaining to psychological abuse. As such terms like '*coercive control'* and '*gaslighting'*, as originally formally introduced by Stark (2007), are being incorporated and diluted within the language of everyday scenarios as opposed to the severity of the context in which they belong. To compound the problem, the term '*narcissist*' has been adopted to seemingly reference any perpetrator of psychological abuse. As Pumphrey noted in her recent publication "*it*

seems that the term 'narcissist' has become a buzz word to describe everyone's ex-partner" (2021, p.23). In a Google search using "*is my partner a narcissist*" she reported "*9,790,000 results"* (p.23).

To compound the issue, there is a growing corpus of literature written in support of recovery from narcissistic abuse. As part of this review, a Google Scholar search using "*recovery from narcissistic abuse*", conducted on 17 August 2023, found 44,900 results. The most common strategy advised in these non-formalised, self-help publications is to '*go no contact*'. Whilst victims are encouraged to understand the signs of pathological abuse in these publications, such advice, I propose, is detrimental to psychological wellbeing given that recovery is complex and requires informed professional psychological support, details of which will be outlined in the next section.

The motivation for this research was to formally evidence the contentious, ill-defined phenomenon of psychopathic abuse with a view to understanding how to therapeutically support the recovery process of its intimate partners. No formal training existed at its inception in 2018. The doctoral route was specifically chosen in support of the many anecdotal trauma memoirs and in favour of the informal, unsubstantiated literature available. The training introduced in 2021 via Pesi Inc. (Brennan, Brown & Paradise, 2021) laid essential foundations to the cause in providing professional, formalised support. Cleckley's plea made in 1950, for "*any agency capable of taking an initial step to change this situation, should be aroused from its' scrupulous inattention*" (2015, p.77), was finally being addressed.

Unfortunately, at the pinnacle of these breakthroughs, formal progress is hindered by uncorroborated advice that is being proffered via podcasts, blogs, websites and other social media, to victims of pathological abuse. This, I assert, has created an uphill struggle to produce and disseminate findings that are being diluted and confused as quickly as progress is being made.

2.3.4 Foundational knowledge of an established yet hidden phenomenon

This section has offered an exploration of the terminological challenges that have hindered progress in identifying, acknowledging and understanding the existent relational phenomenon of persons displaying psychopathic traits (PDPT. Despite Cleckley's observations three-quarters of a decade ago that "*the definitions of psychopath found in medical dictionaries are not consistent, nor do they accord with the ordinary psychiatric use of the word*" (2015, p.26) and Hare's futile attempts to clearly evidence the pathology of psychopathy at the end of the last decade for accurate definition in the Diagnostic and Statistical Manual of Mental Disorders (DSM), clarity is further diminished in recent years as accurate clinical understanding of personality disorders such as ASPD, BPD and NPD continue to be misrepresented. This study aligns with these former endeavours with a view to progressing understanding of how to therapeutically support its relational partners.

An exploration of the second area identified as contributing to the lack of knowledge and clinical support pertaining to psychopathic abuse will now be considered.

2.4 The historic and evolving field in the clinical understanding of psychological abuse

This section will situate the phenomenon of PDPT abuse in the context of the field of domestic abuse.

2.4.1 The evolution of domestic abuse

There is a rich and diverse body of literature that charts the history and evolving opinions of what constitutes '*domestic abuse*' (Gelles & Strauss, 1988; Kirkwood, 1993; Stanko, 1985; Stanley, 1990), which is itself a contentious and much debated topic. Domestic abuse only came to the fore as a First World issue in the 1960's when the predominant focus was on woman battering (Gayford, 1975), viewed through the lens

of socio-economic and gender issues, from a place of societal naivety. In the 1970's, the feminist movement set out to politically address issues of female oppression, male-dominance and social inequality, its biggest achievements being the introduction of sheltered accommodation as safe places of refuge for its victims and recognition of physical domestic violence within the criminal justice system (Yllo & Bograd, 1988).

Harder to define was the emergence in the late 1980's of the concept of psychological abuse and its consequences. Kirkwood (1993), who has a PhD in women's studies from the university of York and experience of facilitating support groups for abused and formerly abused women, concedes that it "*could not be categorised and quantified as can physical slaps or kicks*" or indeed "*was not grounded in easily observable and measurable indicators*" (p.45). Working with this population, she not only recognised the symptomatic manifestation of psychological abuse, but commonalities in the symptoms despite the women's diverse experiences. Furthermore, she discerned that these negative psychological symptoms persisted long after the relationship had ended.

As such in 1992/3, choosing feminist methodology, she conducted unstructured interviews with 30 women who were out of their abusive relationship, to explore their experiences of domestic abuse. From the findings of these personal narratives, she identified and categorised six key components of emotional abuse being: degradation, fear, objectification, deprivation, overburden of responsibility and distortion of self-reality. Furthermore, she noted that "*these components are interwoven in such a way that they comprise a whole which has properties beyond merely the sum of those individual components*" (p.58). She referred to this as a "*web*", which eloquently describes the essence of the hard to discern, deleterious abuse that "*entangles*" its victims, from which it becomes psychologically complicated to unravel.

This pioneering research laid the foundations and introduced language regarding the subtleties of intentional psychological abuse making important points about the persisting symptoms that require psychological support. Kirkwood's study is pertinent to this work in that it offers an in-depth exploration of the lived experience of survivors of psychological abuse, albeit not specifically psychopathic abuse. Regardless, it is notable that 30 years on from this research, no further cogent studies can be found, further highlighting the importance of the present study.

In 2007 Professor Stark, a forensic social worker and advocate in law-enforcement, introduced a theory of '*coercive control*', in his significant publication '*Coercive control. How men entrap women in personal life*'. This theory captures the essence of Kirkwood's six key components, placing it in the context of subjugation, offering an in-depth exploration of the methods, motivations and "*most devasting*" (2007, p.278) impact, of relational psychological abuse. He captures the more subtle techniques employed such as manipulation (Schneider, 2018), bringing to the fore the term '*gaslightling'*.

This is a term taken from the storyline of the film '*Gaslight'* (Corfield, 1940) in which a man cunningly manipulates his wife over time using trickery, leading her to question her own sanity and powers of reasoning. This idea of intentional reality distortion introduces the more devious, sinister levels of perpetrator abuse; its hidden, disguised nature being ever more unmeasurable or definable by society and the legal system and not least to the victims themselves, much to the consternation of Stark who is a driving force in seeking legal address.

2.4.1.1 Crime of liberty

In the decade when major shifts were occurring in gender equality (Daniels, 1997; Dobash & Dobash, 1992), Stark viewed coercive control as a "*crime of liberty rather than a crime of assault*" (2007, p.13), instigated by men whose motivation was to

preserve female domesticity and inequality of power, hence his term "*entrapment*". He discerns that worse than what is done to women is *"what their partners have prevented them from doing for themselves by appropriating their resources; undermining their social support; subverting their rights to privacy, self-respect and autonomy; and depriving them of substantive equality*" (p.13).

Whilst this significant concept of entrapment is applicable to the psychological abuse inflicted by Persons Displaying Psychopathic Traits (PDPT), it is pertinent to note here the difference in motivational drivers for so doing. In the ongoing equal rights revolution, both Kirkwood and Stark cite the motivations of male oppressors to subjugate their partners from a place of male supremacy and power, in a bid to preserve their domestic status quo. This implies a level of personal relational need, which would suggest a level of emotional attachment, albeit dysfunctional attachment (Bowlby, 1969). In the case of the unconscienced PDPT, there is no such attachment. The driver for all relationships is purely for self-gain. The former therefore takes the partner hostage by breaking their spirit using the aforementioned tactics to maintain a relational position from a societal perspective and the latter selects and entraps their 'prey' using the same tactics, but taking their spirit for as long as it serves a required purpose purely for personal gain, which may include instant titillation or excitement. Without attachment or conscience, the broken spirit can be discarded as soon as that purpose is no longer applicable and, indeed, many subjects may be prey to these self-serving whims at one time to ensure maximum fulfilment (Brown & Young, 2018; Cleckley, 2015; Hare, 1996). This difference adds an extra hidden dimension to the psychological harm from which the superfluous victim would undoubtedly need to make sense in their process of recovery. Indeed, such is the subtly of this difference that it eludes detection on all societal levels, as reflected in the literature.

2.4.1.2 Tyranny in plain site

Expanding upon Stark's theories, Herman, a psychiatrist, researcher and author, extended the sphere of psychological coercion and 'entrapment', beyond domesticity in her publication '*Trauma and recovery. From domestic abuse to political terror*' (1992). Like Kirkman, she observed the complex, prevailing psychological symptoms of trauma victims, citing "*commonalities between rape survivors and combat veterans, between battered women and political prisoners, between the survivors of vast concentration camps created by tyrants who rule nations and the survivors of small, hidden concentration camps created by tyrants who rule their home*" (pp.2-3). However, worthy of note is that in the aftermath of these atrocities there is the existent evidence, acknowledgement and legal redress for these recognised, albeit heinous crimes, as opposed to the hidden debilitating psychological crimes, committed in plain site by the disguised PDPT, for which there is no such acknowledgement and no redress. This adds yet another dimension to the severity of psychological/neurological harm suffered by individual victims of psychopathic abuse, the subtly of which remains hidden even from themselves (Brown & Young, 2018).

2.4.2 Moving forward

Kirkwood (1993), Stark (2007) and Herman's (1992) pioneering contributions to the emerging field of psychological abuse, as viewed through the lens of female oppression, power imbalance and male dominance through to political terror on a global level introduced fundamental concepts and terminology with which to communicate, educate and further clinical knowledge in support of victims of psychological abuse. Equally, this exploration identifies shortcomings in the acknowledgement, nature or existence of psychopathic abuse, the profile of its victims and consequently the particular treatment direction they require. This will now be considered in the context of the profiling of these victims and the clinical treatment

considerations and direction that is required, introducing new concepts for practice that have significantly updated the field of pathological relationships in recent years.

2.4.2.1 Clinical victim profile misconceptions and updates in the field

The characteristics of domestic abuse victims has been hotly debated across the decades in an extensive body of research (Kaplan, 1975; Kirkwood, 1993; Pizzey & Shapiro, 1981). Formerly, causal perspectives focused on the psychological deviance of the victim (Pleck, 1987). A study conducted in 1964 by clinicians Snell, Rosenwald & Robey entitled '*The Wife-Beater's Wife*', found battered women to be "*castrating*", "*frigid*", "*aggressive*", "*indecisive*" and "*passive*", concluding *that* "*marital violence fulfilled these women's masochistic needs*" (Herman, 1992, p.117). Indeed, this offers little progress since the observations of Freud (1856-1939) who assigned the label '*hysteria'* to his female patients who displayed emotional distress (Stafford-Clark, 1965, p.23). In the mid-1980's, much to the outrage of the active women's groups, the revised Diagnostic Manual of Mental Disorders (DSM-IV) (1994), proposed inclusion of the term '*masochistic personality disorder*', to be applied to "*any person who remains in relationships, in which others exploit, abuse, or take advantage of him/her, despite opportunities to alter the situation*" (Herman, 1992, p.117). In an attempt to redress the balance, Herman joined this all-male panel, and after presenting much reasoned evidence to the contrary, the label was marginally amended to '*self-defeating personality disorder*' (p.117).

Latterly, domestic violence was attributed to mutual relational dysfunction and co-created co-dependence (Strauss, 1980; Weitzman & Dreen, 1982). These theories were drawn predominantly from the restricted study of accessible abuse victims residing in psychiatric units or homeless shelters and women's refuges (Kirwood, 1993), offering limited and biased insight based upon their untreated traumatised psychological functioning and behaviour. Given that childhood abuse was attributable to many in these particular populations, it too was assumed a symptomatic

attachment disorder leading to the inevitability of later domestic violence. Consequently, "*instead of conceptualising the psychopathology of the victim as a response to an abusive situation, mental health professionals have frequently attributed the abusive situation to the victim's presumed underlying psychopathology*" (Herman, 1992, p.116), thereby distorting treatment direction. This "*diagnostic mislabelling"* (p.116) has therefore contributed to the misidentification of domestic abuse victims through the lens of co-dependency and learned helplessness, compromised self-agency and social and relational inability, which does not necessarily fit the profile presentation of a victim of psychopathic abuse and, in many cases, bears no resemblance whatsoever.

It was this difference in presentation that first caught Brown's attention, who noted that the women who accessed her institute's recovery programme for pathological abuse, did not fit this profile. Almost half of this population did not present with prior trauma or Adverse Childhood Experiences (ACEs). Furthermore, prior to their abuse, they were capable and successful in society, with strong, resilient characters. As such, Brown & Leedom, (2008) conducted a survey of female survivors based upon '*The Temperament and Character Inventory*' (TCI), developed by Cloninger, Svrakic & Pryzbeck (1993). Far from exhibiting poor self-agency and low self-esteem, it found that these women all scored higher than average in extraversion and excitement seeking character traits. Furthermore, they were found to have high levels of intelligence and motivation, resulting in successful, powerful positions held in society; these profiles being at odds with their susceptibility to befall the psychological, emotional, and often financial damage inflicted by PDPT. My PEP research evidenced similar profiles of both male and female victims. In all cases studied, the victims were successful, well-functioning individuals prior to meeting their PDPT.

The Institute, in association with Purdue University, USA, furthered study of victim personality profiling in 2014 using the Five Factor Model of Personality (FFM)

(Goldberg, 1993), which measures the traits of extraversion, agreeableness, openness to experience, conscientiousness and neuroticism. Corroborating earlier findings, traits of agreeableness and conscientiousness were significantly elevated in this study. The documented characteristics of agreeableness include kindness, trust, compliance, altruism and non-judgement. The characteristics of conscientiousness include commitment, dependability, sense of duty to others, achievement, self-awareness, and mindfulness of others. The tables below compare behavioural presentations between these two elevated traits and co-dependency symptom descriptors as documented by Brown & Young (2018, pp.275-6).

Table 4 - Comparisons between Agreeable Descriptors and Co-dependency Descriptors

Agreeableness descriptors	Co-dependency descriptors
Reciprocal in relationships	Caretaking, dependent
Willing to help without desire for selfish domination; concern for social harmony	Attempting to control
Straightforward, upfront	Poor communication, repression of feelings
Trusting and trustworthy	Lack of trust of self and others
Well-tempered, gentle	Anger
Tolerant	Unmoderated feelings (intense vacillating)

Table 5 - Comparisons between Conscientiousness Descriptors and Co-dependency Descriptors

Conscientiousness descriptors	Co-dependency descriptors
Self-confident	Caretaking, people-pleasing
Purposeful, goal directed behaviour	Poor communication
Controlled impulses	Anger, unmoderated feeling, vacillating

Self-accepting	Low self-esteem
Resourceful, persevering	Incapable of meeting self-needs

For victims of psychopathic abuse, this shift in focus away from presumed victim psychopathology goes a long way to disabusing the notion of dual co-created relational dysfunction, aligning instead with the biological hard-wired predisposition of personality and its contribution in relationship as previously evidenced in the DSM-5 (2013) Alternative Model for Personality Disorders. In the case of PDPT abuse, this marks a clear delineation between the predatory, no-conscienced abuse inflicted by the personality of the perpetrator and the perfectly aligned personality super-traits of the victim. Of equal ground-breaking significance in this field is first Herman's (1992) and second, Brown's (Brown & Young, 2018) contributions regarding distinguishing trauma indications vital to advancing psychological treatment of this victim population, as will now be considered.

2.4.3 Trauma indications and implications for clinical practice

The recognition of Posttraumatic Stress Disorder (PTSD) as a formal diagnosis was first included in DSM-111 (1980). Its significance was noted by van der Kolk, a leading psychiatrist, researcher and educator in the field of trauma, given that this advancement "*reintroduced the notion that many 'neurotic' symptoms are not the results of some mysterious, well-nigh inexplicable, genetically based irrationality, but of people's inability to come to terms with real experiences that have overwhelmed their capacity to cope*" (van der Kolk, McFarlane & Weisaeth, 1996, p.4). This advancement aided psychological recognition and validation of persistent symptoms resulting from traumatic experience. Furthering the field, Herman asserted in 1992, that "*diagnostic categories of the existing psychiatric cannon are simply not designed for survivors of extreme situations.*" (p.118) She conceded "*the persistent anxiety, phobias and panic are not the same as ordinary anxiety disorders. The somatic*

symptoms of survivors are not the same as ordinary psychosomatic disorders. Their depression is not the same as ordinary depression. And the degradation of their identity and relational life is not the same as ordinary personality disorder" (1992, p.118). As such, she introduced '*complex post-traumatic stress disorder*', the severity of which is measured within seven categories as outlined below.

Table 6 - Herman's (1992) Seven Categories of Complex Post-Traumatic Stress Disorder

Complex Post-Traumatic Stress Disorder
1. A history of subjection to totalitarian control over a prolonged period
2. Alterations in affect regulation
3. Alterations in consciousness
4. Alterations in self-perception
5. Alterations in perception of perpetrator
6. Alterations in relations with others
7. Alterations in systems of meaning

Beyond presenting PTSD symptoms that result from specific or more obvious traumatic experiences (van der Kolk, Greenberg, Orr & Pitman, 1989), which include flashbacks, startle-response, hypervigilance, depression, fatigue and physical ailments, *complex*' trauma recognises the psychological disturbances that '*alter*' perception, neurological capacity and behaviour over time, as a result of repeated subtle and non-subtle, predominantly psychological abuse. This requires a different, longer-term model of treatment as introduced by Herman (1992). Herman advocates for survivors of childhood abuse, war veterans, hostages, and all survivors of "*prolonged repeated trauma*", providing "*more accurate psychological observation*" whilst "*respectfully*

addressing the moral demands of traumatised people" (p.122). At the turn of the century her contributions to the field of trauma coincided with further major scientific advancements in the understanding of associated neurological (Cozolino, 2002; Siegal, 1996), somatoform (Nijenhuis, 2004; van der Kolk et al, 1996) and physiological manifestations (Levine, 1997; Porges, 2011; Rothschild, 2000), offering enlightened potential for enhanced clinical practice.

Therapeutically, with specific reference to victims of PDPT abuse, these advancements begin to address firstly the tricky issue of victim recognition, via personality presentation (Brown & Young, 2018) and secondly, the more subtle symptomatic presentations resultant of complex trauma (Herman, 1992), so a suggested treatment model might be twofold, for example:

ELEVATED PERSONALTY TRAITS + COMPLEX TRAUMA

Brown, however, makes further essential advancements in the understanding of symptomatic presentations of victims of pathological abuse by introducing a third element which will now be discussed. She has named this '*atypical trauma'* (Brown & Young, 2018).

2.4.3.1 Atypical trauma

Brown asserts that "*cognitive dissonance*" is "*the hallmark symptom in all Pathological Love Relationships"* (PLRs) (Brown & Young, 2018, p.320), which extends beyond the original somewhat limited social theory about conflict and ethical decision making (Festinger, 1957). She cites "*the dichotomous personas of both sides of the disordered partner create the compulsive comparing and contrasting*" (Brown, 2022). In its original teaching, it is postulated that once a decision is arrived at, cognitive dissonance is reduced. In the case of pathological encounters (and in the context of

this study, PDPT encounters in particular), there is no sense to be made. Both personas have been purposely created to cause psychological confusion.

In her training, Brown has named this '*Chronic and Persistent Cognitive Dissonance*' (CD) (Brennan, Brown & Paradise, 2021). This is exacerbated according to Brown, given the personality proclivities of PLR victims, whose higher-than-average trait elevations in conscientiousness heighten the intensity with which they strive to make sense and find solutions (Brown & Young, 2018, p.266). These victims are, therefore, caught in an ever-worsening loop of CD without resolution. Over time this has detrimental effects on the brain, causing neurological impairment (McFarlane & Yehuda, 1996; Pumphrey, 2021) which affects memory, judgement, reasoning, and cognition (Brown & Young, 2018). This atypical trauma response remains undetected, not least by the victim, whose chronic, worsening symptoms involve psychologically internalised dual conflicts about the perpetrator, about self (behaviourally and emotionally) and about the environment, resulting in hidden traumatic deterioration of self, from self.

Brown identifies further atypical trauma implications within what she calls this internal psychological *"firestorm*" (Brown & Young, 2018, p.359). Complex trauma symptoms include negative memory recall, or flashbacks, which will be occurring alongside chronic and persistent cognitive dissonance. However, for PLR victims, positive memories are also traumatic, given that what was experienced was not reality, so these also require trauma resolution. Again, this is not acknowledged or understood by the victim or clinician. Indeed, clinical presentation from this perspective is particularly subject to misinterpretation given that the chronically traumatised patient might repeatedly recount experiences of the positive aspects of the relationship in a desperate unconscious attempt to process the positive aspects of the dissonance. The more this is encouraged or allowed to continue, the worse the undiagnosed atypical trauma becomes, thereby continuing the unseen, yet ever-worsening loop of unresolved dissonance and consequentially the unseen, ever-worsening neurological

impairment that results. Therefore, this patient may not outwardly present as a typical co-dependent or developmentally challenged domestic abuse victim and they do not present with typical trauma symptoms; yet the unresolved, unseen atypical trauma worsens without directed treatment. The work of the Association therefore suggests the following three factor clinical model for consideration:

ELEVATED PERSONALITY TRAITS + COMPLEX TRAUMA + ATYPICAL TRAUMA

2.4.4 Informed directed treatment programme

Culminating from 30 years of research, clinical observation and collaboration, the Institute established an informed, directed treatment programme to support victim recovery from pathological abuse which is now offered as formalised clinical training via the Institute and Pesi.com and forms part of a newly established certification programme. The programme comprises a seven-step-protocol as outlined below.

Table 7 - Treating the Survivor of Narcissistic and Psychopathic Abuse: Clinical Focus on Evidence-based and Trauma-informed Treatment Protocols (2022, p.16)

Phase 1
Treatment Differential and Survivor Needs
Phase 2
Early recovery: Stabilisation through Harm Reduction, Trauma Education and Skill-Building
Phase 3
Psychoeducation/Pathology Education
Phase 4
Cognitive Dissonance

Phase 5
Trauma: Typical and Atypical
Phase 6
Survivor Personality Super-Traits
Phase 7
Intake and Assessment

The depth of insight, information and instruction offered in this 36-hour training is beyond the scope of this project, however, the phases are relatively self-explanatory. The sequence in which the clinical work unfolds is however of significance. In phase one, differentiating the survivor needs does not only involve recognising the personality implications of the patient and potential atypical trauma presentation, but also clinical treatment direction according to trauma history and severity must be considered.

In a qualitative study of 300 survivors conducted by the Institute, it found that 37% of respondents reported prior trauma before the pathological abuse and 63% reported no prior trauma (Brown, 2022, p.34). As such, ascertaining trauma history is imperative to formulating appropriate treatment planning. The first population may require more complex trauma resolution as guided by Herman's treatment recommendations (1992), before or in-combination with treatment of atypical symptoms. Patients with no prior trauma will benefit from stabilisation, skill-building (phase 2) and psychoeducation (phase 3) in the earliest stages of therapy to begin to relieve the chronic and persistent rumination and atypical trauma symptoms. It is also of particular note that trauma processing is not addressed until phase 5, when the patient is stabilised, cognitive dissonance is reduced, and they have an informed

understanding of their experience. These treatment protocols offer foundational potential to all clinical professionals in identifying, understanding and treating victims of pathological abuse. Its introduction represents vital knowledge and advancements in the trauma field, not least to recovery treatment of victims of PDPT abuse.

2.5 Moving forward

Having identified the lack of available knowledge pertaining to the support of victims of PDPT, this literature review has explored the ongoing terminological challenges and the historical and evolving field of psychological abuse, highlighting how they have contributed to its scarcity. This review will now discuss the third and final area for consideration which is the concept of self and self-identity.

2.5.1 Defining 'the self'

The study of 'the self' spans millennia and is a diverse topic given that of itself, the term is diffuse (James, 1890; Jung, 1990; Kohut, 1977; Maslow, 1954; Rogers, 1959). In psychology it encompasses terms such as self-awareness, self-esteem, self-conscious, self-schema and self-actualisation, to name but a few, which leads Baumeister (1998) to conclude that "*self is not really a single topic at all but rather an aggregate of loosely related sub-topics*" (p.681). Jung (1990), on the other hand, offers a more synthesised theory, viewing the self as the unification of consciousness and unconsciousness, representing the psyche as a whole. Through this lens, self is the product of individuation whereby aspects of personality become integrated and the self becomes the container.

To compound confusion, Leary and Tangney concede that "*self does not mean the same thing in all of these constructions*", observing that "*different writers have used precisely the same terms differently and sometimes individual writers have used self in more than one way within a single article or chapter*" (2012, p.4). Given that this study

is an exploration of a PDPT survivors '*Long road back to self*', and self is referenced throughout the findings in its different contexts, this literature review will conclude with an overview of how self and self-constructs are theoretically positioned and understood.

2.5.2 Theoretical positioning in understanding the 'self' as an organising construct.

Leary and Tangney (2012), both Professors in Psychology, identified five distinct ways that self is commonly used: self as the total person, self as personality, self as experiencing subject, self as beliefs about oneself and self as executive agent. They ascribe a "*capacity for reflexive thinking*" (p.6) as the fundamental quality that underpins all experiencing of self. Oyserman (2001), a self-researcher defines reflexive capacity as an individual's thinking, being aware of thinking and taking the self as an object for thinking. Indeed, thinking consciously about oneself is a human phenomenon that enables personal perceptions, beliefs and feelings, that in-turn lead to regulation of one's behaviour, which includes goal setting and personal achievement. As such, Leary and Tangey (2012) assert that underlying self-reflection, at the most basic level, there are three interlinked psychological processes. These are attentional processes, cognitive processes and executive processes as now described.

2.5.2.1 Attentional processes

These refer to the self-capacity to both spontaneously and purposefully direct conscious attention to oneself, which affects thought, emotion and behaviour. This capacity for self-awareness is essential to the other self-related processes.

2.5.2.2 Cognitive processes

These refer to the capacity for self-thought which includes thoughts relating to identity and personal relevance as a being existing both singularly and socially in the world. Memories, imaginings and ideas form part of the self-thought process. This ability for

self-relevant thought forms the underlying construction of a self-concept or identity and informs behaviour, actions and social awareness.

2.5.2.3 Executive processes

These refer to the ability for self-regulation; the ability to consciously, intentionally make choices about how to think, feel and behave, both now and in the future.

2.5.3 Identity and self-concept

Simply defined, personal identity can be understood as the dynamically constructed traits, characteristics, social relations, societal roles, and meaning that has been made of who one is, resulting from the aforementioned reflexive capacity and psychological processes. This sense of knowing oneself is how one makes sense of the world and is shaped by developmental origins (Stern, 1985; Winnicott, 1960), social interactions, and cultural contexts (Brewer, 1991; Leary & Tangney, 2012; Oyserman, Elmore & Smith, 2012). Self-research literature is vast, beginning with philosopher, James (1890) who published an evocative chapter entitled '*The Consciousness of Self'*, which introduced concepts that raised as many questions as answers. Perplexity remains as theories continue to be offered within behavioural, personality, developmental, interpersonal, and motivational contexts (Baumeister, 1998; Markus & Cross, 1990; Neisser, 1993; Stets & Burke, 2003). However, it is this general definition to which this study refers when considering the organising self-structure of its participants, and the consequential damage caused to known, constructed self and identity when subjected to interpersonal psychological trickery and intentional reality distortion.

2.5.4 Self on the journey of recovery

Given that PDPT abuse has detrimental effects on the self-functioning capacity and self-identity, the journey of recovery must involve a process of self-reparation. In his '*Theory of Human Motivation'* (1943), Maslow, an American Psychologist, asserts that

basic needs, such as: food and shelter, safety, love and belonging, and esteem are necessary before ultimate well-being in the world, or self-actualisation can be achieved. This has been understood as a hierarchy of basic needs, each condition needing to be met before ultimate self-actualisation can be realised. However, Psychologist Kaufman PhD, who has introduced '*A new science of self-actualisation*' (2020) based upon his study of Maslow's work, asserts that this was not his original intention in his theory of motivation but was instead "*of an organising framework for different states of mind - ways of looking at the world and others*" that "*when deprived, each need is associated with its own distinctive world outlook, philosophy and outlook on the future"* (p.xxvii).

This is pertinent to understanding the experiences of PDPT victims, given that all of the basic needs outlined are potentially compromised, thus severely altering their outlook on all levels. Conversely, Maslow (1961) discovered that those who reach their full heights of humanity (self-actualisation), tend to possess the characteristics of altruism, creativity, authenticity, and courage.

These are the same characteristics identified in the super-traited high elevations of conscientiousness that have been evidenced in this survivor population. This framework can therefore be assumed in the context of this research for understanding the processes involved in the journey of recovery from PDPT abuse.

2.5.5 To conclude

This chapter has reviewed the challenges that have contributed to the lack of awareness or understanding that relational abuse inflicted by an individual who is without conscience has on intimate partners and the consequential lack of professional support available to support their recovery. Whilst the challenges persist, Brown's work through the Institute and, latterly, the Association, introduces certified training that is now formally offered to the psychotherapeutic profession. The first of

its kind, it provides invaluable knowledge regarding the professional support of victims of pathological abuse, which is of relevance to victims of PDPT abuse. However, PDPT abuse is like no other. It is elusive, deceptive and disguised (Hare, 1993). It is alluring and dangerous in equal measure (Brennan, Brown & Paradise, 2021) and accordingly, informed knowledge and understanding in how to understand and professionally support its victims is vital.

Despite the many informal 'trauma-memoirs' and social media accounts written by victims, which are indeed disturbing in nature, to date no formal qualitative research exists regarding the actual lived experience of these survivors. As such, this is the first formal qualitative study of its kind to explore firsthand what it is like for the victim, as perceived by them. From a place of recovery, what can we learn about their particular experiences and how might this new knowledge inform training needs to support their recovery? This research adds to the '*New Field of Traumatic Pathological Love Relationships*' (Brennan et al, 2021) through its research entitled: '*The long road back to self. An exploration of the lived experience of a survivor's journey of recovery, after being in a relationship with a partner who displays psychopathic traits*', as will now be introduced in the next chapter.

CHAPTER 3

RESEARCH DESIGN AND METHODOLOGY

> *"To truly question something is to interrogate something from the heart of our existence, from the centre of our being" (Van Manen, 1990, P.43)*

This chapter will consider the rationale for the design of this research study, exploring the chosen methodological, epistemological and philosophical underpinnings that inform it, in order to best achieve its aims.

3.1 Qualitative Research

To understand the dynamics of how Persons Displaying Psychopathic Traits (PDPT) abuse is experienced, is to investigate an elusive phenomenon that is experienced beyond tangible knowing. The defining traits of the perpetrator are subject to unpredictable, unquantifiable actions, which cannot be generalised, so the research is best suited to an inductive, idiographic study of individuals, as opposed to a deductive nomothetic approach. Indeed, a key characteristic of qualitative research is "*its emphasis on the individual and the meanings that individuals ascribe to experiences*" (McBeath & Bager-Charleson, 2020, p.8) which aligns with these considerations. Another key aspect is the active engagement of the researcher, as a co-creator of meaning, which values the contribution that lived experience offers (Etherington, 2004). This is of particular relevance given that my own introduction to the phenomenon was born out of discovery through lived experience and generally eludes the understanding of those without.

3.2 Advantages and disadvantages to being an insider-researcher

The virtues that all actively invested researchers bring to qualitative research have long been cited. Lincoln & Guba (1985) acknowledge that they have "*knowledge-based*

experience, possess, an immediacy of the situation, and have the opportunity for clarity and summary on the spot", as well as an ability to *"explore the atypical or idiosyncratic responses in ways that are not possible for any instrument*" (1985, pp.193-4). Equally, Maykut & Morehouse (1994) acknowledge the tensions that exist, stating: "*The qualitative researcher's perspective is perhaps a paradoxical one: it is to be acutely tuned-in to the experience and meaning systems of others, to indwell, and at the same time be aware of how one's own biases and preconceptions may be influencing what one is trying to understand.*" (p.123). This paradox is accentuated and further considerations are necessary regarding the positionality of an insider-researcher. In the case of this project, the researcher who has lived experience of the nature of the lived experience of the participant who is being explored.

Studies have revealed that in certain contexts, those with lived experience regard researchers with lived experience to possess higher levels of credibility, trustworthiness, accountability and positive intentionality (Dwyer & Buckle, 2009; Rosenberg & Tilley, 2021). This in turn, it is suggested, encourages study enrolment and creates an environment of trust, safety and rapport that encourages the production of quality data (Adu-Ampong & Adams, 2020; Mayorga-Gallow & Hordge Freeman, 2016).

Conversely, it is cautioned that such environments might unwittingly invite the assumption of unbiased perspectives and judgments, which have the potential to lead to enmeshment and/or ill-informed participant disclosure (Chavez, 2008). Equally, such complacency and assumptions might overlook vital content in the process of analysis and interpretation, as the insider-researcher becomes what Hertz (1997) calls 'blindsided by the familiar'. Smyth & Holian (2008) concur, suggesting that insider-researchers may not assign the same importance to certain issues as would an outsider-researcher.

On the other hand, assuming a dualistic attitude has been challenged as overly simplistic and restrictive and calls have been made for an approach that allows the preservation of the complexity of similarities and differences (Dwyer & Buckle, 2009). From this viewpoint, it is conceded that an insider-researcher does not denote complete sameness, just as an outsider-researcher does not denote complete difference, championing the fluidity and multilayered complexity of all human experience (Dwyer & Buckle, 2009; Fay, 1996; Mullings, 1999).

Finlay (2011) aligns with these sentiments and states that differences between researcher and researched mean that we can never fully know our participants, regardless of lived experience. Moreover, she believes "*we have an ethical responsibility to respect and be open to the otherness of the other*" (p.78). She echoes the need when researching lived experience, as a researcher with experience, to maintain a critical role of self-awareness; to examine subjectivity, inter-subjectivity, processes, assumptions and interests, but cautions that "*we need to guard against becoming too-self-absorbed and caught up in self-indulgent introspection such that the focus of the research shifts away from the phenomenon on to the researcher*". She contends that "*equally we want to avoid situations where hyper-reflexivity results in objectifying ourselves and others*" (p.79).

It can be concluded that considerations regarding an insider-researcher are diverse, complex, essential and require an ongoing commitment to the examination of how personal attitudes, values and behaviour impact the research and how, as Finlay (2011) suggests, subjectivity both opens up and closes down evolving understanding.

A full exploration of researcher reflexivity is offered in section 3.6. and intentionality pertaining to the quality of the research is detailed in section 4.1.4. Additionally, a statement of personal intent and programme of care to ensure personal wellbeing throughout the process is offered in appendix ii.

3.3 Reflexive Thematic Analysis

I initially considered Reflexive Thematic Analysis (RTA) (Braun & Clarke, 2013) as a potential method for conducting this research. This is an across-case, analytic approach that embraces the values of qualitative research in that it emphasises the subjectivity of data interpretation and conceptualises meaning and knowledge as partial, situated and contextual (Braun & Clarke, 2013). It involves a system of coding and theme production that is conducted by the researcher who introspectively examines their own personal value system and latent motivations for theme choices and transparently details the process from this perspective (Braun & Clarke, 2021). This level of insider-researcher transparency is paramount to this particular study given the previously mentioned considerations.

RTA, which is a contemporary approach to Thematic Analysis, primarily situates itself within the tradition of critical qualitative research (Braun & Clarke, 2014). This tradition is often associated with poststructuralist theoretical frameworks such as feminist poststructuralism and discourse analysis (Gavey, 1989) and constructivism (Gergen, 2015), that focus on the interrogation of socially embedded patterns of meaning and the implications and effects of these (Braun & Clarke, 2014). However, more recent studies, conducted by Braun & Clarke have served to model a more experiential orientation to data interpretation in order to demonstrate the potential for emphasis upon meaning and meaningfulness as ascribed by participants, thereby acknowledging the more socially constructed nature of the topic (2021).

As has been the case in this study, during the preliminary stages of research deliberations, RTA is often considered alongside Interpretive Phenomenological Analysis (IPA) (Braun & Clarke, 2021), given their comparable involvement with later theme development that is resultant of considerable analytic and interpretative work on the part of the researcher. Both surface implicit or latent meaning that emerges through iterations of deepening understanding, and in the final written paper, both

offer examples of data and transparent evidence of the analytic and interpretative process.

Braun & Clarke (2013), however, concur that IPA delves analytically deeper by incorporating a dual analytic focus. It adopts an idiographic approach that values the unique details of each participant before developing themes across cases (Smith, Flowers and Larkin, 2022). In contrast to RTA, it offers the methodological guidance of an informed theoretical framework that is rooted in Phenomenology (McLeod, 2011). As such, it is concerned specifically with understanding and interpreting how human beings experience and make sense of their subjective world. Research questions, therefore, focus on personal experience and meaning making in a particular context, as befits my intentions.

I will now offer a detailed exploration of my chosen methodology, which will further highlight the significance of my choice.

3.4 Phenomenology

Phenomenology, a philosophy that was initiated by Husserl (1859-1938), aims at gaining a deeper understanding of the meaning of our experiences and is interested in all conscious presentation, be it real or imagined, empirically measurable or subjectively felt (Van Manen, 1990) thereby lending itself to the ambiguity of the topic. An eloquent description of its purpose is offered by Van Manen as being "*to transform lived experience into a textural expression of its essence - in such a way that the effect of the text is at once a reflexive re-living and a reflective appropriation of something meaningful: a notion by which a reader is powerfully animated in his own lived experience*" (1990, p.36).

Expanding upon this, Finlay describes hermeneutic phenomenology as being thematised through language whilst being refracted through philosophical,

theoretical, literary and reflexive lenses (2011, p.110), all of which affords flexibility to my written interpretation of a phenomenon that is experienced beyond words. This is in contrast to Giorgi's (2009) descriptive phenomenology, which seeks to "*describe and clarify the nature of the phenomenon being studied in a broadly traditional, normative and scientific sense. It aims to describe the structure of experiences and the manner in which they are given*" (Finlay, 2011, p.94). Whilst both descriptive and hermeneutic phenomenology attend to structural and textural constituents, as does narrative inquiry methodology (Bruner, 1990; Polkinghorne, 1995), Churchill (2007) asserts that hermeneutic phenomenologists focus greater attention on contextual meanings; the researcher's interpretations being intertwined with the findings of the research and its context, whilst embracing researcher-participant intersubjectivity. For this reason, narrative inquiry methodologies were disregarded in favour of the latter. Finlay cites Interpretative Phenomenological Analysis (IPA) as a specific hermeneutic version of phenomenology (2011, p.139), which offers this complex and challenging task a structured methodology as well as a guiding, non-prescriptive method, that as already stated, feels like a 'best fit' for this exploration, as will now be expanded upon.

3.5 Interpretative Phenomenological Analysis

Initially established by Jonathon Smith in 1996 and subsequently developed in collaboration (Smith & Eatough, 2006; Smith, Flowers & Larkin, 2009; Smith, Jarmin & Osborn, 1999), IPA is interpretative, hermeneutic and ideographic, focusing on the systematic detailed examination of the particular, before considering the similarities and differences between cases of a small, homogenous sample. This fits with my wish to understand the uniqueness of individual experiences of PDPT abuse, which cannot be generalised, as well as seeking to elicit the potential commonalities and divergencies of the phenomenon, which in turn, parallels the nature in which we would seek to know and work with the phenomenon in therapeutic practice. A key tenet of IPA analysis is that it is an iterative process that creatively views the data

through different lenses, deepening analysis with every iteration. This non-linear method employs the concept of the 'hermeneutic circle', which is concerned with the dynamic relationship between the part and the whole at a series of levels (Smith, Flowers & Larkin, 2022). This concept posits that the meaning of a part, for instance a word, only becomes clear when viewed in the context of the whole, in this case a sentence, and vice versa, thereby further thickening analytic understanding.

These are effective disciplines in drawing out the elusive, ephemeral, tacit senses of the phenomenon under study, which eludes definition. This draws parallels with case study research (McLeod, 2010), which offers the sought after "*thorough, holistic and in-depth exploration*" (Yin, 2014, p.62), in which "*selected cases are studied intensively*" (Gilbert, 2008, p.36). However, this study seeks to explore a phenomenon that is tenuous, with a view to deepening understanding, which lacks clarity in "*defining the case and bounding the case*" (Yin, 2014, p.34) from the outset, as is required in case study design. Additionally, prior research and available comparable information pertaining to the topic, is essential to the process of analysing case studies, the lack of which deems this methodology unsuitable for this topic, at this stage.

3.5.1 Philosophical and theoretical underpinnings of IPA

In keeping with my sense of the way in which PDPT abuse is experienced epistemologically, I believe that reality exists beyond our consciousness and our concepts of such reality. As meaning-making beings (Heidegger, 1962), it becomes a "*world of meaning*" only when we make sense of it (Etherington, 2004, p.71). Bhaskar (1944-2014), philosopher and founder of critical realism, refers to the former as "*the intransitive dimension*" and the latter "*the transitive dimension*" (2017, p.99). IPA is theoretically rooted in critical realism and as a critical realist, I strive to balance a flexible attitude between the confines and wisdom of both epistemological relativist and ontological realist perspectives, recognising that both subjective reality and

perspectives and ontological reality, co-exist in a constant state of flux (Pilgrim, 2019). It is with this openness to evolving possibility along with the unfixed unknown, and the application of philosophical seriousness and flexibility, a cornerstone of critical realism (Bhaskar, 2016), that I approach this investigation which lends itself to such a complex and ambiguous phenomenon.

IPA also draws upon the work of phenomenological philosophers Husserl (1859-1938), Heidegger (1889-1976), Merleau-Ponty (1908-1961) and Sartre (1905-1980). Husserl was interested in the essential qualities of an experience, believing that these could then transcend "*the particular circumstances of their appearance and might then illuminate a given experience for others too*" (Smith et al, 2022, p.8). This is elemental to the knowledge that this study seeks to elicit given the unique presentations of PDPT and consequential divergent relational dynamics. Husserl held that this was a reflexive process; a move away from our pre-existing assumptions or "*natural attitude*" as he called it, toward an examination of the particular in its own terms. This he called the "*phenomenological attitude*" and in order to make meaning in this way, he developed a "*phenomenological method*" (p.9). This involves '*bracketing*' or setting aside the taken-for-granted consciousness (or lifeworld) and then, through a series of '*reductions*', considering the phenomenon through different lenses. This he called the '*eidetic reduction'*, one such lens being *'free imaginative association'*, and by so engaging this technique, he asserted that it is possible to get to the 'essence' or "*set of invariant properties lying beneath the subjective perception of individual manifestations of that type of object*" (p.10). In the case of recovery from PDPT abuse, what are the essential features of the experience? What differentiates this experience from that of other relational abuse? This is what the study sets out to understand and Husserl's focused analytical techniques assist the process.

Heidegger, who was initially a student of Husserl, articulated the case for hermeneutic phenomenology, as adopted by IPA. Smith (2022) asserts that phenomenology

attempts to get as close as possible to the experience of the participant, recognising that this becomes an interpretative endeavour for both participant and researcher, thereby being essentially interlinked, given that "*without the phenomenology there would be nothing to interpret; without the hermeneutics the phenomenon would not be seen*" (Smith et al, 2022, p.23). Consideration must then be afforded to the qualities, experience, conscious and unconscious pre-suppositions, situational positioning and context of the interpretative analyst, as initially deliberated by philosopher, Schleiermacher (1998), who affirmed the perspectival and intuitive qualities of the analyst, as adding depth and new dimension to interpretation. This, he asserted, is dependent on the existence of common ground between interpreter and interpreted (1998, pp.92-93) which is a key feature of an IPA sample and pertinent to this research.

3.5.2 Sense-making perspectives

IPA embraces the differing philosophical perspectives that are offered to assist our understanding of how we make sense of our being-in-the world, which is at the heart of phenomenological enquiry. Husserl asserts that all worldly experience or consciousness is intentional and always directed towards something. He believes that *"seeing is seeing of something, judging is judging of something*" (Smith et al, 2022 p.9) which may be stimulated by awareness or perception of an actual object or through an act of memory or imagination. Heidegger and Merleau-Ponty offer a more embodied, relational approach, viewing individuals as always in-context-with, in the world, which is always perspectival, temporal and in-relation-to (Heidegger, 1962; Smith et al, 2022). Merleau-Ponty's particular embodied focus views individuals as uniquely and ultimately separate-to, viewing the world from this position. Thus, perceptions of the separate other are felt and understood through the bodily senses, which aligns with Gendlin's (1962) theory of experiencing and offers weight to the methods that might be employed to understand the dynamics of psychopathic abuse.

It feels relevant at this stage to include the work of Michel Henry (1922-2002), a French philosopher, whose work pushes the boundaries that are positioned between Husserl's theory of intentionality and Heidegger's phenomenological quest to reveal those phenomena that do not reveal themselves. Heidegger called the dialogue between what is revealed and concealed '*aletheia*', believing that what is revealed will always remain partial and a mystery (Heidegger, 1993, p.178), again linking to a critical realist ontology, and for which, he later sought a "*phenomenology of the inapparent*" (Zahavi, 2018, p.61). Henry proposes a "*phenomenology of the invisible*" (1973). As such, he suggests that in addition to phenomena that either manifest or remain fundamentally obscure, one might "*speak of something that manifests itself in a radically different manner than the invisible*" (Zahavi, 2018, p.62). Henry's work latterly makes an important contribution to the phenomenological field and offers the phenomenon under question in this study a fresh perspective and fertile ground from which to be considered.

Finally, and equally pertinent to this study is Sartre's existential perspective that emphasises the developmental, processual aspects of being, positing that we are not a pre-existing unity to be discovered, but rather we are always in a process of becoming (1948, p.26). This links with Bhaskar's belief that essentially, reality is always "*in process and changing*" and that humans possess a "*transformative agency*" (2012, p.viii). Bhaskar's unfinished work, just before his untimely death in 2014, introduced a philosophy of metaReality, which in its simplified form, offers a more spiritual perspective on transcendence, awakening and personal enlightenment, citing creativity, love and freedom as the force for change. Given that this project is exploring the journey of recovery, these ideas provide fertile ground from which to theoretically understand the transcendental aspects of personal growth. All of these ontological and epistemological perspectives, that inform IPA, culminate to offer a diverse and flexible attitude with which to approach the in-depth knowledge that is sought.

3.6 Researcher reflexivity

To undertake a phenomenological interpretative study is to commit to a reflexive attitude (Husserl, 1982; van Deurzen-Smith, 1997), which will now be considered as the final crucial aspect to the design of this study.

It is generally acknowledged that reflexivity means many different things and therefore cannot be defined (Bager-Charleson, 2014; Denzin & Lincoln, 2000; Etherington, 2004; Gergen & Gergen, 1991; McLeod, 2001). Fox, Martin & Green (2007) define it as the thing that helps us to "*habitually consider the researcher's own impact on the research*" (p.158). This involves continued openness to objective, subjective and intersubjective awareness on all conscious levels, as well as being curious and accommodating to what is not yet conscious. Finlay (2002) cites five variants of reflexivity, being: introspection, intersubjective reflection, mutual collaboration, social critique and discursive deconstruction. Romanyshyn considers that "*making unconscious processes conscious, is an ethical imperative as well as a productive one when it comes to qualitative, phenomenological research*" (2007, p.134) and as Van Manen discerns, "*it is not always that we know too little about the phenomenon that we wish to investigate, but that we know too much*" (1990, p.46). These concepts all resonate and inform my values as a co-researcher, which requires of me, an open and ongoing flexible attitude to what this might mean, holding in mind that "*it is the bias that is unethical, not the subjectivity*" (Kumar, 2014, p.287).

The process of analysis and interpretation in phenomenological enquiry necessitates capacity for deeper reflection and understanding on this level, in order to execute what Finlay calls "*the ongoing dance between necessary reduction and dynamic reflexivity*" (Finlay, 2008), which entails a conscious movement as far as possible, between bracketing experiences and reflexively embracing them as a source of insight. From this perspective, Finlay asserts that reflexivity then becomes a "*process of continually reflecting upon our interpretations of both our experience and the*

phenomena…so as to move beyond the partiality of our previous understandings" (Finlay, 2008, p.108).

Indeed, the phenomenological endeavour is a dynamic process. Gadamer, echoing Heidegger, upholds that one can only truly get to know one's own preconceptions once an interpretation is underway, asserting that the person trying to understand text is always projecting (Smith et al, 2022, p.21). He believes that the iterative process of interpretation is that in which ''*every revision of the fore-projection is capable of projecting before itself a new projection of meaning, so that the constant process of new projection constitutes the movement of understanding and interpretation*" (Gadamer, 1989, p.267). Thus, in IPA terms, this translates as the phenomenon that "*influences the interpretation, which in turn can influence the fore-structure, which can then itself influence the interpretation"* (Smith et al, 2022, p.21). As such *"one can hold a number of conceptions and these are compared, contrasted and modified as part of the sense-making process*" (Smith et al, 2022, p.21). From this perspective, reflexivity is an ongoing, lived process.

This level of ongoing reflexive input asks much of the researcher, not least given these necessary levels of transparent "*progressive subjectivity*" (Guba and Lincoln, 1989) that form part of the context of the investigation. This is particularly challenging given the phenomenon being explored, and from which I, the researcher has lived experience, so, careful, informed consideration, to consciously commit has been a pre-requisite to the whole project. A statement of personal intent and programme of care is outlined in appendix ii to demonstrate how I plan to support ongoing reflexivity whilst paying attention to personal wellbeing.

It is intended that my reflexive attitude will be evident in all aspects of this work. The particular details that contribute to ethical rigour and the quality of the research, that

are also executed under the umbrella of reflexivity, (Kumar, 2014; Stiles, 1993) will be addressed in the next chapter and viewed as part of the research method undertaken.

To conclude this chapter, the limitations of IPA will be discussed.

3.7 Limitations of IPA

The limitations of IPA research are well documented and no less applicable to this study. Firstly, qualitative research strives to present different interpretations of its data (Yardley, 2000), as opposed to reaching a "*truth"*. In this case, the research comprises a small sample, as analysed and interpreted by me, the researcher, in this particular context, at this particular time. The outcomes therefore are not generalisable and may be markedly different if conducted by a different researcher. Equally, the homogenous sample captures the individual perceptions of specifically chosen participants, at a particular time, from a place of recovery and therefore they are not representative of all victims of the abuse, or indeed all recovered victims.

More recently, the increased popularity and deemed overuse of IPA, has earned it criticism (Brocki & Wearden, 2006; Giorgi, 2010), not least for producing more theoretical studies akin to Thematic Analysis (Braun & Clarke, 2006) or Grounded Theory studies (Charmaz, 2006; Glaser & Strauss, 1967) as opposed to the depth of interpretation for which it is intended. Criticism regarding scientific validity has also been levelled by Giorgi, given the flexibility afforded to method, claiming that sound empirical knowledge requires strict protocols (2010). That said, it is my experience that when embraced and utilised in the way that Smith intended (2022), IPA offers the flexibility to nurture creativity and the theoretically informed depth of interpretative analysis that does justice to the knowledge I have sought to elicit.

CHAPTER 4

RESEARCH METHOD

In this chapter, I will first outline the ethical considerations and protocols I adhered to, to protect the confidentiality, dignity, rights and wellbeing of my participants, and the steps implemented to ensure the quality of this qualitative study. I will then define the process of data collection beginning with the stages of sample selection, data collection and transcription. This will be followed by a step-by-step description of the in-depth process of analysis.

4.1 Ethical considerations and academic rigour

A driving motivation to conduct this research via a doctoral route was to gain formal recognition and validation of its findings, under the ethical scrutiny of an academic forum. This aspect of the design was therefore carefully and thoroughly attended to, with permission granted by the Metanoia Institute DPsych Programme Ethics Committee (PREC) on 28 January 2022 for the study to proceed (appendix iii).

4.1.1 Data protection protocols and confidentiality

As a professional practitioner, I am registered with the Information Commissioner's Office (ICO), and informed by the guidelines of Metanoia Institute, Middlesex University and the United Kingdom Council for Psychotherapists (UKCP), the principles of which I have strived to meet throughout. Also, I took the necessary steps to ensure that the study complies with the Data Protection Act (2018) and General Data Protection Regulation (GDPR) requirements, and additionally, I had to familiarise myself, and comply with the USA Data Protection Act (2022), and relevant USA state legislation, in consideration of my participants residing in America. As such, all anonymised data on computer and other recording devices was password and

biometrically protected, the only identifying information being the consent forms (see appendix iv), which were separately and securely stored by me. Successful participants were invited to choose pseudonyms to ensure confidentiality, which were used once consent was obtained. Details of non-successful participants were deleted and/or shredded immediately following initial interview.

All interviews were recorded on a personal password-protected, data-encrypted device. Any unique identifiable names or features that arose in the data of either the participant, researcher, or other stakeholders, were altered or removed, to protect, as far as possible, the anonymity of all parties. This is a sensitive topic and any perceived or actual harm posed to participants as a consequence of participation was taken seriously and individual potential risks were considered in detail with each participant, before consent was given. As a precaution it was agreed that, although transcripts were made available to participants upon request, they would be excluded from the dissertation. Instead, to ensure transparency in the data, all direct quotes used are referenced with pseudonym, page and line number, so that they can be cross-referenced to the original document, which is available, if requested, as part of a complete, secure audit trail (see appendix xii).

4.1.2 Consent

An information sheet was sent out to each participant, accompanying their invitation to participate in the research (appendix viii). They were encouraged to take time in their considerations and ask necessary questions, prior to giving informed consent (appendix ix).

4.1.3 Beneficence and non-maleficence

In line with the ethical guidelines of the Metanoia Institute and UKCP, the principles of beneficence and non-maleficence were considered.

All participants were willing volunteers, and it was hoped that they would gain from participation by having the opportunity to tell their story, in the knowledge that they were helping other victims of abuse inflicted by persons displaying psychopathic traits (PDPT). Although research and not therapy, it was hoped that it would be a cathartic experience and might offer new insights for personal growth. It was my duty of care to consider the psychological implications of sharing personal experience, to ensure, as far as possible, continued wellbeing throughout the process (Hammersley and Traianou, 2012). Intimate psychological abuse is a highly sensitive topic, the recounting of which can be emotionally, psychologically and physically triggering. In addition to negative traumatic memory recall, for survivors of PDPT abuse, the recounting of positive memories has potential to ignite the neurologically induced longing for the relationship that is the atypical trauma symptom as has been described (p.41) and referenced by Brown (2009). This was discussed individually with each participant and open and ongoing dialogue was encouraged regarding participation throughout their involvement, whilst it was agreed that the actual research topic would only be discussed in the interview, as recommended by Smith, Flowers & Larkin (2009).

4.1.4 Quality

As previously stated, an ongoing reflexive attitude informs the validity, quality and rigour of all qualitative research. Yardley's (2000) four core principles being:

- sensitivity to context
- commitment and rigour
- transparency and coherence
- impact and importance

have provided informed, assisted guidance throughout this undertaking, together with insightful considerations offered by Stiles (1993). The preferred approach advocated by Etherington (2004), to "*show - don't tell"* (p.37), has been adopted and will be

demonstrated and evident throughout. This will be apparent in my accounts of the planning of the project, the recruitment and considerations of, and connection with, my participants, the trustworthiness and relevance of my findings and the commitment I have offered to the project. By way of adding depth of transparency, I have ensured an audit trail (Bager-Charleson, 2014; Etherington, 2004), that reflects my research journey from inception to completion, photographic evidence of which is shown in appendix xii. This includes both a reflexive journal for all relevant noting as well as a separate diary for personal processing and full set of transcripts and associated paperwork. This has been shared in part with my academic advisor (AA) and academic consultant (AC) and is available for inspection during the evaluation process of the research.

4.1.4.1 Collaboration

Collaboration has been key throughout. A peer researcher was recruited for continuity and regular consultations with other valued cohort members, academics, and non-research peers has been instrumental to good practice on all levels. A trusted colleague was elected to the role of emotional support peer, as this was deemed necessary to safeguard my personal wellbeing given the impactful nature of the topic and a personal clinical supervisor was used to ensure transparency, authenticity and sound ethical practice.

4.1.4.2 Phenomenological attitude

Romanyshyn posits that phenomenology, far from being just a methodology, is a *"style of thinking and being*" (2007, p.88). In his publication entitled "*Ways of the Heart*", he states "*to practice phenomenology is always to be surprised by the epiphanies of experience, by the extraordinary that bewitches the ordinary, by the invisible world that haunts the visible*" (2002, p.xix). To aid the undertaking of such a personal, demanding, lived way of conducting analysis, I embraced the techniques learned from

two Professional Knowledge Seminars (PKS) that I attended at The Metanoia Institute. The first was held by Dr Paula Seth entitled '*Wonder-filled phenomenological research and therapeutic practice*', in which the concept of awe and wonder was explored. King describes this sense of wonder as "*the ability to dwell in the clearing of awareness*" (2020, p.41), where knowledge is suspended, making way for the emergence of new experiencing. This is indeed a skill and one that has become an embodied gift, and way of being that benefits this project. The other PKS introduced the work of Dr Val Thomas and her pioneering technique, the name of which is the title of her publication, '*Using Mental Imagery to Enhance Reflexive and Conceptual Processes'* (Thomas, 2019). Accessed via elicited symbolic imagery, this is an effective technique that I adopted when seeking to connect to deeper processes that are sensed beyond rational or embodied knowing. When embraced, these qualities, that are essential to phenomenological enquiry, add depth of being and knowing to both researcher, research and the researched.

4.2 Recruitment Process

This section will now describe, in detail, the process of recruiting the research participants before outlining the procedure for data analysis.

4.2.1 Sampling

An initial, purposively chosen homogenous sample of eight participants was sought.

Inclusion criteria:

- unknown to researcher
- experience of intimate relationship with partner displaying psychopathic traits (PDPT)
- clear understanding of psychopathic traits

- separated from pathological relationship for minimum 1 year
- in final stages of recovery (no longer than 5 years since separation)
- over 25 years old
- English speaking
- access to known psychotherapist
- biological male or female with biological male or female ex-partner.

Exclusion criteria:

- not currently suffering with mental illness/poor mental health
- not currently in an abusive relationship.

4.2.2 Call for participants

It was imperative to this study that participants could demonstrate the ability to recognise and acknowledge the traits of a Person Displaying Psychopathic Traits (PDPT) and differentiate between this presentation and that of other DSM-5 Cluster B personality disorders. As such, after due consideration I chose to advertise with The Institute for Relational Harm Reduction and Public Pathology Education (The Institute) and the Metanoia Research Forum, in favour of the many existing support sites that lack clarity, professional acknowledgement or endorsement. The recruitment advertisement (appendix iv) was carefully worded to outline the difference between these personality disorders, and to define the character traits and criteria sought regarding a PDPT. An advertisement was placed with the chosen organisations.

4.2.3 Applicant response

Responses from The Institute were received within 20 minutes of the advertisement placement. Within the space of four weeks, 99 responses were received. All responses originated from The Institute, which is based in the USA and were from countries

worldwide (see table 8). The Institute is the only one of its kind to offer professional training and support to victims of pathological abuse. The fact that all applicants came from this source, corroborates my belief that professional, certified knowledge, training and victim support is lacking not only in the UK but across the world. Whilst cultural diversity from the countries involved would have been welcome in this study, I took the decision to exclude potential participants from all but the UK and the USA, due to potential ethical issues regarding data-protection laws, potential language barriers and in accordance with authorised approval by the DPsych Programme Research Ethics Committee (PREC).

Table 8 - Breakdown of Respondents

Country of residence	Total number	Potential participant	Did not meet criteria
Asia	3	3	
Australia	4	3	1
Canada	4	4	
Caribbean	2	1	1
Continent	1	1	
England	10	6	4
France	2	1	1
Germany	4	2	2
Greece	1		1
Guatemala	1	1	
Jersey (Channel Isl.)	1	1	

Country of residence	Total number	Potential participant	Did not meet criteria
New Zealand - Māori	1	1	
Northern Ireland	3	1	2
Scotland	1	1	
Tasmania	1	1	
USA	60	41	19
TOTAL	**99**	**68**	**31**

4.2.4 Process of selection

Consistent with personal values, it was my intention that there would be no known/conscious discrimination against any potential participants based upon gender, ethnicity, race, or culture. For this reason, I chose to recruit the first eight participants according to their suitability to meet the criteria and answer the research question, in favour of a non-biased, non-discriminatory, emergent sampling.

4.2.4.1 Non-suitable applicants

Despite defining the specific pathology of PDPT in the recruitment advertisement, confusion over the definition of perpetrator traits was evidenced by some applicants. Whilst this was expected, given the lack of clarity about this particular abuse, I chose only to pursue applications from respondents who were clear about the psychopathic traits of their abuser. Other respondents did not meet the inclusion criteria because they had been out of their relationship for more than five years. This felt particularly challenging as I did not doubt their suitability for the project and indeed declined some

who I perceived to be quality applicants with seemingly valuable experiences to impart. However, whilst designing this research, I decided to forgo the opportunity to include these potentially rich accounts, in favour of ensuring more reliable memory recall. I deemed that beyond five years, memory recall might become less defined and compromise the reliability of the study. My decision was also influenced by the desire to ensure homogeneity as far as possible given the small sample-size. Careful consideration was also afforded to the content of each application. Some emails contained lengthy descriptions of the abuse. In my experience, the need to tell the story in this way is characteristic of PDPT victims in the early stages of their recovery. I did not feel, therefore, that these applicants were at the end stage of their recovery process, which is characterised by a calmer, more reflexive presentation in which the sense-making capacity is stronger. Finally, applications were received after the final eight participants were chosen, so these applicants were not considered for the study.

Whilst time consuming, it felt important to send a considered, personalised response to each applicant, given the sensitive nature of the topic and the time they had taken to share their personal experiences. All applicants responded positively, wishing me well with the research and offering future support.

4.2.4.2 Suitable applicants

All respondents who met the inclusion criteria were sent a standard letter outlining the phenomenological nature of the enquiry and level of reflexive insight sought (see appendix v). They were invited to consider participation from this perspective and pursue their application only after consideration of the information shared.

From the responses received thereafter, I invited the first 14 potential applicants to attend a pre-screening interview and an online Zoom interview was arranged at a mutually convenient time.

4.2.5 Pre-screening interview

Participants were made aware beforehand that each interview would take 75-90 minutes and would comprise a standardised two-part format (appendix vi). The first part asked more detailed personal questions to ensure psychological safety and suitability to engage fully at the reflexive level sought in the study, and the second part to assess the potential level of psychopathic traits evidenced in the partner to which they referred. This was vital to the project and so the Hare P-scan questionnaire was used for this purpose. This is an instrument of measurement devised by Hare & Herve in 1999 and is a non-diagnostic screening tool, designed for non-clinical situations. Different versions were created to generate data from different sources other than the subject, to be used in an authorised professional capacity. The version used in this study was designed specifically for research purposes.

4.2.5.1 The Hare P-scan - research version

The Hare P-scan questionnaire comprises of 90 questions in total. There are three measurable facets under which traits are assessed. These are Interpersonal, Affective and Lifestyle. Each question is scored on a rating of 0 (does not have the trait), 1 (aspects but not fully) and 2 (definitely displays the trait). Answering these questions necessities bringing the perpetrator to mind, so allocated time was spent in preparation for this. Interviewees were also invited to stop the process at any stage if they needed to do so. Completing the questionnaire was an intense and physiologically impactful undertaking that was mutually felt, given the sinister nature of their experiences. We maintained an open dialogue as we progressed, and my professional therapeutic skills aided the process. Time was taken to de-brief before ending the interview. All participants shared that they found the process validating, having gained personal clarification and confirmation that their experience was real and evidenced.

The final highest score achievable is 60. A score of 30 and above falls into the high range of scores and is a significant indication that the person being profiled may have most, or all of the features that define the traits of psychopathy. Of the 14 pre-selection interviews conducted, the lowest score I recorded was 37 and the highest 59. The average score was 51. What was striking to me when facilitating the questionnaire was the collective level of ease and certainty evidenced in answering the questions. The oddness and nature of some aspects were answered without hesitation or perplexity. As such, I conducted a validity check by administering the questionnaire to two peers who were considered to be in long-term functional relationships. Their responses were markedly different. They were unable to grasp the meaning of certain questions and unable to answer others. Their final scores reflected this, concluding that the traits were not evidenced in these cases. I was therefore satisfied that the Hare P-scan was a reliable measure of psychopathic traits.

4.2.6 Final participants

Of the fourteen applicants who attended a pre-screening interview, I chose the first eight who were most suitable. Two interviewees were not selected because they were not deemed to be at the final stages of recovery. One participant contradicted earlier claims and therefore was not suitable. Personal letters were emailed to these individuals, thanking them for attending the interview and informing them that they had not been successful on this occasion. All three responded positively, thanking me for the opportunity and wishing me well with the research. Of the three remaining, two were asked to be standby participants and were happy to oblige and the third was invited to attend a pilot interview.

Despite being transparently non-gender specific in my advertisement, all applicants in this process were female and the partners to whom my final participants refer are all male. The average age is 56, with a notable majority of similar age. Number of years spent with the abusive partner ranges from 2 to 43 and average P-Scan score is 49.

Table 9 - Final Participants

All female assigned pseudonyms	Age	Nationality	Country of residence	No. of years with PDPT	No. of years separated from PDPT	Hare P-scan score
Grace	65	Irish	Northern Ireland	39	4	49
Bida	59	American	USA	13	4	43
Clara	64	American	USA	43	3	53
Paula	53	Persian	USA	15	4.75	52
Bianca	49	British	UK	2	1.5	40
Lailee	52	British	USA	28	3	48
Miranda	53	American	USA	7	4.5	50
Elle	55	American	USA	7	5	59

4.3 Personal response to the process of sample selection

It feels pertinent to acknowledge how impacted I was from the moment the recruitment process began. I was not surprised at the high volume of respondents but having felt so isolated and misunderstood in my own communications with this phenomenon, I was pleasantly surprised by the level of emotional intelligence, strength of character and drive to make known what is currently unknown, in each of these applicants. Without exception, there was a quality to our connectedness that I experienced as deeply moving. It was a felt knowing (Gendlin, 1962; Polanyi, 2009) that can only come from shared, lived experience. Beyond language, communication felt viscerally understood. Although my own drive thus far to evidence this elusive

phenomenon was born out of personal and professional experience, it was unexpectedly validating to be in the presence of my respondents. Their own expressions of gratitude that such a study was being conducted and relief that PDPT was being recognised and named as a phenomenon in its own right, served to fuel my determination for the cause.

4.4 Data collection

4.4.1 Distress Protocol

A distress protocol was put in place in accordance with the Metanoia Institute Research Ethics Committee recommendations:

- All participants confirmed in the pre-screening interview that they had access to a psychotherapist should they become distressed after the interview
- Time was taken before the interview to reconfirm consent and check wellbeing and ability to participate in the interview
- Participants were invited to pause or stop the interview at any stage
- I remained vigilant to their wellbeing throughout the interview
- Time was taken after the interview to check wellbeing and fitness to terminate the meeting
- Participants were reminded that they could withdraw from the project up to one month after the interview
- A follow-up email was sent three days after the interview and a response was requested.

4.4.2 Pilot interview

A pilot interview was conducted to ensure suitability of my chosen method of data collection. The interview was a mutually positive experience. The data collected would

have served as a valid contribution to the final dataset. It was an opportunity for practice and provided validation and confidence that the conditions under which it was conducted were suitable for implementation without the need for amendments. This data was not transcribed or referenced in the final analysis.

4.4.3 Participant interviews

Each semi-structured interview which was securely recorded on a biometrically secured device, was conducted via the online platform Zoom and lasted approximately 60 minutes as scheduled. A list of pre-prepared guiding questions (appendix vii) was sent to each participant five days before interview to aid preparation. It was emphasised that this was for guidance only. Without exception, the participants valued the opportunity to participate in the research and each was keen to give the best account of their own experience, so time was taken beforehand to ensure readiness before the interview began. Interviews did not commence until I was reassured that the distress protocol was fully understood, which was implemented in its entirely for each participant.

I remained vigilant to wellbeing throughout each communication, from the beginning of each meeting to the end, as befits the skillset of a trained and experienced psychotherapist. That said, I entered each meeting mindfully aware of my positioning as researcher and co-creator of this process of data collection and worked hard to embody that stance. Each interview was conducted without a need to pause. Every interviewee spoke expressively and lucidly, and the interviews flowed naturally, with minimal guidance required by me. The style and content of each narrative was unique in its telling. Time was taken (approximately 15 minutes) at the end of each interview to de-brief and each meeting drew to a natural, satisfactory end.

A follow-up email was sent three days after each interview, to ensure continued wellbeing. Whilst responses reported heightened thoughts, insights and emotions, the general feedback was of feeling positive and validated by the experience.

4.4.4 Transcription

Each interview was transcribed before the next interview was scheduled. All interviews were manually transcribed on a password encrypted computer, in the middle column of a three-column table. This was then printed before analysis began. The left-hand column of this table was entitled 'experiential statements' and the right-hand column 'exploratory comments', in line with IPA, as suggested by Smith et al (2022). Each line on each page was numbered for future ease of reference. This was the first opportunity to engage with the data since interview and was approached with interest on auditory, embodied and cognitive levels, noting and recording thoughts, feelings and responses as I typed. Given the nature of the content, I was aware of the emotional impact upon hearing these words at a slower, deeper level. It felt personal, connected and immersive. At this level, the data was heard and felt beyond the words that were spoken.

4.5 Data analysis

4.5.1 Pre-analysis

I took time before commencing the analysis, to focus-in once more on my own potential biases, assumptions, pre-suppositions and current understandings, to enable a conscious movement as far as possible, between bracketing them and reflexively embracing them (Finlay, 2008). I also ensured, as far as possible, that I was in a physically, emotionally and psychologically grounded place, with support systems in place, to maximise focus on this next phase of the project.

4.5.2 Terminological amendments

Having used IPA for my PEP study, I was familiar with the process, as guided by Smith, Flowers and Larkin (2009). Subsequently however, terminological modifications were made (Smith et al, 2022) which have been implemented in this research. Whilst the non-prescriptive flexibility within the method remains unchanged, this new terminology was introduced to "*make a clearer delineation of the use of the term theme*" (2022, p.76). As such, 'emergent themes' are changed to 'experiential statements' because they relate "*directly to the participant's experiences*" (2022, p.94) and a collection of experiential statements are newly named 'personal experiential themes' (PETS) in place of sub-ordinate themes because "*they are at the level of the person*" and they "*are no longer tied to specific and local instances"* (2022, p.94), thus reflecting the analytic entities present as a whole. The final table of themes is now referred to as 'group experiential themes' (GETS) as opposed to super-ordinate themes, being a representation of the final group analysis arrived upon following full analysis.

4.5.3 The process of analysis

Analysis was comprehensively, systematically, and rigorously conducted on each interview in turn, before analysing all data, experiential statements, personal experiential themes (PETS), transcripts, notes, and collegial feedback. This process was non-linear and underwent several iterations over a period of six months. When this stage of analysis was exhausted a final table of group experiential themes (GETS) and sub-themes was produced. Figure 2 outlines the process. I will now describe each phase of analysis in detail.

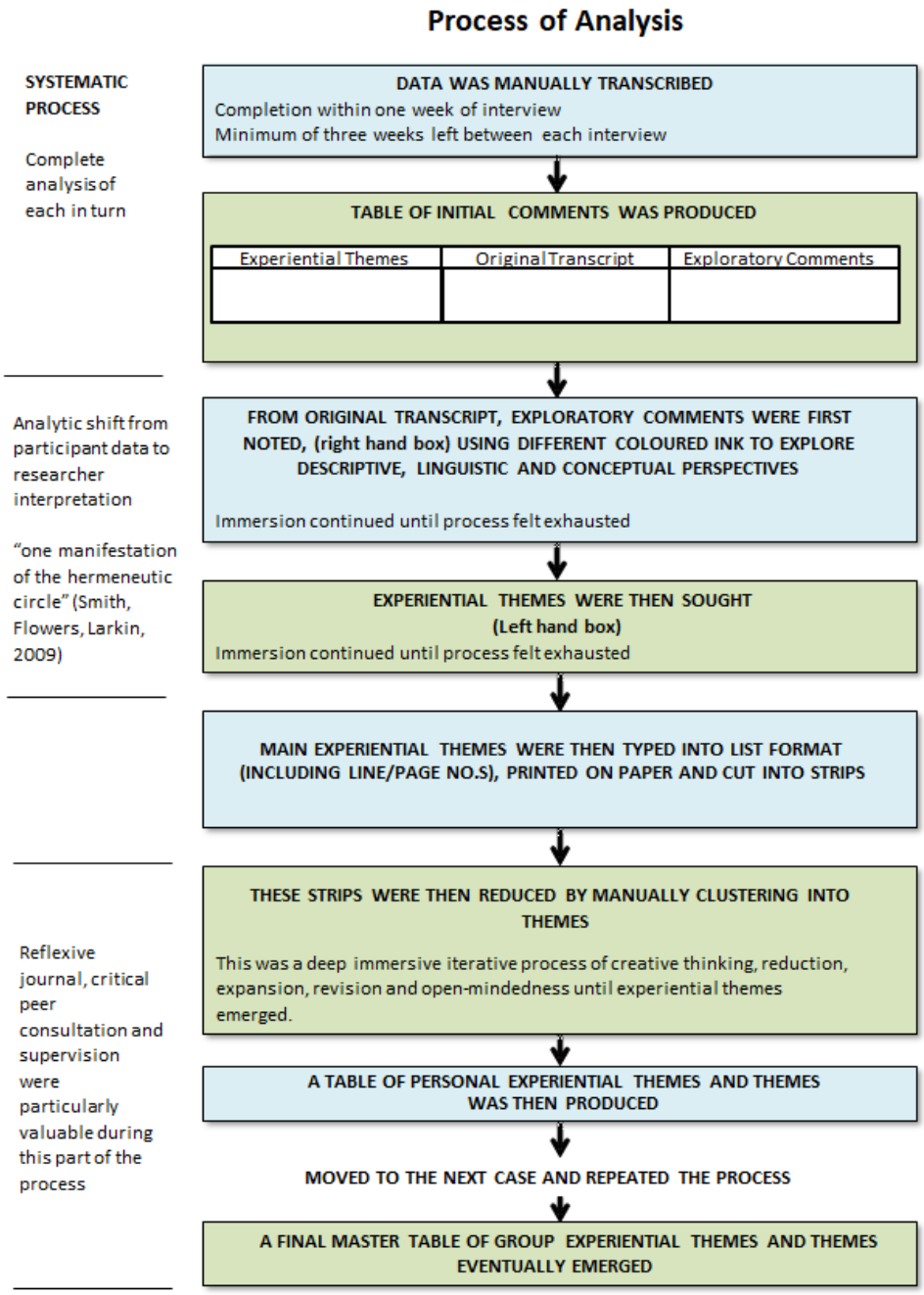

Figure 2 - Process of Analysis

4.5.4 Case by case method

First, I listened to the recorded interview, paying attention to, and noting initial thoughts and responses, allowing a sense of the themes of the interview to surface. I focused on fluidity of narrative, voice intonation, use of metaphor and descriptive words as well as the unfolding details of the participant's experience. I wrote freely and at length in my personal reflective journal whenever I experienced heightened emotions. Examples are shown in appendix xi. This discipline helped me to acknowledge and process my own feelings, whilst delineating them from my response to the data. This was not always easy to define and there were times when my felt response to the data mirrored personal emotional responses. For instance, my sense of outrage at the dismissive attitude of the helping professions. I allowed these feelings as they arose, which in turn deepened my sense of empathy and intersubjective connection with each participant.

4.5.5 Exploratory noting

Next, I read and reread the script, making exploratory comments in the right-hand column. Using different coloured ink, I moved back and forth from descriptive, linguistic and conceptual perspectives, as suggested by Smith et al (2022). Initially I was conscious of a personal familiarity with the descriptive content of the data. For instance, all participants discussed the duality in how their relationship had been experienced, which, whilst expected, felt somehow as though I was betraying the depth of analysis by allowing myself to acknowledge detail at this more surface level. However, by trusting the process and allowing it to unfold as organically as possible, with each iteration, immersion deepened and the data began to offer insights, ideas and senses that seemed beyond the identity of the original transcript. I became more curious, and 'why', 'how', 'what' questions heightened engagement, taking me further beyond the words before me. My focus at this stage of exploration was solely on each participant's experience, as shared from their perspective. To creatively connect with

deepening exploration, I used metaphor, I analysed particular words, I connected with felt senses, and followed where they led me. I focused in on how content was described, wondering why this might be so. I considered the unspoken, or what was tangential or out of context. When this process became stuck or I felt overwhelmed, I would take a break and return to it once refreshed. This was an important discipline as each return offered new levels of insight and further deepened immersion.

4.5.6 Experiential statements

When this level of noting felt exhausted, I shifted focus back to self by constructing experiential statements in the left-hand column, based predominantly on the exploratory noting that originated from the narrative of the participant see Figure 3 below. Already familiar with IPA from my PEP, I was confident in the process of now moving away from the original transcript and analysing participant experience from this place of deeper immersion. This is representative of one manifestation of the hermeneutic circle, a metaphorical procedure where the whole (interview), is understood by becoming a set of parts (words or phrases), which are then understood in context of the whole (Smith et al, 2022, p.87). I was also more comfortable this time with the shift to self and my role as the interpreter and analyser of my participants' lived experience. My task at this stage was to encapsulate crucial parts of description and interpretation to "*contain enough particularity to be grounded and enough abstraction to be conceptual*" (p.87). Again, I placed my confidence in the hermeneutic circle that synthesises parts and whole.

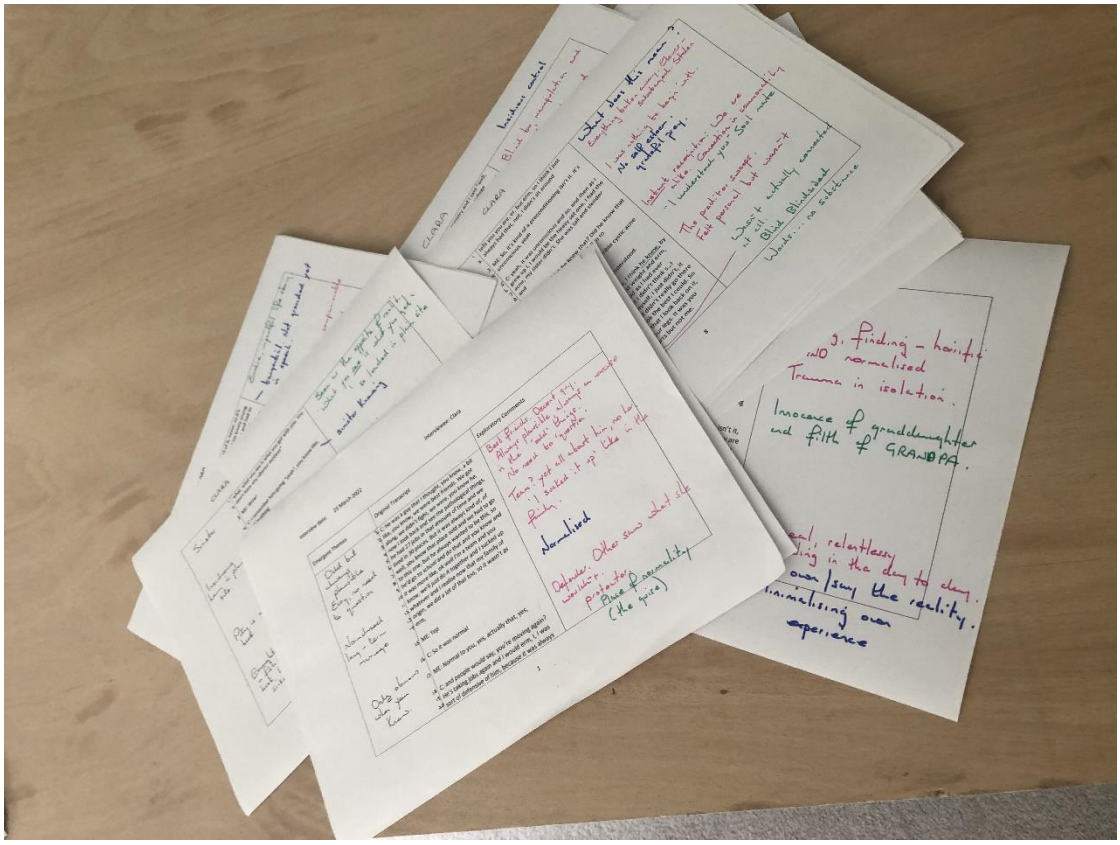

Figure 3 - Example of Annotated Three Column Table

4.5.7 Externalising statements

Once completed to my satisfaction, final statements were typed individually on separate lines, to include pseudonym and page number of transcript. They were then printed and cut into strips to produce tangible data with which to manually view. Using Lailee's case analysis as a '*randomly chosen example to evidence the process'*, 119 personal experiential statements were typed and cut into final strips. These strips were then shuffled so that they were no longer in chronological page order and placed individually on a large plywood board that had been constructed for the purpose of this part of analysis. Then began a time-consuming process of looking for connections between the statements, and clustering seemingly similar or related statements together as shown in Figure 4 below.

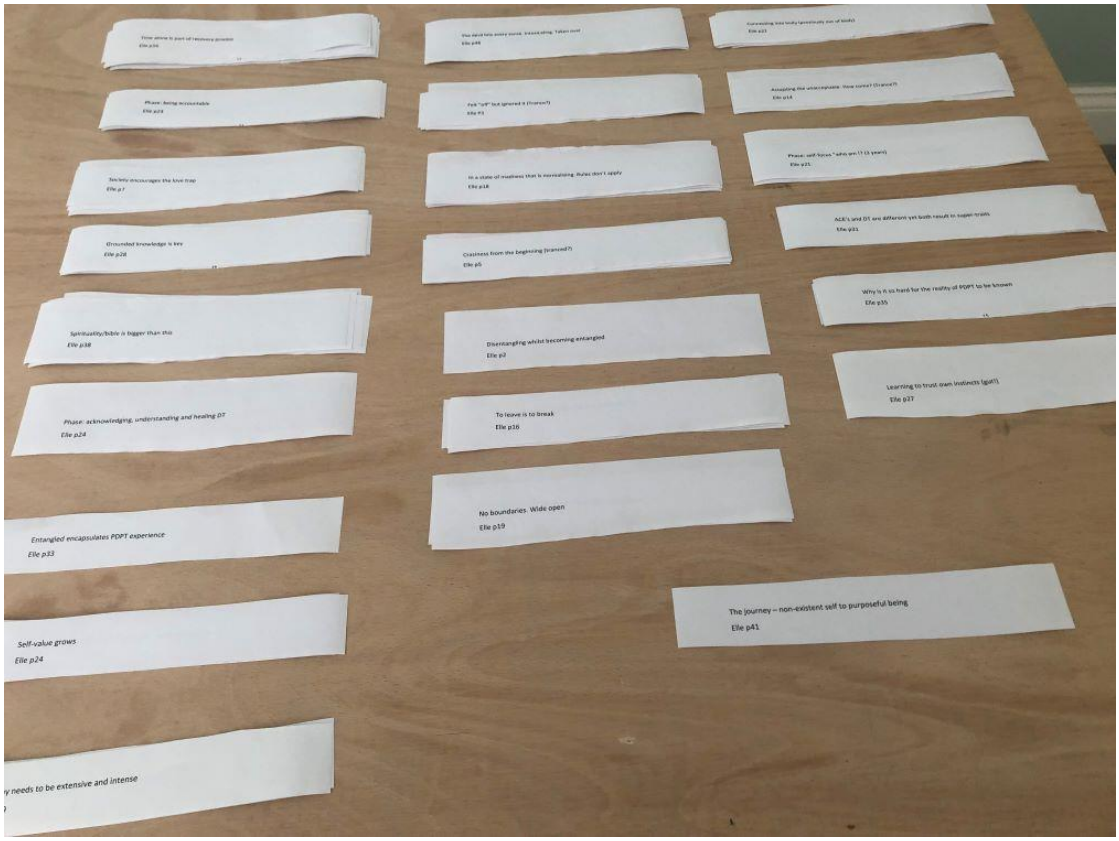

Figure 4 - Example of Externalised Statements

4.5.8 Process of emerging experiential themes

Statements with the same page number, making a similar point, were instantly discarded at this stage. Others were discarded as the process evolved because they did not relate to any emerging clusters. These were set aside for future consideration alongside subsequent transcripts. The purpose-built board was large enough to gain a bird's eye view of all statements and clusters, enabling me to freely move them around as I considered different possible connections. Though sometimes frustrating, I took time in this process to be as thorough as possible whilst trying to maintain fresh perspective. I was mindful not to force this vital part of the analysis so when a session felt as complete as it could, I would leave and return at a later stage, in-order to consider my work anew. Some clusters were expected, given prior immersion in the

transcript and recalling the now familiar voice of the participant in the sharing of their experience. These I allowed once I had questioned their validity. Others were less so, which enabled me to remain open minded and creative. Throughout this stage, it was important to hold the research question in mind to ensure the validity of my choices. I spent several days on this process for each case to ensure thorough and exhausted exploration.

4.5.9 Naming the personal emerging themes / table of (PETS)

When satisfied with my final clusters, I committed my findings once again to hard copy in the form of a table. I used a template table of three columns as shown below using Lailee's table as an example. Taking each cluster, or in some cases selection of clusters, I first decided on a title that best described its/their characteristics. For Lailee, the first was "The dog trying to please its owner". This became the first theme or personal experiential theme (PET). I then organised the experiential statements that relate to this theme and gave them a relevant title, thus creating sub-themes. So, in Lailee's example, there are three sub-themes that related to the overall theme of "The dog trying to please its owner", being "The harder I try, the worse it gets", "Dogs would not be treated like this" and "Normal rules do not apply".

In the second column, I included the page numbers of the transcript, upon which the data that prompted the sub-theme can be found. In the third column, I offered examples of actual data that prompted my choices. This supporting information was added to contribute to the evidence trail of my analytic process and aimed to provide a visual representation of the analytic dialogue that had gone on between participant and researcher.

It was noted that at this stage I omitted to include the page number and line numbers of each data example in the third column. This was an oversight on my part. Page numbers and line numbers were assigned to each example in the final table of group

experiential themes (GETS). As shown, Lailee's final table of PETS comprises of four themes, each with their own sub-themes and supporting evidence.

Table 10 - Lailee's table of Personal Experiential Themes (PETS)

PERSONAL EXPERIENTIAL THEME	PAGE	DATA EXAMPLE
1. The dog trying to please it's owner.		
"the harder I try, the worse it gets"	P2,P9,P27,P2	"they became more demanding and more harsh and it was a toll on me physically"
Dogs would not be treated like this	P6,P32	"nothing he did to me was deemed criminal"
Normal rules do not apply	P6,P4,P11,P26 P29,P44	"I still thought that once he had exposure in our community, what he was doing"
2. Too dreadful for human consumption.		
Alienated and disbelieved	P4-5,P9,P11-14-15,P27,P31-32, P19-20,P41,P44-45,P47,P39-40	"far worse off having sought help from the court, law enforcement, police, erm, far worse off" "it's too bad that they have victimised the victim"

PERSONAL EXPERIENTIAL THEME	PAGE	DATA EXAMPLE
Power beyond human comprehension	P10,P22-25,P28-29,P26,P14,P45-46	"he comes across…no-one is going to believe what he did to the dog, no-one's going to believe what he said to you" "Mom, why does he do that with his eyes?"
Splits self and compartmentalises to get needs met	P7,P20,P17,P23P38-39	"I find different segments of society to tell part of my story"
3. Recovery in isolation		
The atrocities I cannot speak	P13 P17-18,P14,P21,P29-30,31	"it, it, it was more than I could, erh, to this day"
Palpable presence in data	P21,P24,P26,P38	The story of the judge (felt)
Betrayal is inevitable	P4,P6,P15,P19,P26,P23,P12,P36	"I was being estranged from the family"
4. The long recovery		
PDPT's are bad for your health	P17,P27,P2,P24 P36	"developed chronic migraines"
Children are used/damaged	P11,13,P15,P37,P46	"without a system that

PERSONAL EXPERIENTIAL THEME	PAGE	DATA EXAMPLE
		is supportive….injuring the next generation"
Your own truth is all you have (fight liar with liar)	P16,P20,P30,P35,P42	"cos actually, that is all you have" "he doesn't have to take away who I am as a person"
No amount of therapy would be enough	P39	"I could honestly see a counsellor every single day"

Each case systematically underwent each stage of analysis, as described above, until all cases were individually analysed, and a full set of PETS tables were complete. I shared each table, as it was completed with my Academic Advisor (AA). She was particularly helpful in encouraging me to question my insights even further as a result of questions that occurred to her. Additionally, I recorded relevant thoughts, feelings and responses as they arose. Often these woke me in the night or would 'float up' upon waking. Emotional impact was noted in my personal process diary. These were all valuable insightful outlets whilst immersed in the work.

4.5.10 Developing a final group table (GETS)

From my complete set of PETS, I began the first stages of their compilation again, namely, typing up each theme and each sub-theme of each participant on separate lines. This resulted in a list comprising 38 themes and 118 sub-themes, which was now representative of all participants' themes. These were duly printed and cut into strips. Returning to my board, I placed the strips. Because this was now the sum total of PETS

across all cases, many more themes fitted together instantly, resulting in larger clusters. This I expected and allowed. I made no distinction between themes and sub-themes, so now all experiences were once again thrown open to fresh interpretation and consideration. I was now conducting a cross-case investigation, looking for shared and unique features of experience, attempting to understand points of convergence and divergence.

Given that each case had already been considered on its own terms, this stage of analysis represented a step up in terms of analysis. As such, at this stage, I incorporated all that had gone before into my considerations. I looked across the range of PETS tables, I consulted previous notes and observations and returned to the fully annotated transcripts with experiential statements as I moved statements around the board, forming clusters.

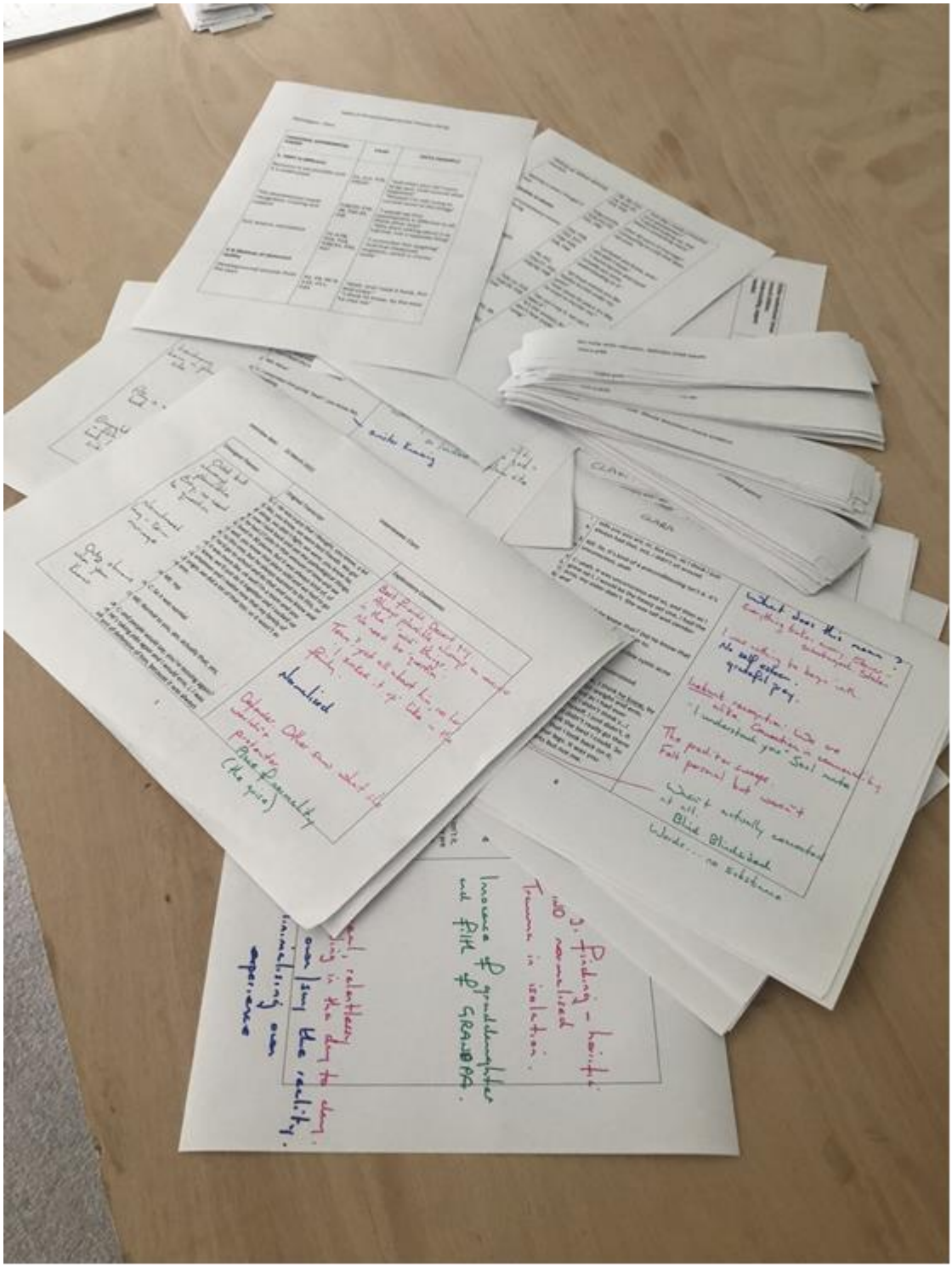

Figure 5 - Full collection of analytic process

This process was both dynamic and creative which challenged my thoughts and drew me into deeper investigations. When I thought I had settled on a familiar theme, something else would catch my attention to bring it into question. For instance, the significance of the final stage of recovery was almost missed, yet upon further immersive exploration, it revealed itself as the process of self-actualisation, which then became obvious as the 'back to self' aspect of the research. Heidegger views this as central to phenomenology and its concern "*in part with examining something which may be latent, or disguised, as it emerges into the light*" (Smith et al, 2022, p.19). This is a process that necessitates deep, immersive focus and creative imagination, which at times felt almost like a meditative state. It was quite an overwhelming task; holding all the information that I had collected thus far with all prior knowledge and assumptions, whilst trying to remain open to new insights and look with fresh eyes. Walking away when confusion arose and returning afresh was again invaluable, as was seeking the counsel of my peers. This was a timely process. Much as it was often my desire, it could not be rushed. When satisfied with my final clusters, I once again committed them back to hard copy, using the same table format as for the PETS to produce a draft table of GETS.

4.6 Collaborative intervention

Thus far, I had shared my process and emerging themes with critical peers and my AA. It was helpful to share perspective with both those with a level of insider knowledge and/or experience and those without. Armed with GETS, relevant notes and annotated transcripts, I travelled to the USA and spent five days in consultation with my Academic Consultant (AC), Sandra Brown, to review the full set of data and my interpretations of it. As we explored, validating the majority of GETS and re-ordering/re-naming others, I purposely did not cross-reference final choices with individual cases until the next draft GETS table was complete. I then returned to each transcript in turn to allocate page numbers and provide evidence in support of each group sub-theme.

Whilst this was time consuming, it provided an additional cross-referencing and fresh opportunity to scrutinise final choices at case level. The final table of GETS was then sent to my AA for approval before the process of writing up the findings commenced.

Findings will now be presented in the next chapter.

CHAPTER 5

FINDINGS

The aim of this research is to gain an in-depth understanding of the lived experience of a survivor's journey of recovery, after being in a relationship with a partner who displays psychopathic traits (PDPT), with a view to informing training for the psychotherapeutic profession. In this chapter, I will present the research findings, introducing each theme in turn, before sharing each sub-theme. Focusing the data and my responses to and interpretations of them, will enable clear presentation of the participants' lived experience as communicated by them. I will then summarise each theme. This will be followed by a more general discussion in chapter seven which theoretically positions these findings and their implications in the wider context of the work. Relevant participant details, with their assigned pseudonyms are once again outlined below.

Table 11 - Final Participants

All female assigned pseudonyms	Age	Nationality	Country of residence	No. of years with PDPT	No. of years separated from PDPT	Hare P-scan score
Grace	65	Irish	Northern Ireland	39	4	49
Bida	59	American	USA	13	4	43
Clara	64	American	USA	43	3	53
Paula	53	Persian	USA	15	4.75	52
Bianca	49	British	UK	2	1.5	40

All female assigned pseudonyms	Age	Nationality	Country of residence	No. of years with PDPT	No. of years separated from PDPT	Hare P-scan score
Lailee	52	British	USA	28	3	48
Miranda	53	American	USA	7	4.5	50
Elle	55	American	USA	7	5	59

5.1 Group experiential themes and sub-themes

As previously outlined, the task of selecting final themes was time-intensive, detailed and challenging. Selection was particularly onerous given that this is the first study of its kind, which introduces a new phenomenon, and the volume of rich informative data collected was beyond the size and scope of the present study. As such, testing decisions were made regarding what was most relevant and what could be discarded in favour of best representing the phenomenon, in order to answer the questions. For instance, there was substantial data collected regarding parenting issues and child welfare, as well as challenges encountered within the legal system. These potential themes were rejected in favour of those most affecting personal psychologies which bring significance to the field of psychotherapy. The final three group experiential themes are:

1) There are phases of recovery
2) Society re-abuses
3) Recovery begins with knowledge.

These are divided into sub-themes to add nuanced, explanatory depth and breadth to each theme, as outlined in table 12. It can be noted that my final themes are

predominantly collective from the group of participants, whilst the sub-themes reveal divergencies in the personal accounts.

Transcript notation used in extracts:

… a significant pause in the narrative

[…] non-relevant material omitted

(?,P,L) participant initial, page number, line number/s on page of transcript

N.B. data extracts remain unchanged from original narrative to encapsulate the essence of each account.

Table 12 - Final table of group experiential themes (GETs)

Experiential Theme	Participant/Transcript Location	Data Example
1. There are phases of recovery (1) The blinders lift to emerging horrors	Miranda 3-6, 13-14,23 Clara 12-22,45 Paula 1-4,20,24,28 Lailee 1,3,7,10,14,22-26, 28-29,45,46 Elle 14-16 Bianca 1-6 Grace 1-3	"he began making more requests. Like I invest my inheritance in certain things" **M, P3, L29-30** "I spent some days in bed, just in a cold sweat, realising" **M, P6, L1-2** "that was a shocking moment for me that he had anything going on"

Experiential Theme	Participant/Transcript Location	Data Example
		C, P19, L17-18 "it was very dramatic change, it was night and day" **L, P3, L1-2** "just complete disbelief that this could happen, you know, once I started to discover it" **G, P1, L5-6**
(2) The desperate detective	Bida 1-6,9,11,18 Grace 9,16,20,30,32,23,38,40 Miranda 1,5,16,20-22,32 Paula 1,5,6,8 Bianca 11-12,18 Elle 16-20 Lailee 4-6,10,13,27,35,39-40 Clara 22-29	"it was an extra abuse on top of abuse" **Bd, 12, L4** "I wanted, I couldn't figure it out, I, I, yeah, I was, I" **L, P35, 20-21** "I was, I felt like a desperate detective" **P, P5, L9** "even in the professional world it's like a phantom" **C, P29, L1-2** "What is this?" "that is the worst" **C, P28, L4**
(3) Managing out	Elle 14-17,39,44,48 Miranda 6,9-11,13,20	"sort of like Katie Holmes getting out of Scientology" **M, P9, L2-3**

Experiential Theme	Participant/Transcript Location	Data Example
	Paula 5,7,12,24-28,31,36 Lailee 10-12,30-31 Bianca 6-8,12,19-21	"I tried to be efficient about it or it would just blow up in my face..its taken 5 years" **P, P25, L6-7** "and I knew that was a short-term strategy, but it was survival at the time" **L, P30, L10-11** The word "extricating" used 27 times across data
(4) Burnt to the ground	Miranda 16-18,29-30 Bianca 9,14,16-17,25-28,39,41-42 Bida 5,6,42,46 Elle 16,21-22 Grace 2-4,8,10,22,24,28 Lailee 15,17,30,33,36 Paula 5,10,11,16,21 Clara 20,25,26,2-30,39	"it was like a Shamanic death" **M, P30, L25** "it's not an exaggeration to say I was going to die" **G, P8, L6-7** "I was barely alive" **G, P10, L19** "a part of me needed to die" **Bia, P22, L12** "I was exploding, my body was failing" **L, P17, L1-2** "I mean the sense of self was destroyed entirely, utterly" **M, P18, L21-22**

Experiential Theme	Participant/Transcript Location	Data Example
(5) Desert rose	Bianca 13,16,22-23,31,33,38,41,44-50,52-53,56 Miranda 17-18,20,28,34-35 Paula 13,15-16,38,45-46 Lailee 9-11,16,33-36,44 Elle 23-25,43 Bida 31,36,42,44-45	"like the Shawshank Redemption. Like I had to crawl through the sewer, through the shit…to get to freedom" **M, P17, L8-10** "and being shipwrecked on shore" **M, P17, L24** "I can see how wisdom and faith and knowledge have sustained me through the worst, in my life" **L, P9, L8-10** "you know, you die or you Phoenix, rise again, so I went for the Phoenix option" **Bia, P22, L7-8**
2. Society re-abuses		
(1) The victim is victimised	Clara 20-22,25,28-29,35,36,45 Lailee 4-5,7-9,11-15,19-20,31-32,39-41,44-45,47 Bianca 8,10,12,18,19,25,28, 38,25 Elle 16,20, Bida 6-11,15,20 Grace 7,9,14-15,27-28,37	"I thought this retreat would make a difference and instead I felt sooo" **Bd, P7, L19-10** "I wonder how many, erm, have actually killed themselves" **G, P8, L12-13** "why wouldn't they listen to the voice of someone who has been victimised" **L, P6, L9-10**

Experiential Theme	Participant/Transcript Location	Data Example
		"I'd get these looks like.. they didn't believe it…that is the worse part" **C, P28, L1-4** "and I do think we get gaslit in society" **Bia, P25, L13**
(2) Beyond words (tangential, CD, silenced)	Bida 2,4,8,10,11,14,17,20,22,29,44 Clara 2-5,8-12,14,17-18,21,26,44 Elle 4-5,27-29,33,46 Grace 5,8,16,20,22,31,33,38 Lailee - throughout Bianca 14,19,27,38,49	Throughout data - to be evidenced in findings "it's so beyond words" **C, P44, L4**
(3) Murdered in plain sight - no crime committed	Clara 1-5,,21,26-27,29,35,39-41,48 Grace 5,10,11,19,32,37,42 Lailee 6,9-13,15,18-19,23-26,31,32,35,39,40,41,45 Bida 6-8,12,13,16,18 Bianca 19 Elle 3-5,8,11-15,18-19,21-24,29-30,36,44	"like all of tho, those events were like bodies buried under my house" **C, P27, L18-19** "no-one is going to believe what he did to the dog, no-one will believe what he did to you" **L, P23, L18-20** "he did nothing that was deemed criminal"

Experiential Theme	Participant/Transcript Location	Data Example
3. Recovery begins with knowledge (1) Out of the wilderness	Bida 12,13,16,18 Clara 1,15,28-31,40,41 Elle 3-5,8,11-15,18,19,21-24,29,30,36,44 Grace 2,3,11,13-15,20,21,24,25,34,38,41,42 Miranda 1,2-9,12-18,23-25,27,28,45 Lailee 4-6,10,11,13,16, 18,27-29,31,34,39-41,45,47 Bianca 18	**L, P45, L4** "unless you've been battered physically, yeah, sexual assault and emotional abuse don't really count" **Bia, P19, L1-3** "there are probably more penalties for doing that to a dog" **G, P11, L24-25** "for thirty years I have been searching to get help and I finally read something that made total sense to me…and that is when everything changed" **Bd, P12, L6-10** "yeah, it gave me the name for what I had experienced, I never knew that name before" **Bia, P18, L1-2** "I didn't feel like I fit in with the other ladies" **L, P4, 25-26** "now I would disagree, I would say Psychopathy is different than those other ones"

Experiential Theme	Participant/Transcript Location	Data Example
(2) Directed physiological healing	Bida 5-12,14-20,23,24,36,37 Bianca 10-12,17-20,22,23,35,46-49 Elle 14-16,19,22,29,38,43-45 Lailee 4,5,17,21,31,39 Clara 22,23,28,29,36,41,46,47 Miranda 9,21-24,29,30,32,33,39-42 Grace 6-8,10,11,14-20,22,24,25,35,39 Paula 4,6-11,19,20,24,36	**C, P28, L13-15** "I mean, I had never been away from the doctors from the time I married him" **G, P6, L19-21** "psychologically, was just, it was also an adrenalized time" **M, P9, L15-16** "I would go to bed with cognitive dissonance and wake up with something else" **P, P4, L23-25** "I was exploding, my body was failing...that's when I developed the chronic migraines" **L, P17, L1-4** "oh, where am I feeling that in my body, what is happening right now" **E, P23, L17-18** "you have to re-wire your brain" **Bd, P12, L24** "I really understood myself to be recovering from a cult, and from a reality distortion" **M, P32, L18-20**

Experiential Theme	Participant/Transcript Location	Data Example
(3) The ultimate gift of self	Elle 15,22-24,27,29,30, 42,46,47 Lailee 2,24,27,36,37 Miranda 1,9,10,15,22,23, 26-30,33-45,39,40 Clara 29,39,44 Paula 4,9,18,20,22,33,36, 38,39,41,42,45,46 Bianca 31-33,35,37,42,46,53,54, Bida 12-14,17,24,31,32, 36,41,44-47,49,51 Grace 17,19,33,35	"yeah, yeah, I'm awakening my soul" **Bd, P42, L2** "I really want to show up for myself" **Bia, P42, L2** "it's like a whole rebirth but unfortunately for me it has come very late" **G, P19, L14-15** "so there's a real empowerment, there's a recognition that I'm alive" **P, P18, L1-3** "just watch out world, you know, here I come" **P, P46, L19-20** "I still want someone to blow sparkles up my pant leg once in a while….but it's not like that" **M, P42-43, L26, 1-3** "and that's the riches I get to live today, and it's much calmer, quieter life" **M, P44, L7-8**

5.2 Theme 1. There are phases of recovery

5.2.1 Introduction to theme 1

Without exception, all participants described the phases of their recovery. Initially, once the final themes had been agreed, it did raise concern for me given that the first question for consideration on my list of pre-prepared guiding questions (appendix vii) was '*how do you make sense of the stages of recovery'*, and I questioned my own potential to inadvertently influence outcomes at interview stage. However, upon further consideration and discussions with peers, I was able to clearly delineate the difference between the two. The question prior to interview was to invite the individual reflection of each participant, given the temporal exploration of the journey of recovery. What emerged, was a convergent pattern of phases that revealed themselves through the iterative process of analytic immersion and the subsequent clustering process.

Although some of the phases were not a surprise, such as the turning point in the relationship when the person who the participants thought they knew, revealed themselves as a character they did not recognise, others were unexpected. They revealed new phenomenological depths of insightful, impactful knowledge, that reached beyond my prior understanding of potential stages. One example of this is the level to which they were disbelieved in society. Another was felt on a more spiritual level, as they fought their way back to reclaim their own lives.

This theme has been chosen, therefore, as the phases are of particular significance to the phenomenological exploration of the recovery process of all participants. The themes are presented sequentially to unfold the story of their journey, which is not representative of their telling.

I will now present evidence and discuss each sub-theme.

5.2.2 Sub-theme 1 - The blinders lift to emerging horrors

The length of each relationship in question differs greatly, from two years to forty-three. Regardless, all participants describe a relationship of two halves. Each relationship began in a whirlwind of courtship and romance. This is in keeping with the relational cycle that is outlined on page 17 that begins with the idealising phase. Elle encapsulates this when describing how her personal trainer, 17 years her junior, took her by surprise when confessing undying love for her:

> *"talk about the love bombing […] that was the boom and then the kaboom…a year of non-stop 24/7, flowers at my door, I love you written in mulch, sitting outside my door crying*" (P8,L2-6).

Miranda talks of the:

> "*fizzy beginning*" being in "*a constant state of crush and adrenaline*", (P2,L24-26),

being:

> "*flooded with chemicals[…} and you never settle down to a stable, secure place*" (P2-3).

Notably these are the shorter-term relationships in which the wooing was intense. Without exception, the longer-term relationships were also described as different at the beginning and whilst the longevity inevitably resulted in relational challenges along the way, the sincerity and integrity of each partner was never in doubt. Said Lailee:

"*the person that I entered the relationship with had characteristics that I think would be universally esteemed…gentleness, kindness, patience…a loving devotion[…]a high interest in what I was saying*" (P1,L7-11),

and Paula:

"*you are the heroine in your own harlequin romance and he's the Adonis with the long, flowing hair in the wind and you are on this island and it's beautiful, it's wonderful*" (P22,L3-6).

Falling in love is a human desire and these accounts capture the essence of the allure; an adrenal high, a romantic fairytale, showered with adoration, beauty and wonder. Upon deeper scrutiny, words like *"island*", "*non-stop*", "*constant*" and "*flooded*" stand out to serve as possible clues to the reality of how these moments of capture were executed. Flooded with oxytocin and overwhelmed by loving gestures, they have no cause to question "*characteristics that are universally esteemed*" or the "*devotion*" with which they are showered. Regardless of length, this is the relationship into which each believed they had entered, and this is the person with whom they had met and believed them to be. This was their story, their reality.

5.2.2.1 Shock discovery, unfolding new reality

What is then described by all participants, with the exception of Elle, is a "*something"* that happens that turns everything from what was thought to be known, to a shocking new reality. I will first discuss these experiences, before considering Elle's divergent account.

After 28 years of marriage with adult children, Lailee describes this shift as:

"night and day" (P3),

> "*it was very dramatic change…with no way to pinpoint what the origin was. Just snap of the finger and it changed beyond. I can remember the day, the incident and the series of things that caused this person to become a person completely unknown to me*" (P3,L1-10).

Lailee's psyche remains acutely aware of the situatedness of the experience yet has no way to make sense of the behavioural or relational shift. Her word usage conveys to me how, in that instant, her long-standing husband disappears, to be replaced by a *"person*." A "*person completely unknown"* to her would leave no potential to own aspects of her own possible misconceptions or perceptions of who she thought he was. There is no opportunity to make sense.

Clara was equally shocked when, after 43 years of marriage, she inadvertently discovered adulterous text messages on her husband's phone:

> "*in that moment, was when, I, just…went into shock*" (P20, L1-3).

The shock she describes is the moment when her long established, stable sense of reality is instantly destroyed. Her world as she understood it no longer makes sense. Having previously had no idea or suspicion of his infidelity, his unsurprised, unemotional response did not align with her sense of reality. Other, equally shocking discoveries followed:

> "*then it was compounded that the more and more stuff that I found out was happening, made, it compounded that original moment*" (P19,L21-22; P20,L1-3).

Similarly, the incredulity, was still evident in Grace's voice, after four years of grappling with the aftermath of her discovery following 39 years of marriage:

"*a jumble of complete confusion[…]just complete disbelief that this could happen, you know, once I started to discover it*" (P1,L6-7).

Interestingly, whilst Clara specified her life-altering moment of discovery, the detail of the things to which she eluded thereafter, was not made explicit, which evoked my curiosity. One explanation might be that the focus of enquiry was on the recovery process, thus detail was not afforded to "*what happened*", in favour of "*how it was experienced afterwards.*" Yet Bida, whilst giving an eloquent account of her recovery process, makes no mention of this change point until 40 minutes into her interview when she says:

"*it's been four years since I discovered what took place*" (P29,L19-20).

But what took place? The statement hung in the air, feeling weighty and loaded but she did not elaborate further.

Lailee specifically pinpoints "*the day, the incident and the series of things*". Grace feels disbelief "*that this could happen*?". What incident? What happened? This was a defining moment that changed their sense of reality. Everything they believed, experienced and thought they knew changed without warning. It felt to me that this moment was so traumatic, so horrific, that it was beyond verbal recounting, possibly beyond rational comprehension. The words "*shock*", "*horror*", "*trauma*" and "*disbelief*" are used repeatedly by each participant when voicing their moments of discovery and it can be heard in voice intonation. It is felt as I hear the unfolding details. Indeed, as I engaged with the text on this level, I gained a sense of quite how suddenly their lives, their reality, was changed forever. It was as though a hand-grenade had been thrown into the core of their being, destroying everything that had gone before. Lailee described this as "*night and day*". Paula begins her interview at this point of impact:

"*I recall feeling in that moment that something had ended and something had begun*" (P1,L4-6).

The impact of such trauma would have serious psychological and physiological consequences from which to recover. However, this was not isolated trauma. What then began, for all participants, was an unfolding, over time, of new shocking discoveries that had previously been out of awareness. My image for what followed the initial grenade, the initial explosion, was unrelenting machine gun fire, inflicting fresh wounds upon the already fallen soldier. Clara says, after reeling from the shock of her husband's affair:

"*I found out more and more…just the thought he's having an affair was nothing, cos not once at all, he's doing it… it was just mind boggling*" (P20,L7-10),

"*my granddaughter came in one day with an old phone we let her use[…] and she found all this porn stuff on it from Grandpa*" (P25,L7-8),

"*OK, so he does this, and now he's doing this, and then I see he's got all these naked pictures of himself and he's sending to a 71 year old lady*" (P26,L4-6).

This implies that an isolated affair, a major trauma in most partner's experience, does not come close to the '*firing squad*' that was then her fate. A single affair would be '*nothing'* in comparison.

I am mindful also of the oddness in the unfolding incongruities that were "*mind boggling*" to Clara. Discovering that the man with whom she had spent most of her adult life, sharing, knowing intimately, is in fact sending naked pictures of himself to a 71-year-old lady must challenge every sense of her reality. The predatory oddness that she is describing is a psychopathic trait as described by Hare (1993). Coupled with lack

of conscience, psychopathic oddness manifests in ways that would be beyond her comprehension. It is beyond the level of societal normality and beyond societal comprehension, as eloquently described by Hare (1993), based upon his extensive professional observations. This leaves both Clara and society in the wider context puzzling as to how, over the course of a 43-year marriage, she did not know or suspect anything. This would of course be a question posed in a psychological setting and one that she is left asking herself.

Paula uses the analogy of "*the blinders being lifted*" (P1) as she describes her painful, drawn-out journey of new discoveries. This suggests that prior to this, blinders were in place, and they were shut. Had these blinders been silently, '*lovingly*' placed by her perpetrator, fitting so perfectly that their existence was not even detected? Elle also uses the analogy of having "*blinders on*" and describes with hindsight how they were being placed from first encounters with her disguised predator. Being her personal trainer, she "*blindly*" shared personal information about herself, "*look, here's who I am*" (P29), which she now understands was a process of data collection that lasted for two years before he declared his undying love for her.

For all other participants, the blinders had been placed so subtly, over time, that their existence eludes them, until they are thrown open without warning, and cannot now be shut. Elle's blinders however became stuck, so she spent a prolonged period of time when they were neither closed, nor could they be open.

Elle's divergent account

Elle's realisation was not the result of a shock discovery which shattered her sense of reality with an initial explosion. For her:

> *"the relationship lasted for five years, but it was really only seven months[…] that was the beginning of the end*" (P14,L11-13).

Her journey lacks clarity, instead described as "*fuzzy*":

> *"…I define the whole journey as an etch-a-sketch[…] your mind is just so busy and clustered and trying to unravel these strings for a long time*" (P1,L3-10).

At the time of meeting her person displaying psychopathic traits (PDPT), Elle was in the process of divorcing the father of her children, who she now realises was also a person who appeared to demonstrate psychopathic traits. She can now acknowledge that she was:

> *"…off the charts vulnerable[…] I was so naïve to not knowing what had happened[…] my stomach, cortisol off the charts*" (P10,L6-16).

As discussed on page 39, 'super-traited' characters have high elevations of trust, commitment and care for the wellbeing of others, so are vulnerable to PDPT ensnarement. Elle was particularly vulnerable as she was already suffering the unresolved PTSD, atypical trauma and chronic and persistent cognitive dissonance (CD) as a result of her marital experience. She was out of the arms of one perpetrator and straight into the arms of another. As was observed when she finally found the right therapy and gained knowledge of the reality of her experiences:

> "*you have not only been whammied, you have been double whammied and this is why you are so out of it*" (P15,L2-3).

For her, neurological, physiological and emotional functioning were already impaired when she met her PDPT, so all judgement was skewed, making further reality distortions unfathomable. Her realisations were drip-fed in over years, as they made

their way through the worsening internalised cognitive polarities which resulted in her:

> "*going back 10 days, leaving 20 days, going back 5 days, blocking, leaving 20 days[…] like that happened so many times*" (P16,L22-24).

Through this time, Elle's sense is that of confusion, emotional oscillation and instability. Even though, she acknowledges this with hindsight, there were moments in her interview when I struggled to stay with her and make sense, which was at odds with the coherent, determined, grounded narrator of her experience. Later, as I moved back and forth within her data, trying to piece the disjointed parts together, unsure if she was referencing the ex-partner or the ex-husband, I realised that these parts of her account would inevitably be experienced this way because it is how she experienced them and I was experiencing a parallel process. With this insight, my connection with her deepened. I had experienced her as she would likely be experienced by the helping professions, by way of a therapeutic enactment (Jacobs, 1986). It then made sense to me how readily her presentation could be misdiagnosed as co-dependent, disorganised and/or exhibiting borderline personality or other disorders, as discussed on page 39.

This sub-theme describes the different ways that the relational aspects of luring and idealising, followed by devaluing, as described on page 15, were experienced. This dynamic is evident regardless of the situational context or length of relationship. Although this relational cycle is not exclusive to PDPT relationships (Brown, 2009; Pumphrey, 2021), what differs is the enduring unquestionable trust that is bestowed upon the perpetrator and the consequential traumatic shock upon discovery. It is testament to the unique combination of abilities a PDPT possesses, to deceive, disguise and emulate convincing emotion without conscience. For all participants, the

distortions that were inflicted, once discovered, were beyond comprehension, so no sense could be made.

5.2.3 Sub-theme 2 - The desperate detective

In a non-PDPT relationship, when infidelity is discovered and/or trust is broken, there is a devasting impact, after which a sense-making process precedes recovery over a period of time. Relational therapy, with proven efficacy, is available to support eventual resolution of the life event. These are known relational challenges, therefore, recognition, understanding, dialogue, and care is available from close confidents, as well as the wider community, to aid the process of recovery. In the cases of all participants, this was not so. This was not an isolated event and what unfolded was beyond their comprehension, beyond words. Once the "*blinders*" were lifted, the person who had previously been known, was unfolding into a partner beyond recognition. Lailee's perplexity is clear:

> "*There was no scenario that I know of, in the world, where people would act like that*" (P1,L15-16).

Bida echoes this bewilderment and sets about trying to understand:

> "*what the hell happened?...so I first had to gain awareness and I can't tell you how many books I read, but everything kind of gave me another step[…] I was desperate for insight and…answers,[…] I was just desperate for that*" (P2,L23-25;P3,L2),

she continues:

> "*I didn't want to live, I just felt there was nothing for me…there was this hole…like each person pointing me somewhere but…*" (P5,L2-6).

Without insight, knowledge or answers there is no validation. There was no external support or language to make sense of her unfolding new reality. There was "*nothing*", a "*hole*". In this context, psychologically and neurologically, "*nothing*" might signify death. How can one psychologically '*live*' without the ability to make sense? As a developmentalist, I became mindful of the infant's need from birth, to come into being, making sense of the world through the other (Stern, 1985; Gerhardt, 2004). But Bida does not find that knowing "other". From a neurological perspective, this took me to Gendlin's work (1978) on focusing and how healthy integration of the right brain, which processes felt sense, links with the left brain's capacity to make verbal sense, thus enabling the ability to put feelings into words. But Bida's brain, I suggest, is neurologically impaired and the impact of trauma will likely have diminished executive functioning, added to which there is no obvious vocabulary available for this process.

Grace's discovery escalated just before Covid, so the isolation of lockdown compounded her suffering through a literal lack of human interaction, as well as having no means to make sense of her experience:

> "*I spent a long time[…] trying to make sense in my way of thinking of something that makes, is never going to make any sense*" (P2,L9-12),

and goes on to say:

> "*I wonder how many women[…] have actually just died that slow death*" (P8,L11-14).

For Grace, being Isolated, without the ability to make sense was a "*slow death*" of all that has been experienced as self. In self-psychology terms, self is the personal experience of one's own physicality, inner character and emotional world, as

experienced with continuity through time and place. Past experiences determine whom self is today (Leary & Tangney, 2012). But if past experience no longer makes sense, how can the here and now 'self' exist? Is this the '*hole, nothingness and death*' to which Grace and Bida refer?

Lailee expresses a similar sense of:

> "*being just…I was…I was just so desperate, I, I wanted, I, I couldn't figure it out*" (P35,L19-21).

A "*desperate*" need for knowledge, for answers. Repeated use of "*I*" might signify the level of aloneness and isolation she also feels.

Paula describes herself as a *"desperate detective"* (P5,L9) and despite friends' advice to:

> "*just let it go, stop thinking about it, move forward*" (P5,L13-14).

her need to understand her unfathomable felt senses did not resonate. Although not alone, she was not understood or met by a knowing other either:

> *"…that's not right, I really need to find this out because without it I can't…so I would literally Google questions like "I feel bad", "I feel crazy", I feel like I don't understand*" (P5,L17-21).

The inability to make sense would be "*crazy*" making. Bianca expresses similar, stating:

> "*it was quite traumatic[…] not being able to have a name for it…was traumatic*" (P45,L19-21).

Again, in addition to the trauma suffered, lack of knowledge or external validation heightens the experience. In her search for answers, she did find some solace in the 12-step programme (A.S.A. Services, W, & A, 2001), and also explored SLAA (Sex and Love Addicts Anonymous). These groups provided a '*concept*' and:

> "*people were sharing about abusive relationships[…] so there was some validation[…] but it didn't hit the nail on the head[…] so you're out in the wilderness with it really*" (P47,L3-23).

Out in the wilderness conjures an expanse of nothingness, uninhabited and uncultivated by human activity, such is Bianca's experience. Like Paula, Bianca does find people with whom to share, but her sense is still of isolation because they do not, and cannot fully understand her particular experience.

Validation is key to sense-making (Siegal, 1996; Gomez, 1997) which in turn is essential to recovery. There was no validation, no '*name*' for this traumatic shift in reality and no external support, which delays recovery, as the atypical trauma symptoms potentially worsen as previously discussed on page 43. At this stage, none of my participants knew what they needed to understand, but they knew that they needed to understand what was incomprehensibly unknown.

5.2.4 Sub-theme 3 - Managing out

Ending a relationship with a PDPT is not akin to ending a relationship with a non-PDPT. The word "*dangerous"* is used repeatedly by Paula, Miranda, Bianca, Grace, Lailee and Clara. Miranda begins her interview by making this impactful statement:

> "*Recovering from a psychopath is like recovering from a cult*" (P1,L1).

This statement encapsulates the level of psychological abuse that Miranda endured, and it is felt in the pit of my stomach. "*Diabolical*" (P27,L4) is the word Clara uses to summarise her partner's behaviour, which suggests demonic, satanic or unholy acts. Grace's words conjure a similarly sinister sense:

> "*what they have basically done is kidnapped you and taken over your brain*" (P10,L10-11).

This again describes the disguised predatory trap of the PDPT and how reality has been cunningly, insidiously and completely distorted, "*Taken over"*. The language used is extraordinary in the context of known relational abuse. These descriptions evoke a felt sense of sinister, beyond the descriptions that might be heard from non-PDPT abuse victims. It feels viscerally challenging for me to remain in this space during the analytic process. It is experienced as an irrational dread that is both experientially familiar to me through prior experience and intersubjectively projected from a place of implicit knowing (Clarkson, 2003; Mitchell & Aron, 1999; Schore, 2003), or what Churchill describes as "*empathic dwelling*" (2021, p.53), as informed by Husserl (1982).

Lailee, whose PDPT is a highly respected minister in their community, describes a more overtly sinister experience. She literally had to flee in the middle of the night, running for her life, having been subjected to inhuman treatment over a period of time. Her experience is so extreme that she does not speak of it in society:

> "*because it would put me in a strange category*" (P29,L9-10).

A category that is not readily understood or accepted by society and again that is heard beyond the norms of verbal recounting. As I feel the weight of these words, I consciously grapple once more with the tension between remaining open to my own potential for personal projection, whilst consciously embodying a tacit knowing, as

described by Polanyi (2009), that is beyond words. It is a sense, without tangible reason that all is not OK. Intersubjectivity is a key phenomenological concept referenced by Heidegger (1962) as the "*shared, overlapping and relational nature of our being*" (Smith, 2022, p.13), and my experiencing is what Gendlin might call an "*internal concrete mass"* (1962, p.10). This feeling of foreboding connects with the phenomenological essence of the experiences being shared, whilst at the same time I can effectively hear and grasp how outward presentation could be deceptive and misleading, as was voiced by Grace.

Her experience to the outside world, including her family, is seen as a failed long-term marriage, from which her husband has found a new partner, and:

> "*what they saw was that dysregulation in me and not the actual…reality*" (P6,L7-8).

However, such was her reality, that she feared for her life:

> "*I had no sense of being safe[…] and he had access to firearms[..] I couldn't assess my level of risk[…] I didn't know if he had a switch that would go off at any time and he was going to kill me*" (P22,L21-25;P23,L1-5).

The switch to which she refers is the sudden switch she experienced from the person she believed she knew to a person completely unknown to her. From knowing to not knowing. This newfound unpredictability and hidden nature of her perpetrator left her in fear for her life. Yet this could readily be heard and interpreted as paranoia or madness. He, a respected, seemingly honourable man, with the inborn capacity to charm and hoodwink her closest dependents and caretakers, a man without conscience, left her isolated and misrepresented. The real dangers went unseen but were a reality to Grace. This is a common theme throughout, corroborating the fact

that a different exit approach is paramount to limiting personal harm and maximising self-preservation and personal safety.

For Grace and Clara, a combination of sheer horror at their unfolding reality, diminished self-agency and compromised living conditions, disabled them from managing psychological and/or physical damage limitation when it was most needed. Their inability to better understand the unique dynamics of the perpetrator from whom they had fallen victim led to further abuse and silent suffering. Miranda, Paula, Lailee, Elle, and Bianca gave differing accounts of how they managed the process of safely exiting the relationship once they had worked out that it was "*dangerous*" to be transparent in their withdrawal.

Given that PDPT are pathological liars, experts in disguise and betrayal, with chameleon-like abilities, strategies that recognise and address this are vital to damage limitation. Paula and Miranda give particularly comprehensive accounts of how they managed this process, over time, as will now be shared.

Paula

Paula had two young children, a successful career, a home and a good support system. Once her husband of 15 years had left the house and her known chaotic, dangerous, abusive existence began to calm, she instinctively knew that to save her children, her sanity and her security, she would need to "*manage…out of it*" (P25,L6), to "*strategise*" (P34,L19).

Once she overcame her sense of overwhelm at his increasing bombardment and attempts to gain pity, to manipulate, threaten and confuse, which are tactics employed by PDPT, to ensure continuation of the relationship (Brown, 2009; Cleckley,

2015), she made a conscious choice to use her energy to understand the dynamics of her perpetrator and find an inconspicuous, measured way:

> "*to move out of it gracefully, safely and with awareness*" (P7,L19-20).

She continues:

> "*I made a physical list of all the accounts…any property we owned together…I prioritised and I literally had to focus on one thing at a time because he was so clever and so enormously dangerous*" (P25,L1-6).

The focus to which she refers is to counter the confusion, deceit and trickery that PDPT inflict, and the danger is born of the fact that no action, conversation (P6,L6) or experience can be trusted as a true reflection of reality. All interaction is unpredictable, inconsistent and disguised, so nothing can be believed (Hare, 1993). My image here is now of two people wearing masks. Both are masks of deceit, yet one is worn to destroy and the other is worn to survive. The latter being essential for self-protection on all levels.

Disentangling in Paula's case became her job:

> "*I consciously simplified my daily life and work routine, so that my mind and body were freed up[…] to do the strategizing[…] I had to seriously re-engineer my whole life and I mean really seriously re-engineer*" (P35,L22-23;P36,L1-4),

> "*I hired a cleaning service[…], hired a gardener[…], I re-looked at recipe books, found the simplest recipes[…], we had soup and sandwiches for dinner, because those were the evenings I was responding to his emails*" (P36,L6-14).

After many disturbing and emotion sapping experiences, she learned to set and maintain boundaries and respond to him from a knowing, adult place. The process of "*survival*" for herself and her children was full-time, "*non-linear*" (P27,L8), and she is "*still resolving things*" (P25,L8) after 5 years of constant hyper-vigilance and moment-to-moment survival.

Unlike any other participant in the study, Paula had friends who had lived through similar relational dynamics, who:

> "*really helped me strategise*" (P34,L19).

Miranda on the other hand managed her exit in isolation.

Miranda

Miranda did not live with her partner, but during their years together, their lives had become "*intertwined*" (P6,L19):

> "*Our lives were intertwined. I was managing certain businesses for him[…] there was money, there were keys, there was mail, a lot of things[…] I was storing my belongings at one of his…in a basement. So there was a certain amount of extricating*" (P6,L20-26).

Upon realising that she was in a relationship with a PDPT, she:

> "*spent some days in bed just in a cold sweat*" (P5,L25-26),

before spending time trying to learn more about the relationship she was in, again, as advised by Stout (2021). She learned that:

"*I was not going to have closure, that I would need to make closure for myself. That it was a dangerous time. That I was going to have to extricate myself very carefully and without alerting him[…] that in order to not create danger for myself, I should continue to offer praise{…] sort of an illusion of connection, while I was slowly extricating*". (P6,L6-18).

Again, the two masks of deceit. One worn to destroy, the other to survive:

"*a certain amount of extricating[…] I was in a dangerous time…I need to extricate*" (P6,L26-29).

Repetition of the word "*extricate*" is noteworthy in this account and was picked up 27 times across all data sets. The words "*intertwined*", "*entangled*" and "*disentangle*" were also used by Bida, Bianca, Elle, Paula and Lailee.

With her new safety mask on, Miranda slowly, cautiously, began a process of withdrawal. She monitored contact, responding positively to his communication whilst withholding herself emotionally, saving her own life, one painful step at a time:

"*I understood that not only would there be no closure[…] I was in need of…erasing what I thought the relationship had been[…] that what I needed to do was also destroy any gifts, emails and any remembrance of it, that it was an illusion…and this was incredibly difficult*" (P6,L27-28;P7,L1-7),

"*I returned keys to people he knew[…]I went to his house…one of the scariest things was going to his house and moving my belongings…suddenly this space that had been filled with these fantasy chemicals and like the rose coloured glasses, suddenly felt like creaky and nightmarish and shadows and sounds that were making me jump and I felt like it was this very dark, twisted place and I*

had to go there when he wasn't there and take all my things out[…] this was an incredibly powerful and terrifying moment[…] I had to have a plan and I had to do it without him knowing[…] sort of like Katie Holmes getting out of scientology" (P8,L7-25;P9,L1-2).

This powerfully descriptive passage not only conveys the actuality of the moment; the crucial need for secrecy, fear of being discovered and her newfound sense of the space now the "*blinders*" are lifted but suggests a felt expression of her lived experience now that the horrors of the relationship have been revealed. "*Fantasy chemicals and rose-coloured glasses*" are brutally replaced with a "*nightmarish*", "*dark*", "*twisted*", "*terrifying*" reality. "*Shadows*" replace actuality. She is "*jumpy*", "*terrified*" and completely alone:

"*this was enormously…I felt like I was going and rescuing myself from this place*" (P8,L17-19).

In the literal sense, she was removing her belongings, psychologically, she was "*rescuing*" herself, saving her own life:

"*I thought this guy was omnipresent and all powerful[…] and he moved in my brain and I thought he could tell everything I was thinking and everything I was doing*" (P8,L1-6).

This surreal, chilling sense is being articulated by an intelligent, self-composed woman, suggesting the unearthly, predatory nature of the PDPT who creeps in and takes up psychological residence, knowing, watching, and controlling. Again, I intersubjectively connect with, and feel the irrational internalised sense of a dark presence. This sense is shared by Grace who felt she had been "*kidnapped and her brain had been taken over"* (P10,L11). I am reminded here of my Preliminary Evaluation Project (PEP) (2021).

I interviewed three psychotherapists about their experiences of working with victims of PDPT and one of the themes in this IPA study was '*taken over*', a sub-theme being '*ever present, penetrating, in the room*'. Each Psychotherapist reported the overwhelming sense of the perpetrator's presence in the room, in the therapy. Is this the same sense that Miranda and Grace experience?

5.2.4.1 Dual reality

These irrational feelings of terror and fear are a driving force that propel these participants to leave and, as is being evidenced, a level of concealed, strategic planning is essential to ensure damage limitation. Yet psychologically, these relationships have been experienced in dual extremities, so the opposing feelings of love remain. All participants describe an emotional tussle between fear and the need to flee the relationship whilst longing for the relationship they believed they had, the one they experienced in the beginning. Paula can now acknowledge this as cognitive dissonance and recounts how she would go to bed with one feeling and wake up with the opposite as she would:

> "*go back and forth between those two*" (P4,L8).

Elle can still transport herself to those feelings:

> "*the devil is so good and they will hit every one of your senses[…] the smell, the taste, the…rhythm, the voice, all of it is intoxifying […] I'm still in like…ah, of like that smell, taste, listening[…] the rhythm of it is evil[…] you're thinking it is pure ecstasy, but it's pure evil…it takes over everything*" (P48,L12-21).

The "*evil*" to which she can now refer is the expert level of seduction that overwhelmed every sense so powerfully that the feelings remain within, and it is these potent feelings from which PDPT victims must also '*disentangle*' to make their escape.

They have remembered lived experience of '*ecstasy*' that in reality is trauma because it was not real; it was a pre-conceived lie. So, the lure of these powerfully stimulating, oxytocin fuelled emotions is of equal danger to survival from the abuse.

Miranda acknowledges this dual reality, these conflicting parts of self:

> "*one side of me[…] almost like a heroin addict[…] running eyeliner and pale face, strung out, lying in a heap somewhere, like crying and addicted and screaming out for this person and another like "I'm fishing you out of here", you know "I'm taking charge, I'm getting us out*" (P9,L21-26).

Part of self has to be prized away by the other. She feels '*at war*' with herself:

> "*devasted, withdrawing from drugs, wanting the drug, craving the drug*" (P10,L2-8"),

whilst the logical side was going through the necessary motions of physically, secretly '*extricating*' herself from their shared life. This is akin to an addict fighting to recover, yet unlike victims of PDPT, support programmes and professional help is available to addicts. Equally, it is recognised and acknowledged that an addict's drug of choice is harmful, whereas the charming persona of a PDPT is generally revered.

5.2.4.2 Manipulation, coercion and deceit

For Paula, Miranda, Grace, Elle and Clara, these conflicting feelings are exacerbated by the manipulative nature of the PDPT, who attempts to disarm them with a combination of eliciting pity, further seduction, threats, promises and/or pleading, which are listed psychopathic traits as described by (Hare, 1993), and this too requires '*managing out*'. It is this to which Miranda is also referring when she speaks of "*a dangerous time*". How does the desperate addict turn away the dealer when he shows

up with a "*fix?*" As we have learned from Paula, it takes time. Helped by the sage advice from her friends, she learned to:

> "*recognise the manipulation for what it is and[…] turn it on its head enough[…] identifying every opportunity for manipulation and then closing that door*" (P24,L5-6).

This was not an easy process and regardless, the threat remained:

> "*he's got enough of that dangerousness, that I do think they can do you harm, even if you recognise it*" (P24,L9-11).

Elle struggles to turn away her fiancé's "*fix*", despite meeting three separate women claiming to be his current partner and witnessing that:

> "*he's cut, copy and pasting the same relationship three times*" (P14,L9-10),

and because:

> "*I kept internalising that I was the exception[…] through all of it I would say "but you know he doesn't hurt animals, and you know what, just because he's got these other girls, it's not me. He's really in love with me not these other gir"…and you know what…like how sick that sounds now*" (P15,L8-15).

This demonstrates the extent of her addiction and the power her dealer has over her. Desperate for her "*fix*". Blind to reality. Taken over. Under a spell of intoxicating madness, that when recounted from a place of recovery, makes no sense to her, even though she can still transport herself upon will, back to the "*intoxicating feelings".*

As part of her strategic plan and by way of consciously managing her addiction, Miranda set up one final fix for herself. Having discreetly dealt with the practicalities of her exit, she arranged a meeting with her PDPT, knowing that it was to be the last:

> "*It's certainly not recommended that you have a final night[…] I needed to see in person if what I had learned matched up[…] I recognised that he could appear… I knew he was a shape-shifter.*" (P11,L7-16).

Indeed, having detected subtle changes in her behaviour towards him:

> "*he showed up in like flannel pyjamas[…] suddenly, not this other distant, cool guy, whatever he was, he was showing up like the husband and holding me in ways that he wouldn't and saying "I love you"[…] within seconds of seeing him, I knew it was true. There was no winning*" (P11,L26;P12,L1-11).

Miranda experienced this union with the aforementioned conflicting emotions, blinders open and mask on. One part:

> "*going in with lab coat on, just seeing*" (P12,L17-18),

and the other:

> "*part that deeply loved him[…] I was madly in love*" (P12,18-24).

Whilst she believed this necessary as part of her "*managing out*" process, as with the addict encountering her dealer, it was fraught with danger:

> "*I was terrified[…] I am definitely getting sucked back into this. I definitely saw his winning ticket*" (P12,L10-12).

This is a clear demonstration of the seductive abilities of the PDPT and his "*winning ticket*." Even though Miranda knew that he was holding it, knew that he was acting, that his words and actions were a lie, the overwhelming potency of it almost consumed her and the addict was almost taken once more. Yet against the odds, Miranda did manage to "*close the door*" on this occasion:

> "*…it was important[…] that I left in love. I knew there was not gonna be any winning, I knew there was not gonna be any closure and I created that for myself and I am very proud of that*" (P14,L13-14).

As has been evidenced, '*disentangling*' from a relationship with a PDPT requires an understanding of the dynamics of the pathology, without which, continued harm is inevitable. Miranda and Paula came to understand the potential consequences of the traits outlined in Hare's checklist (2003), such as the ability to emulate the full range of human emotions from a place of no-conscience and the pre-meditated manipulations that bind the relationship. They learned that transparency is not an option, which requires strategic planning, discretion and its own level of conscious deception. This knowledge was essential to their process of '*managing out*' of the relationship, and the process was fraught with danger on literal and psychological levels, whilst the internal neurological impairment of cognitive dissonance remained.

However, breaking free was only the beginning of their journey of recovery.

5.2.5 Sub-theme 4 - Burnt to the ground

Once distanced enough from the regular impact of the relationship, every participant experienced varying forms of psychological and/or physical breakdown:

> Miranda: "*I mean the sense of self was destroyed entirely, utterly*" (P18,L21-22),

Grace: "*I was barely alive*" (P10,L19),

Elle: "*I had to break*" (P16,L5),

Lailee: "*was like near death[…] I was exploding, my body was failing*" (P17,1-2),

Bida: "*I didn't want to live*" (P5,L1-2),

Clara: "*I don't think my brain was working then{…] I couldn't even put two words together*" (P44,L3-6).

Bianca speaks candidly about this phase:

"*…the darkest place I have ever been. I have been 20 years in recovery and this is probably the darkest place I have ever been*" (P23,L14-16).

This is a strong-willed lady who has managed to survive the overwhelming power of addiction, yet her experience of surviving the relational dynamics of a PDPT left her *'on her knees*':

"*I felt a lot of shame[…] my career is in absolute tatters, I didn't work because I couldn't*" (P16,L1-3),

"*It could have killed me*" (P22,L1),

"*It's terrifying. I think that is what people don't talk about in the healing journey is how fucking scary it is*" (P55,L13-16),

"*…kind of burning everything to the floor[…] brutal, brutal, brutal. I wouldn't wish it on anyone*" (P56, L8-11).

This feels extreme; "*Terrifying*", "*Barely alive*". Feeling incapable of existing on basic levels. Again, this speaks to me of the extent to which the predatory PDPT ("*he spent 5 years grooming me for this*" (Bia,P14,L8)) moves in and takes up psychological residence; overwhelming the senses and through conscious, pre-planned manipulation, insidiously destroys all that has previously been experienced as self, because in the aftermath, no experience, emotion, thought or perception can be owned. It was all a lie. In terms of Maslow's self-organising framework of needs (Kaufman, 2020), as described on page 49, all aspects are diminished.

Similar harrowing experiences are echoed by Lailee and Miranda:

> Lailee: "*The level of betrayal is like near death[…] I had to hold on to everything[…] my body was exploding[…] I could have been in a mental institution*" (P15,L15-16),
>
> Miranda: "*I could easily have been in a mental hospital[…] I had a breakdown at work, I couldn't work, I had to go on medical leave. It was like going down a long, dark tunnel.[…] I was dysregulated, I was in so much p*ain" (P15,L8-22),

and Bida,

> "*I was just so broken*" (P21,L6-7),
>
> "*I have been cracked open*" (P44,L10).

Grace describes a "*slow death*", likening it to "*water torture*" (P40,L24). At the end of her 39-year marriage, when her husband abruptly left to start life with another woman, "*barely alive*" and physically broken, she lost her words:

"*…the damage. I can't even begin to talk about the damage[…] I couldn't speak, I literally couldn't speak*" (P39,L2-3).

In each of these cases, everything that had previously made sense, makes no sense such is the "*level of betrayal*". There are no words. Everything that was felt and experienced is "*broken*". "*Cracked open*". Reality is distorted beyond comprehension, which includes the hidden atypical trauma (described on page 43) from all that felt like the most alive, best part of self. Neurologically, not only are they now wrestling with chronic and persistent cognitive dissonance, but executive functioning becomes impaired when the system is traumatised:

Miranda: "*I couldn't get through my head[…] and that immobilised me*" (P16,L13-17),

Bida: "*…he took what had already been programmed*" (P22,L4-5),

Clara: "*I don't think my brain was working then*" (P44,L3-4),

Grace: "*…my brain didn't…it took my brain*" (P7,L10-11),

Again, Miranda articulates her experience expressively using the metaphor of a shipwreck:

"*…all my life was scattered around me, that my life was the ship and the ship had been destroyed and now all these little pieces were washing up on the shore[…] he set me to be destroyed, he meant for me to be destroyed…and now I am destroyed[…] entirely and utterly*" (P18,L9-23).

The intentionality of the abuse is clear here. "*Set to be destroyed, entirely and utterly".* No aspect of self remains intact. These accounts of breakdown are descriptive and

powerful and need little interpretation by me. They convey the extent of psychological, physical and emotional breakdown, that is heard and felt. What I did note however, was the reflexive ability to vividly articulate such experiences, after the event. They were describing total loss of all sense of self and yet given the level of clarity in the memory recall, I wondered how this was possible. Total breakdown in psychotherapeutic terms generally means psychosis or resultant dissociative disorders (van der Hart, Nijenhuis & Steele, 2006), yet these participants could lucidly describe their experience of breakdown. Indeed, in most cases, breakdown on this level did not occur until they had extricated themselves from the relationship.

I wondered if heightened personality proclivities in conscientiousness traits which include self-awareness, mindfulness and commitment, might be relevant to this. Maslow (1961) cites altruism and courage, among the attributes that he observed as being indicators to positive outcomes of repair (p.49). What I sensed in all participants, without exception, was a strength of character and determination that resounded in the narrative of their experience, in their depth of connection, both literally and spiritually and in the quality of their persona. Whilst I was left with no doubt about the level of suffering that each endured, I became equally mindful of the extraordinary capacity of each to survive. This concept is introduced at this stage to reflect its surfacing in the analytic process, but as with the process, it will be returned to as the themes unfold.

5.2.5.1 Inevitability of the breakdown

Miranda goes on to liken her breakdown to "*a Shamanic death*" (P30,L25), which is a ritualistic killing off of self-knowledge and known experiences before being re-born. This evoked my curiosity on another level. Was breakdown an inevitability despite the detrimental overwhelm of the PDPT? Might there have been previous associated trauma that would eventually cause breakdown if left unprocessed? Or is this essentially a result of the detrimental overwhelm inflicted by the ritualistic taking-

over/killing-off of the psyche by the PDPT regardless? Bianca offers an account worthy of exploration on this level. She describes "*burning everything to the floor*", yet upon further investigation, she makes this earlier statement:

> "*If the relationship had been functional we wouldn't be having this conversation[…] even if it was semi-functional[…] but the fact it had to be a proper psychopath to set fire to everything, so I had to do it, if that makes sense.*" (P32,L20-22;P33,L1-3).

This would imply that it takes a PDPT, "*a proper psychopath*" to cause this level of devastation, corroborating the fact that it is this relationship, not a lesser dysfunctional relationship or prior dysfunction within self. She states that the "*psychopath sets fire to everything*", implying action on his part, but then goes on to say "*so I had to do it*". On this level, it still indicates that the breakdown is a result of the impact of the PDPT. However, the words "*the fact that it had to be a proper psychopath*", as opposed to a lesser dysfunctional relationship, might imply that she was in need of '*breaking*' the self that was before this encounter, but would not have done so, unless/until the impact was this severe.

Conversely, Miranda's "*ship*", her "*self*" was sailing on the ocean until it was "*set*" to be destroyed. For her the pre-meditated, disguised, conscious abuse inflicted by her PDPT, was:

"*a different kind of whole system discombobulation*" (P15,L26),

which implies that prior to her encounter with this PDPT, her ship was seaworthy, and such was the impact of the PDPT's deception:

> "*…the pain[…] I couldn't get through my head…that this person, that…I thought was this level, was actually trying to destroy me[…] and that immobilised me*" (P16,L13-17).

Her disbelief is still heard in voice intonation, the idea that another human being would knowingly set out to purposely deceive on this level. This is what she claims "*destroyed*" and "*immobilised*" her "*entirely and utterly*". For her, this was an experience like no other and these were the consequences.

Bida, Paula and Lailee however did speak of adverse childhood experiences (ACEs), which might indicate that eventual breakdown was necessary or inevitable despite the PDPT abuse:

> Bida: "*He would say I am a bitch and I believed it[…] I had been taught that as a child*" (P21,L23-24;P22,L2-3),
>
> Paula: "*There was physical abuse, emotional abuse, manipulation[…] I was being force fed[…] no choice*" (P21,L1-5),
>
> Lailee: "*I honestly didn't have a good relationship with my family*" (P14,L10).

However, in each case, these early experiences were contextually voiced by way of openly sharing their own insightful connections regarding their resulting vulnerabilities in adulthood. Paula did not have '*choice'* growing up and she can now make sense that this is a dynamic that she unconsciously ended up with in marriage. Bida and Lailee make similar parallels, and despite previous adversity, there is nothing to indicate in these accounts that negative childhood experiences would have resulted in a breakdown of this severity for these participants. Their particular vulnerabilities did however provide the perfect target for the PDPT to exploit:

"*He just took what had already been programmed and added to it*" (Bid,P22,L4-5).

Prior psychological deficits that were "*already programmed*" were "*taken*" by the predatory PDPT and used in his favour as he played on them, "*added*" to them. This is the meaning that these participants make with hindsight and it is seemingly the targeted exploitation of their vulnerabilities and the extent of pre-meditated, ongoing deceit that "*breaks*" them, robs them of all that was known before, "*burns everything to the ground*" regardless of prior experience.

This sub-theme has revealed the unanimously experienced breakdown and brutal "*death-of-self*" that results from being in a relationship with a PDPT, beyond that which is generally presented in non-PDPT break-ups. Connecting to its descriptive depth and clarity of experience has been striking and impactful. Equally, the journey out of the breakdown seems significant and noteworthy in its distinctive recounting which I will now address in the next sub-theme.

5.2.6 Sub-theme 5 - Desert rose

From a place of "*near death*", "*destroyed*" and "*broken self*" there is a quality and power to the process of revival that is in equal measure to such a dramatic breakdown.

Bianca openly describes "*her need to die*" that is a consequence of her PDPT encounter, yet goes on to say:

"*I think once you have gone there, you've got two choices. You die or you phoenix, rise again. So I went for the phoenix option*" (P22,L6-9).

This conjures a potent image; a mythical bird, the phoenix, that rises from the ashes of its own funeral pyre. Spiritually this resurrection can be understood as a symbol of

"*renewal, transformation, rebirth*" (Bia,P44,L15-16). To rise up, defying death, such as the resurrection of Jesus Christ in Christian faith. In Greek mythology, the phoenix is associated with the sun and the sacredness of life; lifting from darkness to light (Buxton, 2004).

Another evocative comparison is voiced by Miranda, who likened her breakdown to a "*Shamanic Death*". This is followed by:

> "*…having the metaphor of feeling like, as like the Shawshank Redemption. Like I had to crawl through the sewer, through the shit[…] to get to freedom*" (P17,L7-10).

Much can be drawn from this analogy. Based upon a Stephen King novella (1982) that was adapted for film, *The Shawshank Redemption* (Marvin, Lester & Glotzer, 1995) is built around a character who is sentenced to life imprisonment for a crime he did not commit. Already the comparison can be made of life being 'taken' unjustly. It tells of an innocent character who encounters the corruption and wrongs of his imprisoned world, perpetrated by those in power. It is a story of virtue, goodness, courage, and hope that triumphs over evil as the abusers eventually fall from power. Its deep and moving messages continue throughout the film, which I personally translate as '*salvation lies within*', '*when all is taken from you, you still have your will*' and '*staying true to self*'. It takes the main character 20 years to dig his way to freedom. It is about perseverance, strength of character and will. Along the way sacrifices are made and part of self is lost forever, yet freedom is the ultimate prize. Like the phoenix, this is survival against the odds. Goodness prevails over evil. Out of the darkness into light.

Lailee, whose experience of PDPT abuse is the most extreme, encapsulates this:

> "*I had a little plant on the windowsill and I noticed[…] that no matter where I put it, it would always orient itself towards the sun and I thought "these are smart plants right". It is turning to where it is being nurtured*" (P8,L1-6).

She continues:

> "*Also, I have kept my faith in God and I feel there have been insights when reading scripture. That the world has fallen short of being able to share that knowledge.[…] God is an active part of my life and there is basically two characters in the bible, no matter what their names are. The righteous and the wicked*" (P8,L11-21),
>
> "*I can see how wisdom and knowledge and faith became part of my daily decisions*" (P10,L2-3),
>
> "*I started to value the good things inside me*" (P10,L25-26).

Lailee's abuse was so inhuman, it defies psychological survival. To hear her speak of the light and the good things inside her is truly humbling. I sense the magnificence of her strength as she draws from the words of the ancient scriptures. She makes a definite distinction between the wisdom and knowledge that has always been thus, as opposed to the world we inhabit, that has "*fallen short*", implying a diluted sagacity. A modern society incapable of comprehending her experience. Interestingly, her PDPT is a minister, respected in their community. "*wicked*", according to her account, disguised as "*the righteous*." She embodies wisdom and knowledge that transcends being. "*goodness*" is her salvation.

The themes of goodness versus evil, rebirth and renewal, wisdom and faith seem to echo through the narratives of my participants in their accounts of this phase. Grace felt that her whole adult life had been taken and now in her 60's she acknowledges:

"*unfortunately for me it has come very late*" (P19,L15),

and:

"*I've accepted that I'll not fully recover*" (P41, L25-26).

This frail, gentle lady, invokes deep compassion within me, as I struggle inwardly to accept this as her truth, yet at the same time there is apparent strength, hope and aliveness in her experience:

> "*It's like a whole re-birth[…] I've learnt that there is a lot that money can't buy and having your own peace and happiness is one of the best things*." (P19,L14-20).

She speaks of virtues beyond many of our modern-day hedonistic expectations. The simplicity of peace and happiness that comes at a higher cost than can be purchased. It is her reward for a lifetime of insidious abuse. She too exudes a sense of goodness that is felt in her presence:

> "*I'd had a background of church until I met him and then his shady background[…] it just sent me scurrying back*" (P12,L14-17).

A goodness from which she was robbed, now hers to re-claim in her "*re-birth*":

"*I actually saw something evil in this*" (P12,L7-8),

"*I feel bad using the word evil[…] but definitely it is you know*" (P33,L17-19).

Bianca also speaks of evil, directly stating:

"*The more you see evil, the closer you are to God*" (P25,L10-11).

When Grace "*saw"* evil, she "*scurried*" back to church. She, like many, struggle in the use of the word evil. Like the term psychopath, it is ill-defined and eludes concrete clarity, so the two nouns combined feels doubly challenging. Bianca helps define what evil means in the context of a PDPT.

"*You have to see there's evil in the world and I think we get gaslit in society[…] it's like "people can change"[…] and that's where my eyes have opened of going "Ok, some people can't change" and there are pathological people in the world*" (P25,L12-18),

"*He cannot change. He needed me to survive and I didn't know that I was being used as a survival thing, I thought it was love*" (P26,L10-15),

"*He knew exactly what my vulnerability was[…] he was a clever man, he was a therapist, he knew how to use all of those tools to manipulate me[…] it means there's evil, yes. I thought there were just shit people[…] I realise absolutely, the length he went to, to groom me, to manipulate me, to get into relationship with me, to then want to destroy me, that's just pure evil*" (P27,L1-24).

Miranda corroborates this:

"*I mean evil, there are people who just want to use other people, who need energy from other people*" (P44,L25-26;P45,L1),

"*…one of the biggest transitions, to understand that there are evil people in the world[…] I used to see everybody was good*" (P43,L22-25),

and Clara:

"*I couldn't wrap my head around the evilness*" (P35,L3-4).

Evil is defined in the Concise Oxford Dictionary (1990) as "*morally bad; wicked*". A PDPT has a congenital neurological disorder that results in a lack of conscience, so is devoid of a moral compass, which is a pervasive condition (Blair, 2003). Their actions, therefore, are unbounded and have the potential to be wicked (Stout, 2006). As Stout observes, it is a concept that individuals with a conscience find difficult to fully comprehend (2006, p.2), yet this is the enormity of the reality with which these victims need to make sense. It seems that this, together with the predatory, self-serving motivations of a PDPT, is what Lailee, Bianca, Miranda and Grace are grappling with when they describe "*evil*".

However, just as it took "*a proper psychopath*" (Bia,P33,L2), described as evil, to break them, so it seemingly takes a higher power, goodness, light and love to find their way back:

Elle: "*..something so bad becoming something so good, I mean the good out of the evil*" (P38,L14-15).

For Grace, peace and happiness find her in what feels like a re-birth.

For Paula:

"*There was a discovery of self[…] along with appreciation and a profound gratitude for life, just to be alive*" (P16,L25-28).

Miranda:

> "*crawls through the sewer, through the shit*" and her gift is "*freedom*". (P17,L9-10).

These accounts are described as "*spiritual awakening*" (Bid,P42,L2) "*renewal*" (Bia,P44,L16), "*transformation*" (L,P43,L4). What is striking is the courage and strength that was heard throughout these and captured as thus:

> Bianca: "*It's the desert rose isn't it, where the flat and then the rose just kind of emerges*" (P32,L10-11).

Again, survival against the odds. "*burnt to the ground*". Almost, but not quite. Like the embers of a burnt-out fire, just one tiny spark brings it back. Re-ignites it. The beauty in the emerging rose symbolising emerging peace, happiness, freedom and gratitude for life, "*this wonderful joy rose up*" (P12,L4). This is goodness triumphing over evil, the phoenix rising from the ashes. As discussed on page 49, Maslow (2022) observed that the characteristics of altruism, creativity, authenticity and courage, effect stronger outcomes of self-actualisation, the traits and consequences of which are emergent in this sub-theme.

This concept will be expanded upon in the final sub-theme of the findings, '*the gift of self*', but is introduced here as the final stage of recovery.

5.2.7 Summary of theme 1 - There are phases of recovery

These phases of recovery, which can be generally translated as discovery, withdrawal, breakdown, and recovery, are not dissimilar to the necessary processes that are common to the breakdown of other intimate relationships. These processes are understood and supported within the psychotherapeutic profession and can be

understood through the lenses of trauma (Herman, 1992; van der Kolk, McFarlane & Weisaeth, 1996), attachment (Bolwby, 1969), grief therapy, relational/couples work and personal development, regardless of modality, interventions and approach. As Bianca experienced in her Alcoholics Anonymous group, shared experience and knowledge is helpful.

However, distinctions can be made from this data, in the severity and nature of the trauma, given the level of betrayal and calculated reality distortion, the unpredictability of the partner and potential for dire consequences, the lack of societal knowledge or support and the emerging character profiles of each participant.

5.3 Theme 2. Society re-abuses

5.3.1 Introduction to theme 2

Given the motivations of this research it did not come as a surprise to me that my participants would encounter a form of societal re-abuse. As already discussed, lack of definition and knowledge about persons displaying psychopathic traits (PDPT) and the severe relational harm they inflict would inevitably result in misunderstanding, misdiagnosis and inadvertent re-traumatising of victims. What was not expected was the level to which society does not accept the concept of the existence of this phenomenon once information is imparted. Furthermore, these findings evidence blatant exploitation and abuse by the helping professions. Expanding upon findings already revealed in *theme 1, sub-theme 2, desperate detective*, this theme unveils the levels of re-abuse experienced in society and within societal systems and the detrimental effects it had on these participants as a consequence.

5.3.2 Sub-theme 1 - The victim is victimised

All participants sought therapeutic help and/or the services of relevant agencies in their desperate attempts to find answers and receive much needed support. Additionally, divorce and child custody required legal intervention which is itself a traumatic experience for all who encounter being at the mercy of a system granted the power to make emotional, financial and familial decisions that are beyond individual control. Given that the focus of this research is to inform the psychological support and recovery of PDPT victims, the inadvertent yet perceived neglect, mistreatment and exploitation that participants suffered at the mercy of the legal system is omitted from this sub-theme. Inclusion of this fact is made however to demonstrate the range of societal re-abuse that was reported.

At this point participants have discovered and/or continue to discover the horrific unfolding reality of their relationship. They are in the tricky, often dangerous process of '*disentangling*' from their abuser, whilst trying to make sense of that which does not make sense. They are often neurologically impaired, resulting from a trauma induced reduction in executive functioning and chronic and persistent cognitive dissonance (Brennan, Brown & Paradise, 2021). Physically and emotionally, they are '*on their knees*, *barely alive'* and they have no language or terminology with which to communicate their isolated suffering. The following accounts reveal how they were received in society and within the helping professions.

5.3.2.1 Not understood

The distress caused by lack of knowledge, acknowledgement or support is echoed across the dataset:

> Bida: "*I couldn't understand why it was so damn hard to find some help*" (P17,L23-24),

Grace: "*Being shut down, that was harmful. Very harmful*" (P15,L3-4),

Elle: "*Don't talk to people about it, because people don't understand[…] they'll be like "get over it"[…] "what are you talking about?", they don't understand*" (P35,L18-21),

Clara: "*It's like a big secret. We can't say it[…] it doesn't exist*" (P28,L20-21),

Bianca: "*Society recognises an addict, but this isn't recognised is it?*" (P18,L18-20).

As described on page 39, victims of PDPT abuse do not present as other domestic violence victims and they lack language with which to communicate this undefined phenomenon.

5.3.2.2 Not being believed

Absence of knowledge, not being understood and inappropriate advice itself feels '*damaging* and *harmful*' to these sufferers when validation, sense-making and support are most needed, so not being believed adds another psychologically destructive layer.

Bianca: "*Not being believed is traumatic*" (P45,L19),

Lailee: "*…especially when the notion of it, you're put down. Like "no, no, no, it's all a choice. There's no personality disorder. There's no mental health disorder. That was crippling to be told that in my beginning of my journey*" (P39,L20-22;P40,L1-2),

Clara: "*I'd get these looks like they didn't believe[…]that is the worse part*" (P28,L1-4),

Lailee: "*Everything I said was denied and minimalised, not just by him but the community*" (P13,L7).

Paula is the exception in this study in that she:

"*…had a few confidents, friendships, that when we talked[…] they really helped me strategise. They heard me and they heard my need for understanding, my need for awareness and my need to manage him*" (P34,L16-23).

Whilst they did not fully understand the relational dynamics of a PDPT, this demonstrates the powerful impact of being heard and believed.

Lailee's experiences of not being believed began prior to her planned escape:

"*We lived in a faith based community, so there was a hierarchal church structure that weighed in and[…] they sided with him. The suggestions they gave me were laughable…setting me up for harm psychologically and physically*" (P4,L15-21).

When she reached the physical safety of a women's shelter in which she had placed her trust:

"*The people I considered experts…running the safe home[…] when I said "I think my husband has a mental health issue", without hesitation I was told "absolutely not*" (P5,L9-14),

"*Why wouldn't they listen to the voice of someone who has been victimised? It was a revelation to me that people who said they cared and people who touted themselves as experts didn't seem to care at a basic human level*" (P7,L9-14).

Good and evil appear evident once again. "*Faith based community*, *safety of a women's shelter"*. Not only is Lailee not protected, but she is also disbelieved. Is this purely resultant of the convincing disguise of her perpetrating minister, who holds a position of power over their community? Would this influence extend to the caring experts whose sole focus is to protect women against domestic abuse and violence? "*Why wouldn't they listen to the voice of someone who has been victimised"?* These questions hang in the balance, unanswered yet felt on a chilling level; heard in the bewildered desperation of Lailee's recounting. For her:

> "*society played its role in making the situation worse*" (P4,L9-10),
>
> "*The help wasn't out there because I couldn't even successfully communicate what was going on. I couldn't be heard. My ex has a PhD from an Ivy League college[…] he was touted as the expert and hailed as the expert, so everything I said was denied and minimalised. Not just by him but the community*" (P13,L1-9),
>
> "*Why be threatened to share the truth[…] like I tell the women that these men are not going to change[…] I said "get out while you still can and preserve your life". They don't want me to say that at all. So I'm not welcome*" (P31,L22-24;P32,L6-8).

Would this be the attitude of a non-faith-based community? Are there geographical, religious and/or socio-economic issues that contribute to these attitudes? These are the questions that present in my interpretative endeavours. "*Why wouldn't they listen*, *why be threatened to share the truth"?* Lailee describes being "*minimalised"*, such is the respectability, academic achievements and high religious standing of her PDPT, which overshadow her. Additionally, there is no language with which to communicate her particular abuse. This is not understood or normalised in society, so trying to

communicate it could sound like madness coming from the mouth of the psychologically devastated victim who cannot make sense herself.

She goes on to describe another experience when her partner blatantly acknowledges his use of seductive charm and convincing lies:

> "*There was a psychologist and shockingly when each of us went to see this person individually, he came out smiling and said "good luck trying to tell your story cos she bought mine hook, line and sinker." I just thought but why not look at my background[…] there's nothing in my academic studies, or my job history or other relationships that would indicate I'm wrong* " (P6,L1-6).

This portrays the contrived actions of this revered minister and the satisfaction he feels when deliberately and successfully duping the helping professionals. An act of taunting psychological abuse, effected in plain sight, rending Lailee powerless and voiceless before she even enters the meeting. His pre-meditated, disguised actions ensure her continued inadvertent abuse and lack of support at societal levels in other ways. When she moved to another church:

> "*he'd call up the minister and say terrible things and the minister was like "I don't think you (Lailee) should come here*" (P21,L1-4).

This is akin to a wounded soldier fresh off the battlefields, bleeding, broken and barely alive; in need of life-saving care and attention, only to be told "*this hasn't happened, there is no battle.*" For Lailee, "*they didn't seem to care at a basic human level".* I wonder perhaps, is it simply unthinkable and unimaginable to moral society that evil exists and operates under the wicked cloak of goodness and godliness with such conviction? Lailee also fell victim to this trickery and is now left to navigate the

aftermath; silenced, disbelieved and re-abused by her own community and the professionals from whom she seeks help. She concedes:

> "*It's too bad they have victimised the victim*" (P47,L14-15).

5.3.2.3 Inadequate therapy

All participants who sought therapeutic intervention experienced therapists with varying levels of inadequate training and a lack of knowledge or comprehension that this relational pathology exists. As Grace testifies:

> "*other women seemed to be diagnosed with PTSD. I never actually got…I was having flashbacks[…] my mind was gone and I definitely didn't get help. They just thought I was dwelling on it too much and if I would just distract my mind*" (P14,L18-27).

This again describes the atypical trauma that is not understood. She is experienced as dwelling. Her mind cannot be distracted because all experience is traumatic. The more she tries to process it, the more she is experienced as dwelling, such is the worsening loop of chronic and persistent cognitive dissonance (as described on p.18).

Paula was the most fortunate and expresses this:

> "*…there are things that happen in the universe and the court assigned us to a therapist. She really was the piece that helped me with the puzzle pieces*" (P8,L14-17).

Whilst she appeared to not understand the phenomenon of PDPT abuse, she did help her to understand her grieving process:

"*the grief of having loved a façade*" (P10,L26-27).

Again, testament to the power of being believed.

Miranda found a therapist who offered a supportive structure but did not effect the necessary therapy:

> "*He kept working on things like childhood memories of shame and humiliation and I was kind of like making stuff up[…] because that's not my story[…] I don't come from abuse*" (P21,L1-6),
>
> "*I was feeling more shamed and like I was doing something wrong or I have something wrong with me rather than this is something different*" (P21,L25-26;P22,L1).

Although well-meaning, this demonstrates how lack of understanding can unintentionally lead to a worsening of the symptoms; an oversight of which I have been a personal offender. Miranda still did not know what she knew she needed to know, so she grappled with herself, believing that she was in the wrong, leading her to feel shamed.

Clara had similar experiences at this level of unintentional re-abuse due to inexperienced, untrained, unknowing therapists. She, like Bida, Miranda, Paula, Bianca, Lailee and Elle, tried several models of therapy over many years:

> "*…they'd say yeah but look at all the strengths you have[…] they were all trying to play up to the wonderful things that…and I couldn't, I couldn't wrap my head around the evilness[…] I couldn't even express it right and they couldn't pick it up. They definitely weren't picking it up*" (C,P35,L1-8).

Again, the ever-worsening cycle of the chronic and persistent atypical trauma loop that is neurologically damaging, yet invisible and undetected to the untrained eye.

As with most participants, who at some point in their search get signposted to EMDR therapy, Clara tried the same:

> "*I got like…and I couldn't and then I'd feel guilty, like what's wrong with you, you can't even think about one thing anymore[…] she just kept pushing and pushing and I found that, you know, this is, this is not*" (P36,L13-18).

Clara's struggle to communicate her experiences is still heard in her exasperated, unfinished sentences. Not only can she "*not express it right"* given the lack of relevant vocabulary, but she is incapable of doing so given her reduced neurological capacity, rending her incapable of "*even one thought anymore"*. This she then turns back on herself, feeling guilt and shame for the severely traumatised state she is in. Added to this:

> "*all of this cost money that I didn't have […] not got and then worried how we're gonna pay for it* (P35,L10-14).

Clara's experience is representative of similar accounts across the dataset. These are potentially well-intentioned professionals who would benefit from the knowledge and training about the relational abuse incurred by partners displaying psychopathic traits (PDPT), that has until recently been non-existent. This study recognises this fact. What was not expected was the seemingly deliberate abuse inflicted by the therapeutic profession.

5.3.2.4 Abusive therapy

Elle and Bianca reported therapeutic abuse at a level that might be considered malpractice. Bida's interview focused heavily on her traumatic search to find support and the disturbing experiences she encountered. I will briefly share the former before outlining the first part of Bida's therapeutic journey of recovery.

Elle:

> "*my first therapist[…] he got to her and he went and visited her and she was like "he came and saw me and dah de dah[…], so now my therapist is on his side*" (P20,L4-8).

In my personal professional experience, it is not uncommon that PDPT's try to infiltrate or sabotage the therapy. It was also evidenced in my PEP study (2021) and has been referenced by published psychotherapist Stout (2021). Hyper-vigilance to such potential, and strong boundaries against unsafe practice are paramount in this work. In this case it demonstrates blatant ethical misconduct, despite the charming, disarming abilities of a PDPT for which she may have fallen.

Bianca:

> "*I had a therapist who I also have questions about, he had some traits himself[…] I should have seen the red flags and acted on them*" (P10,L3-9),
>
> "*he started talking about going to a seminar on male sex toys*" (P11,L5-6),
>
> "*it took me about 8 or 9 sessions to be able to say no*" (P11,L22-23),
>
> "*It was an extra abuse on top of abuse*" (P12,L4).

Bianca was a vulnerable woman. This male therapist was clearly inappropriate, yet it took her months before she found the strength to recognise that he was inflicting more of the same abuse on her and safely remove herself from his tormenting "*abuse on top of abuse".*

Bida:

As conveyed by all participants, Bida was:

> "*desperate for insight and answers, just desperate*" (P3,L3-4),

and like them, she started out by Googling, reading and consuming blogs in her attempts to understand what had happened/was happening to her. Alongside this, her first therapist:

> "*didn't have a clue, but she did tell me that EMDR would probably help*" (P5,L8-14).

She duly found an EMDR therapist, but this did not go well. As she began the facilitated process:

> "*I absolutely fell apart[…] she wondered if she should call an ambulance. She didn't want me to drive home[…] I can't explain what happened but looking back I guess she wasn't well trained in EMDR*" (P5,L25-26;P6,L1-6).

The complex and atypical trauma suffered by victims of PDPT is not necessarily visible. It seems possible that Bida was not adequately assessed; suitability for EMDR instead being judged by her outwardly composed, eloquently spoken persona. Her reaction to the EMDR process is testament to the severe psychological trauma and neurological impairment that rages within, undetected and misunderstood. This demonstrates the

necessity for clinical understanding of this trauma. Regardless, before this contract was terminated, the therapist recommended a male who specialises in relational abuse. Upon looking him up Bida believed him credible, having discovered that he had written a book and ran a retreat and is:

> "*well known around the US*" (P6,L17-18).

Still desperate, vulnerable and now further abused in the therapeutic process, upon recommendation, she placed her hope and faith in him by signing up and attending one of his weekend retreats:

> "*and when I left I literally had to pull over[…] I was sobbing and crying[…] it had, you know caused more harm*" (P7,L14-22),

> "*he does like these retreats and I realise now that the purpose of the retreat is not that he really wants to help people. He wants to make money and he is very narcissistic and made the programme all about him*." (P7,L7-12).

Her experience is recounted with hindsight, from a place of psychological recovery. Like Bianca, she was unable to make sense of her response in the midst of her trauma, assuming personal responsibility for her inability to heal, which is cited as a symptom in personalities with high elevations in conscientiousness traits. Consequently, she entered into therapeutic sessions with this therapist, in compliance with the continuation of his program:

> "*as a therapist he was terrible[…] he told me he was going through a divorce but now he needs the money to pay his ex-wife[…] I'd show up for appointments he'd be like "take a seat, I just need to finish some emails, I need to make a few calls*" (P9,L1-15)

"*I might be driving to…and they would call me and say "he's gonna need to cancel[…] he ended up sending me to a psychiatrist who put me on medications*" (P10,L10-16)

"*he hurts women so much more than he helps them. He is well known around the area[…] I've had therapists say "I know who he is, stay away from him"[…] even to the point where he's told other men that he enjoys getting these women and manipulating them and it's just terrible*" (P10,L19-24;P11,L1-3).

The ethical malpractice described speaks for itself. This is a male psychotherapist who sells a program of support to a specific, targeted population of victims of pathological abuse and seemingly abuses their vulnerability in the process. Again "*abuse on top of abuse*." Abuse of power over vulnerability. Harm disguised as help. Bida's psychological state was now such that she was "*put on medications*". This could be likened to the insidious closing down of the senses whilst disguised as care, that mirror the relational actions of the original abuser. Ultimately, what she needed was the right therapeutic care and interventions that would support her worsening symptoms:

"*it just kept, just stuff it just kept happening[…] you know, in the middle of what you are dealing with already, you're dealing with more of it*" (P15,L13-18)

Her next therapist was no better:

"*this woman was horrible. I got up and walked out of the second session. I tried to get her to understand what…she was abusing me and traumatising me[…] and she was kind of "well why don't you get on with this" and I said "that's like saying to a rape victim that you just need to get over it and move on with your life*" (P15,L1-6).

In contrast, for example, the complex traumatic consequences of rape are understood and, as such, informed psychotherapy training is available to understand this. However, as Miranda suggests, this hidden abuse is:

> "*an attack on reality*" (P27,L19),

and this is not understood or acknowledged. Bida's journey is representative of similar accounts shared. The spectrum spans from inadvertent re-abuse due to lack of knowledge about PDPT abuse, to purposeful victim exploitation that parallels aspects of the original abuse.

5.3.3 Sub-theme 2 - Beyond words (tangential, CD, silenced)

It was particularly noteworthy to observe that, across the dataset, oddities were identified in participants' narratives that were deemed representative of lived experience that were continuing to play out in the here and now whilst past events were being recounted. These included tangential sentences, unfinished sentences, silences and sentences that did not make sense.

5.3.3.1 Sense-making process

Given the lack of societal and professional recognition and consequential lack of vocabulary with which to communicate PDPT abuse, it was not a surprise to detect the struggles evidenced in the data when attempting to convey lived experiences. Clara, Lailee and Grace seemed to struggle the most with the sense-making process. Their discoveries came at the end of long-term/life-long marriages in which they had no prior reason to suspect the adulterous and often unfathomable behaviour that was discovered. Their incomprehension is picked up in their tangential sentences:

> Clara: "*like erm, but in a way that and I am not sure how, that is almost maybe another…even though it's not, but then the super-trait of being able to live with that, is in, as in to it, but again I didn't think anything of it, you know when we got married his acne was really bad at the time and he erm, he had a big red afro, erm, this was back in the 70's you know and erm cos he had real wiry hair, had only finished high school, was really going to college but he wanted to be in the ministry*" (P9,L10-21).

There is kind of a sense to be made in Clara's words but it is not at all clear, indicating that it is not clear to Clara either. She starts one point and jumps straight to another. Is this a demonstration of cognitive dissonance? Does she answer her unfinished statements in her mind, or is she lost for words? Perhaps she is embodying the disbelief that stops her in her tracks before moving to the next unrelated word? In the jumble of incidences, experiences and facts there is also temporal switching:

> "*I realise that it was, it isn't just these past few years, it's always been. So that uncovering it, is kind of, you can see that, erm, why didn't I expect that and you know, I didn't see that with my parents…I think I never saw myself as, I remember when we were kids, my sister, she was that more prettier part*" (P6,L21-22;P7,L1-10).

I hear her trying to make sense, trying to fathom how she is positioned in the here and now from the beginning of there and then. Processing as she speaks. Although her shock discoveries were first made over three years ago, everything that she thought she knew prior and everything she believed up to this point, was a lie. So every memory and experience has to be remembered/re-visited, in order to be readjusted and understood anew. Sometimes there is no coherent statement, just evidence of the painful sense-making grappling that continues as suggested here:

> "*It never occurred to me and then we got back and we tried to do all those exercises, you know and what were blah, blah, blah and all that crap, so yeah and that's traumatising. I had already heard the erm, erh, well before we went there I was, we were trying*" (P21,L11-17).

This is how Clara sounds to me now, from a place of recovery, when she tries to articulate the most traumatic aspects of her experience and I understand it. I imagine, then, her struggle to be understood by another, in the midst of her discoveries when nothing makes sense to her and there are no words with which to understand or describe her experience.

Grace's sense-making process is heard throughout in the exasperation and incredulity of intonation as she continues to question that which she cannot fathom:

> "*jumble of confusion[…] complete lack of understanding[…] complete disbelief[…] confusion between the different things[…]no sense, you know[…] I spent a lot of time trying to make sense[…] of something that makes, is never going to make sense[…] no sense you know[…] no sense to this for somebody like me[…] I spent a lot of time trying to make sense[…] is never going to make sense*". (P1,L5-13;P2,L4-12).

These words are repeated within a short space, indicating her existent disbelief. Even though she now knows the reality of her perpetrator's pathology and the consequences of 'no-conscience', it cannot be fully comprehended.

Elle's sense-making can be heard in the recounting of long monologues. For instance, pages 8-9 contain 58 lines without breaking, after which no response is sought. She continues as though I have not spoken. Almost as though I am not there. I reflect in the moment, perhaps there is no expectation that I would be? This style of

communication is interspersed throughout: pages 13-14; 44 lines, pages 26-27; 46 lines, pages 46-47; 45 lines. Within the monologues, she questions her own content, using the word "*what*?":

> "*because I was like 'what'*?" (P9,L17),
>
> "*I said 'there's a what'?*" (P14,L3),
>
> "*this is a 'what'?*" (P14,L4).

Her continued questioning suggests the incredulity that is still felt, still hard to fathom. Temporal switching is also noted here as she moves between past and present:

> "*after those two girls presented themselves, about two years later, I was going back ten days, leaving 20 days[…] because I didn't and my fear was he's gonna[…] and then I had his mother as his flying monkey*" (P16,L23-25;P17,L2-4).

I consider whether her internal self-questioning is cognitive dissonance at play; the back and forth between conflicting states. It is as though she is still trying to make sense but failing, constantly playing on a loop, manifesting in ongoing monologues. As if she is trapped in her own psychological cycle, cut off from my presence, which feels it serves no use in these moments. It certainly feels as though this could be the case as I personally experience transitions from this non-existent impotent sense to mutual connection with more engaged communication. This is how she sounds to me, recounting from a recovered place, so I imagine how she might have sounded to an unknowing therapist at the height of her atypical trauma presentation.

5.3.3.2 Lost for words

At the beginning of Grace's journey, such was her disbelief, bewilderment and lack of comprehension, that she literally lost all her words:

> "*I couldn't speak[…] I did read somewhere, someone said the same thing*" (P39,L2-5),

and for Clara:

> "*I couldn't even put two words together*" (P44,L5-6).

This resonates with me personally, as I too have experienced a loss of words and share the experience with previous clients. Words simply disappear. It is like a form of temporary aphasia. Although not medically recognised, this condition is a possible indication of the traumatic effect on neurological executive functioning, combined with disbelief, lack of comprehension and absence of vocabulary with which to make sense.

5.3.3.3 What is not being said

Lailee did not lose her words, she learned instead to purposely choose what words she could and would say to whom:

> "*I realised that the enormity I was dealing with had to be compartmentalised. So I would have certain friends I would only talk about finances with, I had other friends I would only talk about parenting, other friends I would only talk about the abuse, other friends I would only talk about court. I was gracious about it, I had one day of the week for each person, so the intensity of our conversations would be just on one category, topic, and once a week*" (P16,L1-11).

This is how Lailee continues to live her life:

> "*the community where I live now don't even know that I was married, don't know that I have got a mother and it needs to stay that way because I can't have a casual conversation about my prior life*" (P38,L4-8).

These statements are alarming to hear as a psychotherapist; understanding that not only is she living with unprocessed trauma, but her only survival strategy is to create a split-off false-self in-order to save others from the horrors that she has endured, whilst consciously owning and living with her own reality at the same time. In addition to the cognitive dissonance that she wrestles with in isolation, this implies another layer, a cognitive turning against the part of self that is too much for others, whilst living with the same.

The process she described is active within our interview and picked up in her narrative. She alludes to potentially inhuman acts perpetrated upon herself and others by her PDPT but does not elaborate. For instance:

> "*hey if you want to side with an incest perpetrator[…] I showed the documents, we had the police and the social worker*" (P19,L13-17).

No mention of incest had been made prior and she did not elaborate, but instead ended the sentence with:

> "*he has charmed. It's a sad thing*" (P19,L19).

Then later she says:

> "*erm, children are not safe, erm*" (P28,L11).

This feels like a potential continuation of the incest comment. Linked, yet drip fed into her account, in bitesize, manageable pieces. Again, following these words, she moves away and dilutes the enormity of the statement with more palatable reflections.

In another instance she talks of how she had been imprisoned and endured callous cruelty. It is recounted without drama or heightened emotion, ending its fleeting reference with:

> "*and this was for over a year*" (P29,L12-13).

The impact I felt upon hearing the detail shared, that had been inflicted "*for over a year*" was that of shock, horror and disbelief which belied the context and tone of its telling. This is a demonstration, not only of the level of trauma suffered, but of her need to save others from enduring the reality of her experience. Was I being saved? How much did she need to protect herself from revealing too much information during the interview? I wondered, what was not being said. It could be felt in the words that were not spoken. As she confided:

> "*I don't say this to anyone because it would put me in a strange category*" (P29,L9-10).

Equally, Lailee's presence and gentle persona was humbling to encounter when learning of the atrocities she endured. The reality that she lives with is beyond that which can be tolerated within society, much less understood. Unfinished sentences and tangential sentences are also evidenced throughout her data, conveying the tormented, baffled, state of her being, with nowhere to put it and no expectation of psychological support. Silenced and split off from her own reality, living with unprocessed horror:

"*I still need to talk about the things that happened to me*" (P31,L10-11).

Given the limited word count of this project, this is a mere selection of the experiences that spanned the dataset, that were shared and understood beyond and within the spoken word. It is a dataset that was felt beyond narrative and often with impact upon first encounter, which intensified as exploration deepened.

5.3.4 Sub-theme 3 - Murdered in plain sight. No crime committed

The minimum sentence for murder in the UK is life imprisonment (cps.gov.uk). The taking of human life is legally recognised as being one of the most heinous crimes. Fraud, robbery and rape are acknowledged, punishable crimes. Yet the lives that are taken, in a pre-meditated, predatory act, purely for self-gain by a PDPT is not a recognised crime. In 2015, the case of Cilliers vs Cilliers came to public attention. The case involved a husband who secretly cut all ties on his wife's parachute, just before her skydive. Her survival was miraculous and what followed were the unfolding, shock revelations of a reality, that until the incident, had been entirely unbeknown to her (Cilliers, 2020). In 2018, Emile Cilliers "*was found guilty on two counts of attempted murder*" (2020, p.254) and sentenced to 18 years in prison. Victoria Cilliers' journey of recovery began at this point as documented in her published account (2020). PDPT abuse is rarely so evident or observable and had she not survived, the crime would have gone undetected, and she would have died innocent to the reality of her relationship.

So, unless murder is committed, there are no laws that protect victims of PDPT abuse. Despite the unspeakable atrocities that were inflicted upon Lailee, she acknowledges that:

"*nothing he did to me was deemed criminal, unless he was a stranger, then they would have taken it seriously*" (P32,L19-22),

and Bianca who shared details of sexual assault:

> "*this isn't recognised is it?[…]unless you're physically battered, sexual assault and emotional abuse don't really count*" (P18,L18-20;P19,L1-3).

Grace shares similar insights:

> "*a lot of this transgresses the law[…] and you know, he should be in prison*" (P3,L26;P4,L1-2),

> "*the sentences for domestic violence are nowhere near because when it gets to that level, what they have basically done is kidnapped you and taken your brain*" (P10,L6-11).

From a recovered place, now enjoying transformed good health, she reflects on the forty years that she suffered physical and psychological abuse, citing neglect among the cruellest:

> "*it had gradually come to the stage where it had become total abuse, total neglect and I hadn't noticed*" (P3,L2-4),

> "*I literally could not walk. I was in such pain, all of those emotions had gone to my body. So my body had known from the start{…] but my brain didn't[…] I could never get the proof*" (P7,L6-12).

Such was the insidious neglect and psychological torment suffered by Grace, that her body was closing down as a consequence. Yet this remained hidden from her own

psychological awareness because it was disguised and without definition or societal awareness:

> "*I had never been away from the doctor from the time I married him[…] a pain here, a pain there, I don't feel well here[…] my muscles seized, I had big patches of alopecia*" (P6,L20-24).

Symptoms gradually worsened as her whole system weakened:

> "*I fractured my ribs with a cough. I stood up and I couldn't, I fell down and fractured my leg*" (P8,L1-3).

Eventually, she recounts how she fell and broke her leg and continued to walk about on it for three months before going to A&E:

> "*and they thought "oh it will be your arthritis or your autoimmune disease"[…] the doctor wasn't even going to xray it[…] she came back and apologised*" (P11,L1-6).

The doctor could not believe that she had been living with a fracture, which was bearable to her because:

> "*I was so used to those levels of pain*" (P11,L9-10).

These ailments appear unrelated and associated abuse went undetected by the medical profession. Furthermore, as Grace shared with us, there is no proof, even psychologically to herself, so it is also undetected by the victim of the crime. These unpunishable, unacknowledged, silent acts do not fall into legal categories because they are not evidenced. Most are invisible. Unlike in the Cilliers case, no cord has been cut, just the severing of another human's being.

In Paula's recollections, she describes the 'toxic' feelings:

> "*as though someone has opened my mouth and poured poison in me*" (P42,L1-2).

Again, as a reality, this would be a punishable crime. The lived, embodied sense of the same is not. It is not tangible, visible or evidencable. It is experienced and moreover, it is often administered with a loving smile.

Clara shares the same sense of hidden torment:

> "*if I could tell the story that, you know, over those 41 years he tried to murder me several times[…] but I don't have that story, so I can't convince anybody*" (P39,L1-7).

She makes this analogy:

> "*the initial shock of finding out is like walking in the house and finding dead bodies under your house*" (P39,L15-18).

But there are no dead bodies, no witnesses, no terminology with which to make sense or convey to others. Her voice falters, and with tears falling she talks of the torturous isolation within which she continues to be locked regarding her children and grandchildren:

> "*They don't know[…] that there's an empty shell of, he's sinister, who will hurt anybody*" (P48,L6-8),

> "*…they are wanting to have a relationship with someone who is trying to kill me really. He was destroying me, he was systematically destroying me, intentionally and in an evil way*" (P48,L8-12).

These are words that could just as readily be heard as the overly dramatic, paranoid ramblings of an embittered partner, who cannot come to terms with being abandoned, yet it is different.

These are accounts of disguised, hidden abuse that are unacknowledged and disbelieved by the child protection, victim protection, the legal and medical professions and the helping professionals, as these participants continued to be overlooked and re-abused. Even more alarming, as Lailee perceives:

> "*without a system that is helpful and supportive to people in my situation, they are injuring the next generation*." (P46, L14-17).

These sentiments are echoed throughout the dataset. Having experienced and survived their relational ordeal, enlightened and armed with knowledge, Elle, Grace, Paula, Bianca, Miranda, Lailee, and Clara, all share an objective to somehow make known the particular dynamics of their relational abuse. Contributing to this research is one goal achieved for each of them. The expression '*pay-forward*' is used by all, as they find their own unique approaches to the cause. Unfortunately, as Elle concedes, this is an undertaking with no easy route:

> "*Who do I get together in a room to say "ok, how do you change the law?". What are the steps to changing a law?[…] and is this feasible?*" (P34,L18-21)

Herman (1992), having introduced us to the theory of complex trauma and a three-stage recovery model (referenced on page 42), makes a case for social justice in her

recent publication '*Truth and repair. How trauma survivors envision justice*' (2023), in which she proposes '*justice*' as the fourth and final stage of recovery. She cites the ignorance or refusal to acknowledge the existence of this level of trauma as a social, not an individual issue. All participants know the brutality of silenced, impotent suffering at the hands of the legal system and whilst energetic hope is heard in their aspirations, current reality remains. As Grace accurately discerned:

> "*there actually probably are more penalties for doing that to an animal than there are for doing it to a human being*" (P11,L24-26).

5.3.5 Summary of theme 2 - Society re-abuses

It is clear from these findings that unnecessary and prolonged suffering was experienced by all participants due to lack of knowledge or understanding of this particular abuse. Herman (2023) suggests that "*the complicity and silence of bystanders, friends, relatives and neighbours, not to mention officials of the law, feel like a profound betrayal, for this is what isolates them and abandons them to their fate*." (2023, p.36). This can certainly be heard in the differing and collective experiences in this theme and conversely, Paula describes the therapeutic impact of simply being heard and believed.

Moreover, Herman (2023) decries, those who choose not to help, those who ally themselves with the powerful, those who blame victims for disturbing the peace and those who profit from the subjugation of others, all of which is evidenced here and was particularly apparent in Lailee's experience within her own community and Bianca and Bida's experiences of the helping professions. Indeed, Lailee's words "*Why wouldn't they listen to the voice of someone who has been victimised?"* (P7,L9-10) remain with me as I consider this question.

Of equal challenge and more disturbing, is the fact that the abusive partners described by these participants serve in the very positions that hold the power to effect change and furthermore, they are not easy to detect. In this small sample size, two PDPT are ministers and two are psychotherapists, whilst all others hold varying positions of authority in which their power can be used. How can it be so that the therapist to whom Bida fell victim continues to operate and profit without being stopped? This theme certainly raises more questions than answers, and Herman's (2023) call for social justice faces far reaching historical challenges that are beyond the scope of this study. As such, this research concurs with the work of Brown (2021) and her Association and Stout's (2021) recent endeavours, in which she teaches that understanding how to recognise, avoid and/or move away from those without conscience is a more realistic, immediate and achievable goal and one that meets the aspirations of these participants.

5.4 Theme 3 - Recovery begins with knowledge

5.4.1 Introduction to theme 3

In the previous themes, findings have revealed the struggles encountered by all participants to find the right support; educationally, within society, and from the helping professions. This theme represents the aspect of their journey of recovery once knowledge and direction have been accessed.

5.4.2 Sub-theme 1 - Out of the wilderness

Given that this particular abuse has lacked definition, language or understanding, all participants suffered in isolation. As Bianca shared, in addition to the unprocessed complex and atypical trauma and CD:

"*not being believed is traumatic[…] not being able to have a name for it[…] is traumatic*" (P45,L19-21),

"*you're out in the wilderness really with it*" (P47,L23).

In their attempts to make sense of their incomprehensible, indecipherable predicament, no fit could be found:

Clara: "*I didn't relate to learned helplessness because I wasn't helpless and I wasn't co-dependent*" (P44,L7-9),

Clara: "*it's like saying that car he used to hit you, that keeps coming back, doesn't exist, so it really didn't hit you[…]it's like a phantom, even in the professional world, it's like a phantom*" (P28,L24;P29,L1-4),

Bianca: "*you must have done something[…] so I'm racking my brains[…] what did I do, I must have been a bit needy[…] I must have deserved it*" (P19,L6-12),

Paula: "*It's so damaging*" (P8,L1),

Miranda: "*I am going through this incredibly dark period and I don't understand why I'm not bouncing back like a regular breakup and I'm taking years, like I can't bounce back*" (P29,L9-11),

Lailee: "*I didn't feel like I fit in with the other ladies*" (P4,L25-26).

The "*phantom*" is the unseen, unknown phenomenon of PDPT abuse. In all cases, this isolated suffering lasted for more than one year and in most cases, many more, during which time symptoms continued to worsen. The significant turning point, for all participants, arrived the moment they finally accessed informed support. For Bianca,

Miranda, Bida, Elle, Clara, Paula, and Lailee, it was when they found their way to the work of Brown and her Institute in the USA. Bida shares:

> "*I heard Sandra Brown speak and she offered this little e-book[…] and I read that and finally felt like, you know, I have found…all these years, I mean for 30 years I have been searching to get help and I finally read something that made total sense to me.*" (P11,L20-21;P12,L1-8).

Like Bida, when many victims begin to understand the phenomenon of PDPT abuse and the consequential relational harm, they come to realise that they have experienced levels of it in previous relationships. This may be partly due to their own personality traits that are so attractive to PDPT's. Once understood, the non-sense that they have grappled with becomes clear. The fact that Bida had been searching for 30 years for knowledge and understanding is testament to the lack of awareness and support available worldwide. She continues:

> "*I found out she had a living recovery programme and joined that and that was when everything changed*" (P12,L8-10).

After her long, painful, abusive, financially depleting search and the years of psychological, neurological and physiological deterioration, recovery began the moment she discovered informed support:

> "*then I really got the knowledge of who he is, who I am, you know*" (P12,L17-18).

This is echoed by Miranda who eventually also found her way to '*The Institute for Relational Harm Reduction and Public Pathology Education*' (the Institute):

> "*They were the only people who seemed to understand this[…] it made a lot of sense to me because I couldn't explain what was going on to anyone. They were making sense of it for me*" (P32,L3-9).

Having endured the "*death*" like sense of the "*shipwreck",* with no ability to recover or *"bounce back"*, and after years of grappling for help in this state:

> "*I really understood myself to be recovering from a reality distortion[…] and every time I spoke with them, I mean, I was like 'wow'. It was just very validating*" (P32,L19-20;P33,L1-3).

Sense-making and validation. The antidote to madness and non-being. For Bianca:

> "*Just the naming of it. The importance of 'this is a thing'. This is what happens, you're not going mad*" (P57,L8-10).

Paula describes this process:

> "*it really wasn't until Sandra Brown[…] that started to talk about victims and recovery and it was like these neurons were just firing in my brain and I thought 'oh my gosh, that is me' and that was him. Once I started to find a few patterns, I started to realise*" (P6,L6-15).

The experience, knowledge and language imparted by the Institute brought insight to a phenomenon that makes no sense in the context of non-PDPT abuse. It directly addressed the pathological relational dynamics and the resulting neurological '*reality distortio*n' that results in atypical trauma and CD. The communal bonding that a retreat of fellow suffers facilitates is itself validating and healing. These participants were no longer alone. They were out of the wilderness.

In addition to cogent psychological education, once contact was made, the Institute was able to make considered recommendations and signpost to trained professionals, including psychotherapists and EMDR practitioners, which set up a programme of psychological and physiological healing. This worked particularly well for Miranda, Bida, Elle, Paula and Bianca:

> Bianca: "*now I'm doing the work with Bill*" (P22,L19-20),
>
> Bida: "*I cannot believe the difference that it made for me*." (P16,L7-8),
>
> Elle: "*I just spent one on one time with Jennifer[…] and Sandra and workshops*" (P19,L9-11).

Grace did not access the Institute as part of her journey of recovery. The supportive care and willing attentiveness that she did encounter from other sources did provide partial protection from her wilderness:

> "*once I had gotten myself into Church, Women's Aid and going for this management programme (which was a scheme signposted by the unemployment benefits agency), I started to get some validation*. (P13,L5-9).

For Grace, like the many who do not find their way to specific, directed support:

> "*A lot of this had to be self-help which is really bad*" (P18,L9-10),

which evidences the stark reality of the vital lifeline of trained support needed to offer full liberation from the desolation of the wilderness.

For those who encountered its informed, professionally researched expertise, the Institute brought knowledge, enlightenment, validation, and support that was the

lifeline to recovery. It was the lighthouse beacon that shone its light on the stranded, shipwrecked vessels as they navigated the treacherous, cold dark seas.

5.4.2.1 Deepening knowledge

For all participants, the initial enlightening stages of discovering that a resonating, relational phenomenon exists, brought instant relief and recovery ensued. This felt lifesaving for all participants. They had found their way to the oxygen tank, with a language that validated and gave voice to their stories. They were understood and could now make sense of insidious, hidden relational abuse. It is particularly relevant to this research however to also note the limitations that were voiced regarding the clumping together of all DSM-5 (2013) Cluster B personalities (which include antisocial personality disorder (ASPD) and narcissistic personality disorder (NPD), and psychopathy when understanding their experience. Although many of the traits and relational dynamics can be understood and treated universally, the fundamental difference with a PDPT is no-conscience. Clara and Paula are especially vocal about their recognition that this stand-alone trait differentiates the pathology of PDPT abuse from other pathologies:

> Clara: "*even the Sandra…that's the most anyone could get[…] that was a big relief valve but it still did not hit everything[…] they are all Cluster B's[…] we all have to do the same for all of them. Now I would disagree, I would say psychopathy is different*" (P28,L7-15),
>
> "*there's a whole other set of…when they are a psychopath*" (P40,L24-26),
>
> "*if you had somebody professionally who could say[…] that was psychopathic behaviour, because I am still trying to unravel all the things that I didn't know and what could have happened*" (P40,L26;P41,L1-4).

What could have happened if the relational phenomenon of PDPT abuse was professionally understood at the time of its discovery for Clara? Years of unnecessary suffering and re-abuse could potentially have been avoided. For Grace, as with all, the extent of her suffering could have been diminished or altogether avoided:

> Grace: "*it wasn't until I read your study that I am convinced there is a difference between those other four things and psychopathy[…] It helps me wrap my head around what happened and that it's not made up in my head*" (P38,L16-25).

The allusiveness and hidden essence of the phenomenon of PDPT abuse feels "*made up*" to Grace. It is not tangible. It was such that her body was shutting down in response, but she "*had no proof",* psychologically. Paula also experienced the "*release valve"* of the Institute's support and teachings, but cites:

> "*the piece that really spoke to me about your research and also what I read about the definition of psychopaths is the whole planning element. That strategy. That is what really lifted the curtain. That was definitely a defining moment[…] I was so energised after reading that line, I had to put my running shoes on and just run[…] I was so euphoric. I thought oh my gosh, this is a real thing. This really happened and it was terrible*" (P9,L5-20).

The definition to which she refers comes from my 'call for participants' advertisement (appendix iv), which states "*A fundamental difference with a person displaying psychopathic traits (PDPT) being that they are not only narcissistically self-important and self-focused, but they are measured in their actions and are capable of emulating unconditional love and care through intimacy. They are neurologically impaired, so have no conscience, which aids their convincing ability to deceive. It is the pervasiveness of this personality pathology and the calculated harm imposed for self-gain, from a place of no empathy, that I suggest sets this pathology apart"*.

In her pre-selection interview, Clara shared with me that she cried upon reading this definition in the advertisement, because her experience finally made sense to her. Sadly, it is this final dawning that elicited euphoria for Paula. How tragic that the simple naming of this psychological abuse should bring such a reaction. The euphoria of putting a name to the experience. The euphoria of finally being able to make sense. Energised and "*running"* back to life.

5.4.3 Sub-theme 2 - Directed physiological recovery

The consequences of experiencing PDPT abuse affects psychological, neurological and physiological functioning, all of which have been described in this research. Recovery therefore requires an informed, holistic approach as a result. Once participants accessed informed care, physiological healing began.

In general, a notable difference in the intonation, sentence formation and mood state were picked up as participants spoke of this stage of their recovery process. Bida is an example of this:

> "*that is when everything changed and so everything that I have described to you is leading to the first steps of awareness*" (P12,L10-12).

The change is heard as she continues in a more direct, confident and knowledgeable manner:

> "*to me there's three steps to recovery; awareness[…], the knowledge, then re-wiring the brain*" (P13,L2-4).

She continues:

> "*I have to do two things to process trauma[…] one is through my brain and my mind but I also have to process it through my body, so I use cranial sacral therapy for processing it through my body[…] the re-wiring of the brain is the cognitive dissonance and then the rumination and EMDR really helps with that*" (P13,L17-24;P14,L1-3).

Bida is clear and concise, understanding her experience, using terminological definitions like "*cognitive dissonance"* and "*rumination"*, which is a far cry from the vulnerable, grappling victim who was repeatedly re-abused in her desperate search for answers. She is back in charge, consciously navigating her own destiny. The same enlightened confidence comes from Miranda:

> "*a big step in my recovery is recognising it is an attack. He knew something, he was not honest with me. He knew something I didn't know. He was a predator*" (P27,L22-25).

Her new-found certainty and empowerment is heard:

> "*No I did not consent. I did not consent to this manipulation. I did not understand it or know that it was happening. I did not have a social context or education to understand or see it coming at all*" (P28,L8-13).

Questions are replaced by statements. Knowledge is power. Understanding is healing. In her latest training Brown (2022) teaches the profession that the first phases of therapy should be focused on informed psychological education and grounding, which is fundamental to the process. This is heard in the data:

Clara: "*Now I can attribute, because of the things I've learned[…], my amygdala was all out of wack, you know, I could put technical terms around it*" (P29,L20-23),

Miranda: "*She started to contextualise[…]I had about 6-8 months of that kind of education*" (P24,L10-14),

Elle: "*well I think the sense is made from the education learnt of what it was, how it affected you and why it affected you*" (P37,L21-23),

Bianca: "*I am learning with the work I am doing*." (P33,L16).

Bida, now aware of the disabling consequences of "*cognitive dissonance"* and associated "*rumination",* bestows the virtues of EMDR therapy to relieve her neurological dis-ease. Clara is able to make sense of the same neurological impairment once she understands that her dysfunctioning amygdala was a significant cause of her confusion and inability to cognitively process. Likewise, with Grace and Lailee, who seemed to struggle the most with the sense-making process. The incredulity and bewilderment that had previously been heard is replaced with a more confident sense of self and personal empowerment:

Grace: "*I was nearly gaslighting myself, as in did these things really happen[…] but putting it all together with what I've learnt from Women's Aid" (P21,L5-8),*

"and knowing that you deserve better than that" (P22,L6-7),

Lailee: "*he doesn't have to take away who I am as a person*" (P33,L16-17).

Again, with knowledge, terminological definitions and understanding they begin to take back control. Similarly, Elle's neurologically impaired, self-questioning monologues are replaced with concise, emboldened self-focused statements:

> "*This is what happened to me but it's not who I am. I'm a whole new person now*" (P22,L2-4).

5.4.3.1 Holistic healing

As psychological functioning stabilised through support and education, Elle echoes a sense that was generally recognised:

> "*I really started to pay attention to my body, you know, the after-effects of cortisol and how I needed to be in tune with nutrition and heal myself internally and externally and what makes me happy*" (P22,L13-18).

Bianca, who is a body therapist and yoga teacher was finally able to set her own agenda for self-care:

> "*I upped self-care*" (P20,L19),
>
> "*and more spiritual stuff as well seems to be helping*" (P36,L23-24),
>
> "*a lot of body stuff, a lot of being in the park[…] a lot of being with myself*" (P42,L11-13),
>
> "*I focused on my career[…] I focused on the move[…] I spent time with family*" P19,20;P20,L2-8).

Indeed, shedding toxic people and spending time alone, out of an intimate relationship is encouraged as part of the Institute's programme of directed recovery. Once the trauma crisis calms, this works to ensure prevention of future potential for PDPT ensnarement. For all participants, this was recognised as necessary and enlightening, but was also acknowledged as a painful aspect of recovery:

> Miranda: "*I had to learn to take myself on dates by myself and go on vacation by myself and make friends with being alone and that was tough[…] it was painful, it was lonely, it was boring, but I understood it as a kind of passage*" (P34,L4-17),
>
> Elle: "*what makes me happy and who I am by myself{…} I need to be stronger and not be scared*" (P22,L18-21).

"Pain, *loneliness, boredom",* and "*fear"* was reported by all in the early stages of this phase, as participants were encouraged to simplify their lives and practice introspection and self-reflection by way of integrating their new-found knowledge about their own personality traits and motivations. A notable shift in energy was felt as they moved through this stage which was corroborated by word usage:

> Bida: "*I am very much working to connect into myself*" (P23,L1-2),
>
> Bianca: "*I want to be able to provide for myself and really show up for a life that I'm building, which could be pretty fantastic*" (P42,L1-3),
>
> Paula: "*if we know ourselves[…] how to manage our own lives, we are going to be less likely to fall for these people*" (P34,L2-6).

Connecting to self, knowing self and providing for self. These statements mark a defining turn from external preoccupation with the abuser and the unfathomable

sense-making process, to self-focus, signifying physiological calming and an ease in the turmoil of cognitive dissonance. As was reported in theme 1, sub-theme 4, 'burnt to the ground', a breakdown of all aspects of self was experienced, which makes sense when using Maslow's (1943) theory of human motivation, as an organising framework for understanding different states of being (as discussed on page 49). Based upon his ideas, all basic needs were severely compromised once the reality of relational abuse was realised and consequently all self-focus to realise these needs was lost. These accounts therefore verify the extent to which knowledge and informed guidance support the process of necessary self-healing.

For Grace, this was evidenced in a physical/medical transformation. As she focused her attention on self-care:

> "*going for routine tests that women go for[…] knowing that you deserve better*" (P22,L3-7),
>
> "*giving yourself that love you didn't have*" (P17,L17-18),
>
> "*what do you want and what would be good for you?*" (P19,L6-7).

As a consequence, the disabling life-long ailments that had plagued her gradually healed. For her, once she gained insight and began to understand the "*total neglect"* and "*abuse"* that she had lived with for 40 years, she was able to nurture herself and find the care she needed. For Lailee and Clara however, the reverse was true in the aftermath. In both cases, chronic fatigue became the physical manifestation of lifelong coping and embodied dissociation, signifying the extent of the long-term harm they had endured and the resulting long-term recovery process required.

For each participant, psychological, neurological and physiological healing began once they accessed directed, informed support. Each programme was tailored to specific needs which differed accordingly, yet common to all was the beginning of the process of connecting back to self, learning, growing and healing.

5.4.4 Sub-theme 3 - The ultimate gift of self

This final sub-theme expands upon theme 1, sub-theme 5, Desert Rose, in which the sense of re-birth and transformation was introduced. It describes the final stages of recovery as shared by all participants and comes at the end of a long journey of trauma, abuse and personal suffering. Although all other themes emerged through the analytic processes described, from narrative that was scattered throughout and embedded within the data, this stage was shared at the end of each interview. The energy and expression felt markedly different to the descriptions of the beginning of the journey, which evoked a vivid, embodied sense of darkness lifting as the gift of self is realised. The essence of this sub-theme is of strength, endurance, love, pain and beauty and its impact was felt and heard as this sense was revealed. However, what floated up over time, as I engaged with the deepening process of writing up these findings, is of a more spiritual nature, as I will go on to discuss at the end.

5.4.4.1 Coming back to self

Bianca eloquently gives voice to the essence of this stage:

> "*There is a lovely Mary Oliver quote 'somebody gave me a box full of darkness and it took me years to realise it was a gift*" (P23,L8-11).

During each interview and upon every connection with every participant thereafter when exploring this phase, my sense of awe and reverence for each of them deepened. Once blindly robbed of their own super-traited qualities, these strong, resilient

characters have each survived their own treacherous journey of survival and through guided, directed support, they have re-claimed these exceptional qualities for themselves. The bewilderment and horror that was heard and voiced when recounting their initial discovery of betrayal and trickery and the consequential loss of self and fight for survival in isolation, is now replaced with a strong, alive energy. Words like darkness, evil and terror are replaced with joy, love, peace and goodness:

> Paula: "*this joy literally glowing in me[…] this wonderful joy*" (P12,L14-20),
>
> Lailee: "*the kindness I have within*" (P33,L19),
>
> Grace: "*peace and happiness is one of the best things*" (P19,L19-20),
>
> Bida: "*I have been to the very bottom and the top is experiencing joy and simplicity[…] the love of my grandkids*" (P42,L6-11).

Indeed, simplicity is a theme that threads through this phase. Bianca, Miranda, Bida and Lailee physically moved location in favour of a more nurturing, environment. Bianca and Miranda moved away from the hedonistic distractions of the city (P19-20), Bida (P30-36) and Lailee (P34-35) to new safe communities. Miranda describes "*a more gentle life*" (P36) in which she feels "*calm*" and "*safe*" and "*protected*"; her reward after the painful soul searching journey upon which she took herself. There is a calmness that has emerged from now being grounded within self and connected to their natural existence.

5.4.4.2 From survive to thrive

In these final stages of recovery, each participant's journey takes its own direction. Each has survived. Clara, Lailee and Grace are on the road to recovering from a lifetime of PDPT abuse. Their journey of unravelling and sense-making requires time, as they

heal their exhausted selves. Their strength, beauty and profound deep-felt warmth is humbling and experienced as my gift in their presence. What is impactfully evident externally, will be their ultimate gift when fully actualised internally (Kaufman, 2020; Maslow, 1954). A process that is now being embraced by Paula, Bida, Miranda, Elle and Bianca. As they embody their gift of self, they express a desire to thrive:

> Bianca: "*I've got a lot to give the world and{…] I want to thrive. I want to be peaceful and I want to be happy*" (P54,L13-15),
>
> Bida: "*I am at the door of thriving[…] I've played back and forth between survivor and victim and I've had moments of thriving, but now I want to thrive*" (P46,L13-19),
>
> Elle: "*I feel I have a purpose to do something with everything that has happened to me[…] I survived and excelled and I am proud of that*" (P25,L3-7),
>
> Paula: "*I am very proud of what I have accomplished on many levels.[…] I am very excited about that, so yeah, watch out world cos here I come*" (P46,L6-20).

Having studied Maslow's theories, Kaufman (2020) proposes a revised set of conditions that are necessary to the process of self-actualisation, these being: safety, connection and self-esteem, that are fundamental to security, from which exploration, love and purpose facilitate growth. He believes that transcendence requires both a secure foundation and the ability for growth and "*is a perspective in which we can view our whole being from a higher vantage point with acceptance, wisdom, and a sense of connectedness with the rest of humanity*" (p.xxxiv). These are the attributes that are now being reclaimed and built upon. This is the end of '*the long road back to self*' and it is deservedly celebrated as such. It is real, organic and embodied recovery. Miranda sums up what is representative for all:

> "*It's a whole new way of being in the world.[…] I still want someone to blow sparkles up my pant leg once in a while, but it's not like that.[…] I'm always gonna be an excitement seeker, I'm always gonna be a target for pathological people and I can no longer look to a relationship for that excitement, I have to find that for myself[…] it's a quieter, sweeter, inside the lines kind of adventure[…] I feel I am in control of myself and I do understand love in a very different way now[…] that's the riches I get to live today[…] it's more spiritual, more grounded*" (P43,L1-16;P44,L7-10).

Bida summarises:

> "*I was just blowing in the wind and now I am the wind*" (P23,L24;P24,L1-2).

This valiant statement represents the transformation from a lost, barely existent self to a soul that is one with the universe. It is transcendence, having "*been to the very bottom"* the "*top"* is knowing aliveness and wholeness in her world.

5.4.4.3 Love transcends

In concluding my findings, I believe that I have done justice to the journeys of my participants. I understand that the end phase of recovery is no longer about the wrongs inflicted by the perpetrator, or the consequences of the abuse, but about the new discoveries that recovered the participants sense of self; their newly owned elevated traits of conscientiousness being a contributory asset to the process (Maslow, 1961). Indeed, this holds true, however, on 16 November 2023, at 2:20am (this is the time logged in my journal to record and process the event), I was awoken by what Bhaskar might call "*transcendent identification"* (2012, p.3), the emergent realisation of an alethic truth, or "*transcendental emergence*". It might equally be considered within the realms of Husserl's "*transcendental phenomenology"* (Smith et al, 2022, p.11), that best aligns with Henry's "*phenomenology of the invisible"* (Zahavi, 2018,

p.62). For, in this moment, from my sleep state, I was stirred into consciousness by a felt sense that filled and radiated from my heart. It was a powerful, all engulfing, pulsating energy that took over my being. Although not a sense that I had encountered before, I knew that the feeling was of pure love. The concept and indeed feeling of love was not new to me, but in this moment, it felt profoundly new. Obvious in its simplicity and knowing on other levels, I knew that this was unconsciously emergent embodied information. I was experiencing the purest essence of the phenomenon. That essence is love.

As a final cycle of the hermeneutic circle (Smith et al, 2022), I came to know what I had known all along, that love and goodness is heard, voiced and felt throughout the findings. Staying with this embodiment, dialogue and detail from my dataset came rushing into my visual thoughts. I saw how love emanates from all participants. I saw Lailee's plant on the windowsill, turning towards the light and her love of God, a higher power that carried her through the darkness. Having made the painful realisation that in fact she had never been truly loved, Elle could state that:

> "*for the first time ever I love myself. I can say that with true honesty and dignity*" (P24,L9-10).

Grace, who exudes love and values the virtues of "*faith, truth and honesty*" (P37,L15), can now give to herself the love she needs. Bianca, feeling closer to God, as she experiences her worse moments, now speaks of "*seeing more spiritual stuff*" (P36,L24), which is echoed throughout. Bida talks of "*awakening her soul*" (P42,L2) and believes that "*every soul is loved unconditionally*" (P43,L13-14), as she considers her sense of a higher power. This speaks of connectedness beyond duality and the known. Through a higher power, "*whatever the higher power is*" (Bida,P43,L16), letting go and opening to possibility and newness, comes the gift of self. Love transcending, which is the essence of the philosophical underpinning of this phenomenological study:

> "*Love is the totalising, binding, unifying, healing force in the universe. And just in virtue of there being a "universe" (oneverse), it is the most powerful force in being*." (Bhaskar, 2012, p.175).

From this latter, spiritual phase of Bhaskar's work, '*The Philosophy of MetaReality*' (2012) affirms that "*Self-love (self-esteem) is primary or basic and a condition for love of others, a practical condition for altruism; and the condition under which the primary social act is the gift*" (2012, p.175).

Stout also speaks of love as a transcendental power that is the key to recovery from unconscionable abuse, asserting that "*our power is in emotional wholeness, our ability to love and to bond steadfastly with each other"*, continuing that "*we must use our power to save ourselves and those we love, and the planet*" (2021, p.263).

Indeed, recovery was not possible in isolation. Once armed with knowledge and directed support, these sense-making beings set about their personal journeys that signposted their way to enlightenment and self-actualisation, made possible through the transcending power of love.

5.4.5 Summary of theme 3 - recovery begins with knowledge

The necessity for directed psychotherapeutic and holistic support is abundantly apparent in this final theme. Being heard, believed and understood was unanimously and instantly impactful and it was communicated in more lucid, confident dialogue. Imparted psychological information kick-started the process of sense-making which in turn shone the light towards enlightened, holistic recovery.

5.5 Summary of the findings

The detail afforded to each phase of recovery (theme 1), societal attitudes in the wider sphere (theme 2), and the impact and outcomes that are resultant of informed, directed support (theme 3), have been selected for inclusion and explored in the findings, as they are deemed most significant to the understanding of the phenomenon of lived experience, when recovering from PDPT abuse. Given the lack of existing knowledge and/or understanding, there has been a tricky balance to strike between the necessity for informative, descriptive data, and new emergent phenomenological understanding. A combination of subjective and intersubjective collaboration between myself and my participants, the immersive iterative processes (Smith et al, 2022) and the techniques employed, such as the eidetic reduction (Husserl, 1982), as guided by the philosophers who inform this study (p.52), helped to achieve the latter. Before going on to review this research and consider its implications in the wider context of the therapeutic field, I will first now share my personal reflections on the process of data-analysis, as the key researcher of this co-created IPA endeavour.

CHAPTER 6

PERSONAL REFLECTIONS ON THE PROCESS OF DATA ANALYSIS

As Smith, Flowers & Larkin, (2022) attest, "*the qualities required of an IPA researcher are: open-mindedness; flexibility; patience; empathy; and the willingness to enter into, and respond to, the participants' world*", which requires "*determination, persistence and curiosity*" (p.51). I would add courage, support and commitment to an ongoing reflexive attitude to the list, which is a weighty endeavour to maintain over the time period that it was necessary to take. Throughout the analytic process, I did strive to uphold these values and skills, and present now some of the challenges and experiences that have been both my choice and my privilege to share.

6.1 Reflexive researcher/participant connection

The co-created research endeavour began from initial contact with each participant and gained momentum as the process progressed from pre-selection interview through to the end of writing up the findings, spanning a period of 20 months. Each individual presented with their own unique personality, hailed from a different background and shared markedly different experiences, yet each meeting was instantly impactful, engaging and heartfelt. There was a universal quality to the connection that, I felt, resulted from an unspoken knowing of a shared experience. Their relief and appreciation at being understood was palpable and gratitude at having the opportunity to share their experience was voiced by all. This was an undertaking that each took seriously, as evidenced by the integrity and responsibility with which they fulfilled their part in this research.

In turn, I felt an instant responsibility and care for each of them to do justice to their contributions, while being mindful of my own potential bias (Fox, Martin & Green, 2007; Kumar, 2014; Van Manen, 1990). This balance has been constant throughout

and has remained fixed in my mind as I have navigated the ebb and flow of the different levels of engagement with their data. The questions that I have repeatedly asked in my deliberations are: "*is this theirs or is it mine?*", "*what do I feel about this?*", "*what is my experience of this?*" When the answers were blurred or unforthcoming, I would write in my personal journal in an attempt to loosen my own less conscious processes and/or discuss my own feelings with my emotional wellbeing peer. At other times, I was clear about the delineation and, at others, I felt justified in the contribution that our shared intersubjective connections surfaced.

The privilege that I felt at being entrusted with their stories was immediate and as the process of analysis deepened, so did the intensity of my connection to each of them.

6.2 The challenges of analysis

To be immersed in this way, over such a long period of time presented its challenges, not least given the dark, sinister nature of the phenomenon. To truly penetrate the data, was to internalise each account, hearing the words and feeling the sense beyond what was voiced at ever-deepening levels, which felt like a heavy burden to carry in my day-to-day existence. My training and seasoned practice as a senior psychotherapist assisted greatly in knowing intuitively how to strike the fine balance between standing in the shoes of the other to feel, imagine and embody their world, whilst maintaining personal separation and observing from a place of otherness. However, the shoes which it was necessary to occupy were no easy fit. To understand how it feels to experience a PDPT, is to know irrational, palpable terror of the unknown. There is a sense of foreboding that cannot be quantified. It does not make rational sense, even to self, yet is no less felt. PDPT are potentially dangerous. They are not acknowledged in society and their dynamics are not well understood. As I was uncovering this dynamic there were times when I questioned why this had not been attempted before. Why me? This was at a time when I had completed my own journey

of recovery. I had found goodness and the beauty of life so my reluctance to engage in this dark world necessitated serious ongoing consideration and personal care.

Indeed, personal care was paramount. The joy of nature, community and love that were becoming my new-found gifts of existence nurtured my soul and brought me peace and safety during those dark times. The support of my emotional wellbeing peer was invaluable when sought. Time, space and breaks refreshed my senses when overwhelmed and brought fresh energy to again immerse ever further into the data. Throughout this process, strength was gained in the knowing of my participants. Their individual and collective resilience, courage, humaneness, and strength of character touched my soul and fortified my resolve to give my best. To do this work was to be on a long, traumatic journey with each of them. It was to know their isolated terror, grief and horror, at the end of which it was my honour and joy to know their awakening and healing gift of self.

To authentically engage in the process of analysis, was to feel heightened unwelcome emotions of fear, anger and disbelief and a sense of protection for these victims. The oscillation between deep engagement and emotional withdrawal served to effect balance within such a controversial and disturbing topic. It allowed me to dwell in dark and difficult emotions, as perceived by my participants without being overwhelmed or blindsided by the emotion of their experience, as my periodic reluctance to engage enabled me to step back and remain impartial. This felt vital to the process. From this place, I was able to adopt what philosopher Ricoeur (1970) called a more "*suspicious"* viewpoint and consider the data from a different perspective, without being consumed by agreeable collusion regarding the injustice that was being heard. Adopting this more questioning hermeneutic befits the "*centre-ground position"* of IPA, which is both "*empathic and questioning*" (Smith et al, 2022, p.30).

6.3 The challenges of writing-up

Writing-up the findings brought fresh and unexpected iterations. Having already settled upon the final Group Experiential Themes (GETs), the process of writing facilitated new depths of understanding as the themes seemed to expand once more and I was unexpectedly thrown back to consider the entirety of the data again. This created an internal conflict between acknowledging the urgent need to complete the research and disseminate much needed knowledge, and the sense of responsibility and determination that I felt to continue and produce research to the best of my ability.

This impasse connected me to a deeply buried unprocessed personal sense of panic that was seemingly unable to exist in a grounded state to allow the necessary time. I was aware that it was at direct odds with the phenomenological concept of "*retaining a sense of wonder and openness*" (Finlay, 2008, p.1) and Heidegger's notion of the '*clearing*' (1962); the space from which entities can emerge. This psychological crisis was not a surprise as it was connected to an on-going process of personal growth that had begun at the initial stages of analysis. This is discussed in detail in my personal reflections in the final chapter. It is separately significant to the challenge of writing up however, as it was particularly related to time and my inability to allow time.

After much grappling and necessary personal processing, I emerged from this particular place of psychological dis-ease with a learned appreciation of, and evolving ability to, take time and make space, which felt so grounding. As part of the ongoing process of personal care that is outlined on page 245, I was learning to be more present in the moment. The more I was able to free my spirit to the experiencing and awe of just being, the more openness and capacity I had for creativity, which was in contrast to the stuckness that I felt when panicked. I was able to capture the subtler ways of gaining knowledge, such as through dreams and waking thoughts, intuitions and

images. This was indeed a valuable personal gift and, not only rewarded my ability as reflexive researcher/interpreter, but aided the process of writing.

6.3.1 Transforming lived experience into textual expression

Finding the words with which to communicate the essence of the phenomenon presented its own challenge, given that to do so was partly to express the ineffable and bring to life that which was felt and/or implicitly known. It was to bring to life lived experience of a disguised, hidden phenomenon, as interpreted by me. As the "*poetics of research*" (Romanyshyn, 2007, p.12), the creativity of phenomenology and its encouragement in the use of anecdotes metaphor and imagery, combined with my newfound gift of aliveness and way of experiencing, freed me to find more creative expression from a place of embodied connectedness. This felt like a comfortable fit and aided the process of what Van Manen (1990) describes as "*transforming lived experience into textual expression*" (p.36).

What did feel difficult in this process, was in the choosing and use of certain vocabulary. A main and important example to share is the naming of the second theme, '*society re-abuses'* and use of the term re-abuse in general. This terminology has evoked mixed responses from my peers and readers of this work. Feedback from some is that this is too strong and there is a sense of discomfort regarding its use. Others have embraced the descriptive honesty and insight that it suggests.

As a consequence, much time, deliberation, peer discussion and personal processing has been afforded to my choice of wording, in order to remain true to the phenomenon that is being communicated. This is a challenging endeavour. I am writing about a dark, hidden, complex topic. I have been careful to ensure that it is the words of the participants that convey this. It is their experience. It was not my personal experience. Yet the words are impactful. I realised however, that to soften the words, which would feel like an easier option for me, would be to collude with the very

essence of the phenomenon being revealed; namely, that it is hidden in society and goes unacknowledged. People's varied responses to my participants have included disbelief and refusal to acknowledge the potential for such abuse. At the severest end of the spectrum, blatant re-abuse was reported as a reality of the experiences encountered. Encouraged by Herman's (2023) observations that "*the wounds of trauma are not merely those caused by the perpetrators of violence and exploitation; the actions or inactions of bystanders – all those who are complicit in or who prefer not to know about the abuse often cause deeper wounds*" (p.3). This extends to every reader of this research, including me.

As challenging and personally courageous as use of the language used feels, therefore, I have strived to be true to the essence of my findings, as revealed by the participants. This has required careful personal attention and ongoing collaboration, to ensure, as far as I have been consciously able, to avoid personal bias.

6.3.2 Remaining true to IPA

My final two challenges for discussion regarding the writing up were in the choosing of data for inclusion. Firstly, a unique feature of IPA is that the results are more "*discursive*", the focus being on "t*ranscript extracts*" as well as "*analytic interpretations*" (Smith et al, 2009, p.109), which was favoured in order to hear the voices of my participants. As such, choices had to be made regarding what to include to best demonstrate the themes under discussion and what not to include. This felt particularly testing given my participants' collective accounts of being silenced, shut down, missed and disbelieved in society. The body of data was vast and content-rich. Every word spoken had relevance and meaning on some level, such is the interpretative endeavour of the methodology, so to discount words in favour of others felt on one level to reject details of vital experience that had finally found an opportunity to be formally heard.

Secondly, and somewhat related to the former, given that this is the first qualitative analysis to explore the lived experience of recovery of PDPT survivors, I was consciously aware throughout, of the importance of the '*critical role*' of the reader, holding in mind Smith's caution that "*analysis of the participants' sense-making is of no value unless the reader can make sense of it too*" (2022, p.109). My challenge therefore was to present clear interpretations of the experiences of my participants, without losing the phenomenological essence of my analysis.

This was a hard balance to achieve given that new concepts were being introduced, which necessitated a level of description before the I and the P of the IPA analysis could be explored. This in itself caused me concern and necessitated investigation, since my purposely chosen methodology is hermeneutic and idiographic, not descriptive as in Giorgi's (2008) Husserlian-inspired approach. I finally settled myself with the considered views of Finlay (2009) on the topic, who perceives both description and interpretation to be on a continuum in all phenomenological enquiry and cites Van Manen (1990) who observes that analysis of phenomenological description points to something, whilst IPA analysis points out the meaning of something. I was further assured by Langdridge (2008) who agrees there are no hard and fast rules, stating "*such boundaries would be antithetical to the spirit of the phenomenological tradition that prizes individuality and creativity*" (2008, p.1131). Much consideration and deliberation was afforded to this process, which considerably slowed the writing down and in turn, set off the aforementioned internal psychological crisis, from which I needed to learn and grow. It was an endeavour that often evoked frustration and despair as I questioned my ability, out of which emerged pockets of achievement, pride and connection, such was my level of personal application.

I will now introduce the next chapter which will discuss and evaluate this research, before considering the wider implications of the findings.

CHAPTER 7

DISCUSSION

Having identified a lack of professional understanding regarding relational intimate abuse inflicted by persons displaying psychopathic traits (PDPT) in the introduction and literature review chapters, this doctoral study, which was specifically chosen for its specialism in psychotherapy (DPsych), set out to explore the lived experience of the recovery process of eight purposely chosen survivors of this abuse. This was with a view to gaining new knowledge with which to inform the profession about identifying the phenomenon and supporting therapeutic recovery. Churchill (2018, p.210), a Professor at Dallas University, frames this as the 'Gefragte' (what is sought) the 'Befragte' (what is questioned), and the 'Erfragte' (what is asked for). King (2020), a Phenomenological Researcher, asserts that "*the Erfragte, the 'research phenomenon itself', cannot be known until it reveals itself (aletheia) in the process of deeper investigation*" (p.44). Some of the emergent phenomena has already been discussed in the summary section at the end of each theme, to aid understanding of new concepts as they were presented. I will now expand this with an overview of the findings before evaluating the research and considering its implications in the wider field.

7.1 Overview of the findings

In terms of the Gefragte (what is sought), the findings offer rich descriptions of the journey of recovery from PDPT abuse, clearly highlighting particular areas for psychotherapeutic consideration. As such it can be confirmed that the research has achieved its aims by eliciting new knowledge. From the phenomenological perspective of 'what was it like' for my participants, the stand-out collective experiences were of isolation, lack of knowledge or validation, societal inadvertent and intentional re-abuse and worsening atypical symptoms. Not being believed was cited as one of the

worst aspects of the recovery process. The severity of psychological breakdown experienced, that affects all aspects of being, is beyond that which is experienced in most other relational ruptures, which to date defies comprehension to all who have not experienced it and/or had experience of working with it. As such, when I am teaching the dynamics of PDPT abuse to psychotherapists, I invite them to partake in an opening exercise, which is an effective way of experientially communicating a sense of the lived experience that has been interpreted from the descriptions of my participants. With the same aim, I will now share it here.

The exercise

Take time to bring to mind a person who you trust.

The more you trust them and the longer you have felt this trust, the better.

Take time to think about why you trust this person. How do you know? What have they done to earn this trust? What memories arise of the moments of knowing? Enjoy the feeling.

Now imagine that you discover that this person has been leading a double life. They have committed terrible crimes, harmed people, maybe even murdered.

How could you not have known this? How does it feel?

As much as you do not want to believe, it is the truth

Now imagine that you tell someone. This is someone or an organisation who you have sought out to help you. But they do not help you. They do not believe you. They think you are crazy, or they may blame you. They might even abuse you.

Stay with the feeling. Think again about the person. This is your partner/best friend/child. this is real. what you have discovered is true.

They try to convince you that this is not so. You want to believe them.

You are completely alone. Only you know this truth.

This exercise creatively demonstrates the essence, the 'Erfragte' that has revealed itself in the process of deeper investigation (King, 2020) of the lived experience of the phenomenon that my participants have shared. With that in mind, I will continue this overview with a theme by theme focus on how these findings might inform professional practice.

7.2 There are phases of recovery

This theme was the largest and most descriptive of the three, which felt necessary as it was representative of all aspects or phases of the process of recovery. It felt important, as was the case throughout, to include the voices of individual participants to demonstrate their unique experience, which again represented the particular, or the part, of what then became the whole, or phenomenon (Smith, Flowers & Larkin, 2022). As such, each sub-theme was introduced, represented and interpreted as a co-constructed account of the unfolding phenomena. I will now highlight the key differentiating dynamics between this relational pathological abuse and that of others, that require specific treatment considerations.

7.2.1. Evidenced trauma and atypical trauma presentations

The first phases were heard, experienced and reported as strikingly different to the later phases. As demonstrated in the exercise, all participants had entered the relationship believing it to be genuine, honest and mutual, the shock therefore upon

discovering that this was not the case, differed from other relational breakdowns, as there were no prior indications of such deceit. What followed were ongoing, unfolding discoveries that fuelled the initial trauma and no sense could be made, given that a defining feature of PDPT abuse is pre-meditated trickery and reality distortion that will have been out of their awareness.

The concept of self was discussed in the literature review (p.47) as it was deemed pertinent to how PDPT abuse destroys all aspects of self. At this initial stage of discovery, it can be understood, in accordance with Leary and Tangney's theory (2012), how attentional, cognitive and executive processes were diminished. Furthermore, high elevations in conscientiousness, a trait that was discovered by Brown (2009) in this population, would fuel the need to make sense, yet capacity for reflexive thinking, which Leary and Tangney ascribe as the governing quality essential to all experiencing of self, would be ineffective. All attempts to do so is what would initiate and exacerbate cognitive dissonance.

This makes sense of Brown's concept that these victims are not only traumatised, which is ongoing and complex, but are suffering from atypical trauma that is resultant of futile attempts to process both positive and negative experiencing within the relationship (the before and after the discovery), which worsens over time as these sense-making beings persist in their attempts to reconcile that which is beyond their knowledge. Brown's unique programme of recovery (outlined on page 45) therefore addresses both sides of the cognitive dissonance, to ease neurological distress, whilst encouraging techniques to ground and calm the central nervous system. Indeed, given the findings, it can be better understood why stabilisation, trauma education/skill-building, psychoeducation about the pathology, and easing of cognitive dissonance are essential in the early phases of treatment before the details of the trauma can be addressed. This was not the case in the therapeutic experiences shared in the data,

where further harm was inadvertently inflicted due to lack of understanding about the atypical trauma.

Another essential difference to be taken from the data that links to the sense-making process, is the focus placed, both by the victim and the profession, upon the mutuality of culpability in the breakdown of the relationship dynamic. It is not difficult to understand why this might be so, as was the case with Clara who was married for 43 years and Lailee for 28 years. Without understanding the unique traits that define a person displaying psychopathic traits (PDPT), it would be incomprehensible for the individual and external sources alike to imagine how nothing was suspected during the course of such long relationships and that blame should not be assigned to each partner. Lack of knowledge fuels this trauma which is worsened in the process of being externally misunderstood and disbelieved, which in turns creates another self-perpetuating loop of worsening symptoms. A significant shift in the recovery process occurs once the pathology is defined and personal culpability is relinquished, which is another key antidote to psychological suffering that is easily effected once known.

7.2.2 Leaving the relationship

Relational psychological abuse is subtly inflicted over time and generally includes forms of coercive control, manipulation and gaslighting and this is increasingly becoming better understood within the profession (MacCallum, 2018; Stark, 2007). In her leading research, Kirkwood (1993) refers to the interweaving of these components as a web, such are the intricacies that need unravelling. Beyond these, the traits of psychopathy include expert skills in convincing deceit, trickery and disguise (Hare, 1993), together with an uncanny ability to elicit positive emotion, as was evidenced in the findings. Miranda and Paula gave illustrative accounts of how this is experienced, emphasising the need to understand these dynamics, which is also top of Stout's list of guidelines in how to safely exit the relationship (2021, p.193). Perpetrators rely upon relational transparency and authenticity to inform their calculated, duplicitous

behaviour in order to secure their desired response; ongoing honesty and openness is, therefore, detrimental to a safe exit. I have called this necessary strategy of counter-deception, the mask of survival. Although this seems contra to the ethical codes of conduct and values that guide the profession (e.g. British Association for Counselling and Psychotherapy (BACP) and United Kingdom Council for Psychotherapists (UKCP), it is imperative that therapists understand, communicate and teach this when supporting this phase of the recovery process. Stout calls this "*changing the game"* (2021, p.196). In so doing, it minimalises the effectiveness of the perpetrator's power, which is acting in the best interest of the client, as was demonstrated in Paula and Miranda's exit strategies.

7.2.3 Rebuilding sense of self

As described in the findings, the breakdown of self-functions is extreme in this population. The psyche is distorted. Physiology is damaged and/or depleted and known sociological structures are broken. The basic hierarchical needs of safety, connection and sense of self are diminished or non-existent. Based upon the findings, Kaufman's revised theory of hierarchical needs (2020) fits with the basic human requirements described, which can be effectively translated in the therapy room.

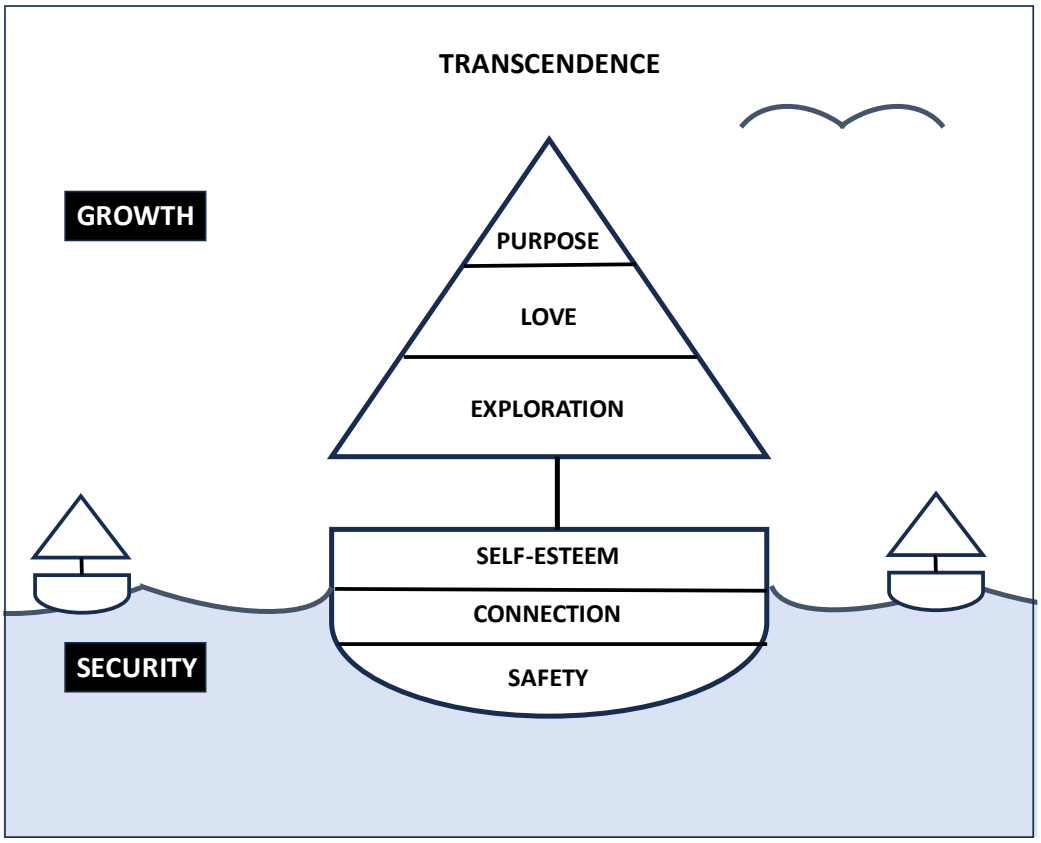

Figure 6 - Kaufman's hierarchy of needs (2020, p. xxxv)

Using the analogy of a sailboat, Like Maslow (1954), Kaufman deems the conditions of safety, connection and self-esteem necessary for the boat to be seaworthy. This is what secures the boat. Trauma specialist Rothschild (2021) agrees stating that safety and stabilisation must be priority when clients present who are currently dealing with trauma in their daily life. From a therapeutic perspective, there is instant safety in being heard and believed. This fosters connection, whilst validation aids the process of re-building personal esteem. Without any prior training or knowledge about the pathology, the skill of respectfully listening, with a view to understanding how it is for the client, is the cornerstone of all psychological therapy, regardless of skill set or training. Grounding, containment and acceptance are fundamental to building a therapeutic alliance at the initial stages of all therapy, which provide the anchor with which to stabilise the boat, before the choppy seas can be navigated. This is essential

knowledge for all practitioners in the helping professions. As was unanimously expressed and evidenced in the findings, the impact of being heard and believed was instantly reparative.

To generalise this in the wider population, I refer to the research that Herman conducted (2023) with 26 survivors of abuse, from what she describes as acts of tyranny through subordination. The group represented a diverse mix in terms of ethnicity, sexual orientation, class, geographic background, and age, although all were well educated. Her research aim was to understand what justice would look like for these survivors. In addition, her published account includes many other case studies and survivor interviews. She concludes "*every survivor I interviewed in this book and I daresay every survivor with whom I have ever worked, has wished above all for acknowledgement*" (2023, p.15). Simple, yet powerful, this is the foundational requirement to being. Grace described her isolation and experience of being disbelieved as "*a slow death*" and Bida referred to this phase as a "*black hole"* and "*nothing"*, which serves to demonstrate the potency of these basic needs.

Once secure and stable, the choppy waters require specific training to be administered by professional trauma therapists, the efficacy of which is clear from the accounts given by my participants. Conversely, the consequences of not receiving adequate and/or relevant trauma treatment were evidenced in the accounts of worsening symptoms, self-blame and prolonged distress. In all cases, the re-building of self was activated once these conditions were adequately met. Again, regardless of modality, understanding how to work with trauma is a pre-requisite to therapeutic success and the severity of complex and atypical trauma experienced by victims of PDPT necessitates expert skill.

Irrefutably, the findings revealed a discernible shift in the process of recovery once directed support was accessed, which over time enabled the boat to set sail. As

demonstrated in the diagram, once the boat is secure, growth is possible; self-exploration, love and purpose transporting the vessel to new and unexplored territory. This was the essence of the final phases of recovery and will be discussed in the final theme.

7.2.4 Treatment direction

To conclude this theme, there is a clear call for a specific psychotherapeutic treatment direction to support recovery from PDPT abuse, which can be readily administered regardless of modality, training or experience. As with all clinical assessment, adequate signposting is essential to accessing necessary levels of support once the pathology under question is identified, which is what needs to be made known to the profession. Regardless of experience or training, it needs to start with the suggestion that Clara made in the final words of her interview:

> "*I think counsellors should start with psychopathy, you know, in their own heads, ask the questions that would indicate it more, then move down to Cluster B personality disorders, then move down to other things, rather than going up the other direction*" (P48,L18-24).

7.3 Society re-abuses

When first discovering PDPT abuse for myself, particularly in my clinical work, I was called to action to assist the profession through research to formally understand and impart new and necessary knowledge about this apparent, yet neglected phenomenon. Aware of the challenges that lay ahead, given such a contentious topic and distinct lack of extant and existent literature, theory or prior research, I was not naive to the obstacles that I faced. I was cognizant of the need for collaboration, evidenced definition and language and I was alert to the reality that persons displaying psychopathic traits would, by their very nature, provide disguised obstacles to

progression. What I was not prepared for is the level, nature and scale of societal abuse that dominated participants experiences in their journey of recovery; the same societal abuse and/or attitudes that hinder progress on many levels. This was a surprise finding, not only in the experiences of my participants, but in my own experiences as researcher.

7.3.1 There are obstacles to knowledge

As already conceded in the summary of this theme, the issue of societal ignorance, non-acceptance and re-abuse is beyond the bounds of this research, the reasons for which are far-reaching and include the following:

- disguised perpetrators in positions of power
- gender/societal oppression and dominance
- political power
- societal inequality
- lack of professional funding or training
- lack of definition or terminology
- societal naivety or ignorance
- profiteering and financial gain
- fear
- media sensationalism and desensitisation
- social media misrepresentation.

This is a generalised list and is by no means exhaustive. It serves to demonstrate the realities faced by those who fall prey to PDPT and those who attempt to address the phenomenon and effect positive change. Significant therapeutic interventions have defied adequate success for over a century, which include the pioneering works of Cleckley (2015) and Hare (1993). Whilst the work continues, so do the injustices of the

world, some of which are listed above. What was prevalent in the findings, necessitating its own sub-theme, is the lack of judicial acknowledgement. The insidious, hidden harm inflicted flies beneath the legal radar, despite being experienced symbolically, as in Clara's case as being "*like coming home and discovering dead bodies under the patio*", or literally, as in the case of Grace and Bianca, in the form of actual ongoing physical harm and sexual abuse. Lailee alludes to kidnap and incest, yet such is the power of her perpetrator's respectability, she dares not speak of it for fear of personal castigation. Furthermore, such is the horror of her reality, she has learned not to inflict such discomfort upon polite society.

The righteous and the evil, good and bad are themes repeatedly voiced by my participants. Justice and injustice are the themes of Herman's (2023) powerful and emotive new publication that has been cited in this research because of the parallels in its observations and aspirations when representing victims of unacknowledged abuse. I have spent much time personally contemplating these polarities and have been particularly troubled during my deliberations by the varying societal attitudes that I too have experienced during my work with this sample population. Like my participants, I have learned not to speak of this work. I have been met with silence, disbelief and disregard. At the other end of a varied and sizable spectrum, I have encountered overenthusiastic sensationalising and heightened awe seeking interest. I have received odd, suspicious and anonymous emails and I have felt the rational and/or irrational fear that is elicited when residing in the realms of psychopathic dynamics.

As I reach the concluding stages of this work, it has been liberating, therefore, to acknowledge the limitations of my own aspirations. As such, this work does not assume to understand the extent of why society re-abuses, it simply acknowledges that it is so. It has revealed itself as an unavoidable experience to be encountered on the journey of recovery from PDPT. The efficacy of this research can however be

avowed in knowing that it is so, accepting the existence of the phenomenon and learning how to: 1) recover from the effects of its encounter, and 2) avoid future exposure.

7.3.2 Acknowledging the existence of PDPT abuse

Stout's (2021) approach to recovery from persons without conscience aligns with the principles of Brown's therapeutic programme, the benefits of which unfolded in the findings. Her recovery advice is solely focused on the self of the victim and recovery of self-functions in a forward facing, progressive flow, as is demonstrated in Kaufman's boat analogy (2022). In line with the approach and attitudes of this research, she sees no benefit in demonising the pathology of PDPT, except to acknowledge its existence so that unnecessary relational harm can be avoided once the dynamics are understood. Indeed, she makes the valid and compassionate point that PDPT ''*remain human beings and perceiving them as hardly human is just as insidious as the moral exclusion of any other group"*, with which I concur, the sentiments of which I include in this work. Indeed, citing the clinical advancements made in other congenital defects such as correction of the heart in Fallot's syndrome, I share Stout's vision that "*in the future perhaps we will create neurological techniques to grant the potential for full paralimbic development to the brains of new-born babies born without that potential and therefore without the capacity to develop conscience*", thereby enabling us to "*joyously invite formerly neurologically stunted infants to join us in a world where love is possible"* (2021, pp.259-260).

These comments are included here to emphasise the point that the issue addressed in this research is not regarding the existence of persons displaying psychopathic traits (although a name that references a measurable definition is necessary to the cause) but is instead regarding societal acceptance that the pathology exists. To illustrate the impact of how acknowledgement and acceptance can significantly change societal

attitudes and consequential therapeutic knowledge to aid support, it can be likened to recently evolved transparency regarding childhood sexual abuse.

7.3.2.1 Parallels with childhood sexual abuse

At the turn of the century, I worked my way up, over a period of nine years, to the position of clinical lead for Survivors' Network, a charity that supports adults who suffered childhood sexual abuse. In the early days, one of the roles I undertook was to facilitate a confidential drop-in for service users. Similar to the experiences shared in the findings, victims did not have vocabulary with which to communicate their complex and confusing experiences. They too were silenced and shamed by society, whilst carrying their own heavy burden of secrecy, shame and worsening physiological trauma.

At that time, professional literature and generalised clinical knowledge was limited. Leading the way and offering a seminal publication from a psychoanalytical perspective were doctoral psychotherapists Messler Davies & Frawley (1994), their incentive for which was born out of lack of available knowledge or acknowledgement. They too were called to action given their clinical experiences of survivors who "*yearned for reassurance, guidance and validation*" (1994, p.1), whilst also meeting other colleagues "*who expressed doubt or misgiving about the whole issue of early sexual trauma, its sequelae, and the centrality it should be accorded in treatment*". (p.2).

At this time, I experienced the now familiar societal disbelief, disdain or denial that such a phenomenon exists. It was beyond the acceptance levels of the moral compass of the masses whilst my clinic operated above its capacity, with an extended waiting list for potential clients seeking my informed practice, as well as running facilitated training courses for interested clinicians. It is now common practice due to the uncovering of the well documented and publicised Saville case (Davidson, 2008), which

brought this existent phenomenon into heightened public awareness. A literature search on Google Scholar (conducted in January 2024) now returns hundreds of publications on the topic of supporting victims, the majority of which date from 2019. Shame, secrecy and dismissal of its existence is being professionally replaced with directed, informed treatment models, as this particular form of abuse is finally being acknowledged and accepted within society. Needless to say, aspirations for the same are becoming possible, and the recovery experiences shared in these findings serve as an important contribution, as will now be discussed in an overview of the final theme.

7.4 Recovery begins with knowledge

> "*In some ways, suffering ceases to be suffering at the moment it finds a meaning*" (Viktor Frankl, 1946).

Accessing informed support marked a clear change point in the journey of recovery for all participants, without exception, regardless of source. As previously stated, the impact of being believed, understood and supported is beyond doubt. Additionally, directed support extended beyond, to the signposted skills of other applicable experts, to aid holistic physiological healing, whilst psychological and neurological treatment of complex atypical symptoms effected instant and progressive healing.

What is of particular relevance in the findings, however, is the distinction made regarding PDPT as a specific defined pathology. This substantiates the theoretical foundations of this research, which asserts that the unique combination of predatory self-seeking motivations, lack of conscience, ability to emulate the full range of human emotions and convincing disguise are what sets it apart. It confirms the need for separate definition, recognition and treatment direction. As clearly expressed by Grace, Paula, Clara, and Lailee, and alluded to by Bianca, Elle, Bida, and Miranda, sense could finally be made, upon reading my definition of PDPT for the first time in the call for participants advertisement (appendix iv). As presented in the literature review

(p.25), PDPT shares traits with other DSM Cluster B pathologies, such as Antisocial Personality Disorder (ASPD) and Narcissistic Personality Disorder (NPD), but its particular defining traits require separate consideration. As was expressed in the findings, Brown's Institute provided invaluable, effective support. Benefiting from years of research and direct clinical observation, it offered a unique programme that addresses neurologically toxic chronic and persistent cognitive dissonance and complex and atypical trauma, as well as understanding and working with the elevated character traits that are particular to victims of pathological relationships. The impact and results were evident and a distinction in efficacy could be drawn between the progress made by all participants who accessed the Institute's support and Grace who did not. What was reported as detrimental to progress by all participants, however, was the confused clustering of known psychological pathologies, that did not make sense of their experience. This was true of all relevant agencies and helping professions, as accessed by all participants. It was clear in the findings therefore that once psychopathic traits were understood, and a name was introduced that described participants experiences, new sense could be made which set them on their way to further recovery.

7.4.1 Journey back to self

In Maslow's evolving '*being-psychology'* he focused his attention on "*ends rather than means"* (Kaufman, 2020, p.xxiv), which aligns with the end phases of the recovery process that emerged in the findings. He cited wonder, laughter and connection, as powerful qualities in the end-experiences. He also bestowed the virtues of beauty, truth and justice to end-values and "*efficient perception of reality and newness of appreciatio*n" to end-cognitions and finally, purpose as an end-goal (p.xxiv). These are the words being used and the essence that is felt in the narratives of participants' final experiences. Kaufman's analogy of the sailboat apportions these attributes to the sail of the vessel, which sets sail on its journey of transcendence. Purpose and love are the

top two named conditions with which to achieve this. In the aftermath of the discovery of PDPT abuse, love is distorted and no sense can be made. Purpose disappears along with all that was previously experienced as reality. It is a true measure of the end stages of recovery therefore that the sail is hoisted and the wind or newfound being, fills the sail and carries the self forward.

Transcendence is understood and translated in many different ways, across many difference spheres and has been referenced, among other things, as peak experiences, spiritual awakening, cosmic consciousness and self-actualisation (Bhaskar, 2012; Kaufman, 2020). Maslow (1961) believed that peak experiences were made possible when unimpeded by cognitive distortions, which, to an extent, can be seen in participant experiences once reality distortions were addressed and the sense-making process was once again activated.

Bhaskar states that "*enlightenment is continuous with transcendence which we have seen to be a feature of ordinary life (and something we all do whether we know it or not)*" (2012, p.327). His somewhat ambitious theory of metaReality views this as an evolutionary process of "*potentially unending, evolving thresholds of awakening*" (p.327). The term '*post traumatic growth'* offers a more substantiated concept of how all individuals demonstrate resilience and potential for transcendence throughout their lifecycle (Bonnano, 2004; Calhoun & Tedeschi, 2001; Mangelsdorf, Eid & Luhmann, 2019). Post traumatic growth is defined by Calhoun & Tedeschi (2001) as the positive psychological change that is experienced as a result of struggles with adverse experiences. It is a familiar aspect of the final stages of therapeutic healing, a phase that Herman (1992) termed '*reconnection'* in her recovery model. Viewed from the perspective of recovery from the adversities of PDPT abuse, I am drawn to Calhoun & Tedeschi's seven areas of growth that result from traumatic experiences, as cited by Kaufman (2020, p.103). These are:

- greater appreciation of life
- greater appreciation and strengthening of relationships
- increased compassion and altruism
- the identification of new possibilities or a purpose in life
- greater awareness and utilisation of personal strengths
- enhanced spiritual development
- creative growth.

These encapsulate the desire to strive, new connections with nature and fellow beings, sense of peace, hope and love and call to purpose that is heard, felt and captured in the end phase of recovery as experienced by all eight participants. The journey began from a place of severe trauma and reality distortion that was worsened by confusion, isolation and further abuse. Once their experiences were validated and sense could be made, as sense-making beings, they began a process of connecting back to self, as they were able to integrate relational PDPT abuse into the experience of their own evolving lives that were becoming stronger, richer and more meaningful for the experience. As Miranda stated at the end of her interview:

> "*that's the riches I get to live today[…] it's more spiritual, more grounded*" (P44,L7-10).

This concludes the final overview of the findings and I will now broaden the discussion by offering an evaluation of the research.

7.5 Evaluation of the research

This section will offer an appraisal of the project in its entirety in terms of its value and validity, considering both its strengths and limitations, to assess its overall credibility and usefulness in achieving its aims.

7.5.1 Validity of the findings

As McCleod (2001) attests, criteria for what constitutes credibility and validity in qualitative research is by no means defined, given that findings are generated through the personal engagement of the investigator. He observes "*it is inevitable that what is produced will, to a greater or lesser extent, bear the mark of the investigator's approach*" (2001, p.265). Equally, as a "*linguistic representation of events and experiences*", he makes the point that language is "*ambiguous, figurative, narratively structured and performed within a specific time and place*" (p.266). Added to which, the interpretations made in this IPA research are resultant of me as researcher making sense of the sense the participant makes of their lived experience, from a place of reflection, at the given time of its telling (Smith et al, 2022). Reliance is heavily directed therefore to the trustworthiness of the researcher, which again is me, and my ability to present this project. In my ongoing attempts to attend to these issues, I have taken direction from the '*Evolving Guidelines'* of Elliot, Fischer & Rennie (1999) and share now my considerations as relevant and applicable to the validity of this project.

7.5.1.1 Generalisable findings

One of the features of IPA is the focus on the individual experience, and the divergences as well as convergencies within the sample population (Smith et al, 2022). All participants reported personal experiences that were unique to them. An example of one such experience is the aforementioned incidences of not being believed. Considering this dynamic, the resultant levels of distress experienced were then picked up in the cross-case analysis and as it emerged through deeper embodied connection with the data, which deemed this a unanimously experienced phenomenon. This process is true of all specific dynamics being cited as generalised for the sample. Equally, one of the measures of validity in qualitative research (Guba & Lincoln, 1989; Stiles, 1993), is whether findings are generalisable in the wider population. Again, using the same exemplar, I can attest to the fact that, of all the relevant recovering

clients whom I have clinically treated, not being believed is reported as profoundly retraumatising and, as with my participants, validation is the antidote. This is true of the other cited dynamics, which are generalisable within my professional experience and wider field of reference, upon conducting this doctoral research (Brennan et al, 2021; Brown, 2022; Cleckley, 2015; Hare, 1993).

7.5.1.2 Catalytic validity

Another measure of validity according to Elliot et al (1999) is the ability to evoke thought and progress understanding for the participant about their experience. Stiles (1993) calls this "*catalytic validity*" (p.611). This was first reported by the participants of this study at pre-selection stage, after completing the Hare P-scan. As already described (p.75), the results of this instrument of measurement provided instant validation and confirmation that the partner under question did have psychopathic traits. When re-connecting three days after the interview to check well-being, all participants shared with me levels of impact following participation. Whilst it was generally reported to be experienced as uncomfortable and/or mildly distressing, it was described as a welcome and necessary process of integrating new knowledge that effected positive change. These comments are recorded in my process journal, as part of the available validity checking audit trail (see appendix xii).

7.5.1.3 Social and political change

Whilst not included by Elliot et al (1999) in their evolving guidelines, McCleod (2011) makes the case for the extent to which qualitative findings can impact social and political change as a measure of validity. As he observes, this has also been described as '*consequential validity'* (Patton, 2002), '*transgressive validity*' (Lather, 1994) and '*transformational validity*' (Cho and Trent, 2006). Current debate ensues as to the relevance of conducting qualitive research for the purpose of social change in terms of validity (Cho and Trent, 2006). However, in terms of this research, it is pertinent given

the lack of professional knowledge or available directed therapeutic support. Based upon the findings of this research, the need for informed training about PDPT abuse for the psychotherapeutic profession is beyond doubt. As such, change has already been affected within the profession as a direct result of the findings and larger-scale change is planned in a considered programme of dissemination, which will be discussed in the next chapter.

7.5.2 Statement of personal process regarding validity

This has been an ambitious project given the contentious, undefined and misunderstood nature of its topic and consequential lack of existent literature or prior research. Whilst pioneering in its endeavours, there is a deficiency in comparable formalised knowledge with which to compare, which is an important validity checking criterion. Focus, therefore, has been directed instead towards the issues that have prevented the existence and knowledge base of what is such a specific and prevalent form of relational psychological abuse. It has felt daring at best, arrogant at times and more often than not improbable that this research could make any impact on such a controversial, ineffable issue when previous influential attempts have fallen short. In moments of doubt, I have been encouraged by the enthusiasm received when presenting the research proposal to the panel of examiners at the Metanoia Institute. They recognised and championed such pioneering aspirations as being at the heart of doctoral purpose; to elicit new knowledge for the benefit of the psychotherapeutic profession. Equally, my Metanoia peers have allayed my doubts with the assurance that all knowledge must start somewhere. From this position, this project has achieved its aims. Like any research, limitations and strengths are inevitable regardless of objective, design or results. With this in view, I will now consider the same for this particular study.

7.5.3 Limitations and strengths of the research

The limitations of IPA have already been explored on page 64. From a phenomenological and interpretative perspective, the unique co-created exploration of lived experience that has been offered can be assumed, according to Smith et al's (2022, p.108) criteria, as "*good enough*". Whilst they support such a result to encourage more attempts to produce valuable qualitative research, they also express hopes for more sophisticated, creative and imaginative studies that push interpretation further (2022, p.196). A barrier to such endeavours in this case was due to the size and scale of the topic. It could be viewed that the ambitions of the project were beyond the capacity of doctoral research, which did compromise further levels of interpretative depth that were entirely possible but restricted by timescale and word count.

On the other hand, as my peers reassured, it has to start somewhere, and findings would attest that it is deemed better to have tackled this topic than the alternative. Finlay (2011) supports this attitude and in agreement with Halling (2002), she urges would-be-researchers to attempt qualitative phenomenological investigation into human experience, acknowledging that limitations will be an inevitability, in the process of learning "*something of worth and value"* (p.259). McLeod states that "*whatever we find will be partial and open to re-interpretation by others*". He continues, "*on what basis can qualitive research be persuasive enough to instigate changes in practice among therapists and agency administrators*?" (2011, p.281). From this perspective this research has produced vital new knowledge that will make a powerful contribution to the field of pathological relational abuse.

The small homogenous sample aided focus given the enormity of the undertaking and contributed to the validity of the findings. However, despite advertising with UKCP and the Metanoia Institute, all participants responded from the advertisement placed via the Institute in America, the majority of whom had undertaken the programme of

recovery as directed by Sandra Brown. Whilst this was helpful from a recovery perspective as it heightened their understanding and awareness of their process of recovery to the benefit of the data, it does assume bias to that particular programme. There is no comparison to be made regarding alternative directed methods of recovery. Additionally, of the sample of eight, one participant was residing in the UK, one in Northern Ireland and six in America. Whilst the dynamics of PDPT abuse bore similarities and could be generalised, the same may not be true of the legal system, the ethics and standards of training within the therapeutic professions and external societal support structures such as Women's Aid and religious orders, within these countries. This is not an exhaustive list and potential differences are not stated as fact. It is a question raised to acknowledge possible limitations.

A connected consideration regarding recruitment via the Institute relates to its founder, Sandra Brown, who provided academic consultation on this project, which could be seen as further bias. On balance, given that no other such programme was available at the time of recruitment and Brown's knowledge and experience of relational pathology spans 30 years, it can be deemed that the benefits to the research far outweigh these concerns.

The issue of bias must also be addressed regarding my own input. Whilst I have made best efforts at transparency and championed ongoing attempts to remain open to my own processes, unconscious bias remains a potential. My decision to conduct a semi-structured interview that invited participants to say whatever they wanted to say, largely uninterrupted, was one way to prevent me influencing the data, as far as possible. Additionally, I paid careful attention to where personal bias might exist through the process of analysis; an example of which is in my deliberations regarding my use of the question about phases of recovery as a helpful pre-interview preparation guide (p105). Regardless, this is an emotive topic and one in which I have my own personal experiences, so it is inevitable that my own feelings have influenced the work.

Stiles notes that whilst personal involvement and passionate commitment might lead to enmeshment and risks of distortion, he concedes "*they can also motivate more thorough investigation and a deeper understanding*". He goes on to make the point that "*detachment and distance can distort too*" (1993, p.614). To date, relational PDPT abuse is generally not understood unless it has been experienced and is certainly better understood through experience. My input therefore as interpreter of participants' interpretations of their own lived experience has been essential. The situational, behavioural and unfolding dynamics of PDPT abuse differ from case to case, as can be evidenced in this work, and are equally true of my own personal experiences. However, the deeper phenomenological experiences require a level of insight that was beyond the sense-making capacity of the victim or wider population, without professional insight, so insider experience was fundamental to eliciting and interpreting these dynamics, that may otherwise have been missed.

In so doing, my own preconceptions were challenged. Stiles considers bias as "*impermeability to new experience*" (1993, p.613), noting therefore that it is "*our ability to be surprised, to change our minds, to come to new understanding*" that "*demonstrates that our initial biases are not immutable*" (1993, p.613). Indeed, new learning, surprise discoveries and personal growth have unfolded and gifted me over the past five years. Inevitably, I am changed through the process, as I too have navigated a journey towards understanding and discovering new knowledge, offering my interest, commitment, openness and integrity that can only be judged on the plausibility and merits of this writing.

Finally, a strength of this research can be attributed to its design. Given the characteristics of the phenomenon under investigation, a micro-level analysis that sought to elicit detailed, nuanced rich-data at levels not yet conceptualised by the participant or the reflexive researcher in their own sense-making capacity (Smith et al, 2022), was fundamental to capturing the '*essence*' (Husserl, 1982) of lived experience.

The phenomenological, idiographic and hermeneutic theoretical perspectives that are central to IPA (Smith et al, 2022) offered valuable guidance, structure and techniques with which to achieve this. Husserl's (1982) '*eidetic reduction'* is one such example. By iteratively engaging with the data by viewing it through different lenses, such as 'free imaginative variation', I was able to move beyond the subjective perceptions of individual experience. This was particularly pertinent in bringing to life that which is ineffable and/or beyond conscious experiencing, such as the reality distortions that were evident yet unexpressed in the data.

To conclude this section, I confirm once more that this research offers an interpretation only of a particular set of data, from a homogenous, purposely chosen sample. It does not purport to state fact or imply exclusivity to the truths of its interpretations, understanding that other interpretations are possible. It does however hold strength in adding new knowledge to an essential and urgent cause and validity that it is making sense and becoming accepted within the wider population.

7.5.4 Further research

This is foundational research, exploring a topic that is beyond the scope of its capacity and bearing the aforementioned limitations. Further research, therefore, is essential, and this work provides a platform upon which to build.

As has been implied, from this data alone, there are more themes to explore and deeper phenomenological interpretation to be elicited. Of the themes that have been introduced and phenomena uncovered, the way is now paved to challenge, to expand and to test, by way of building a solid and trustworthy corpus of relevant research. For instance, this study focuses on personal sense-making from a place of recovery. What can we learn about the early stages and mid stages? Perhaps an in-depth exploration of what it is like to be suffering with untreated chronic and persistent cognitive dissonance and/or loss of self-functioning capacity due to reality distortion and severe

trauma? Findings in this project have focused on unhelpful support before accessing the Institute. Is there any available support that is helpful? What are the blocks to recovery? Unexplored themes include the legal system, children and dependents and the law and judicial system, all of which become their own considerable, complex areas for exploration.

Although inclusive of limited ethnic diversity, this sample is small, all female and of similar socioeconomic status. I have worked with, and received correspondence from, a limited number of males seeking support, so their voices need to be heard and potential divergencies and convergencies in experience need consideration. Equally, I have received communications from victims worldwide, so the same is true of different populations and cultures.

As I end this section and this chapter, the call to action has been defined by way of presenting, discussing and then critiquing the outcomes of this research project. A clear case has been made for the need to acknowledge the existence of PDPT abuse and subsequent professional training for the psychotherapy profession, together with urgent academic engagement to develop a cogent body of knowledge from which to expand and challenge understanding of this existent phenomenon. In the next chapter, I will discuss the developments that have already been introduced to affect change, before considering the way forward to ensure best plans for dissemination of the findings of this research.

CHAPTER 8

RESEARCH IN ACTION

Thus far I have introduced the concept of persons displaying psychopathic traits (PDPT), explored some of the contributory issues that elude acknowledgement and acceptance of its existence and explored how it is experienced by its victims from the perspective of recovery. Having considered and presented this research, this chapter reflects upon the journey taken to raise awareness, widen the knowledge base and effect change in the applicable fields of relevance. It acknowledges the challenges encountered that have hindered the progress of these aims and the consequential planned action needed to address them, before setting out a strategic programme for dissemination in Chapter nine.

8.1 Private clinical practice

It was in my own private practice, Brunswick Counselling Centre, that I began to develop a programme of support for clients who are in relationship with, or recovering from, PDPT abuse. My early work was prior to inception of this project, which, as stated in the introduction, was the catalyst for formalising the phenomenon. Much of the work now mirrors the themes that have been uncovered in the findings although, until completing the analysis, this was not the case. My training model has therefore been informed by the research and developed as knowledge has evolved. From this perspective, new knowledge that emerges from the project has supported my experiential practice, which in turn has informed the research.

8.1.1 Evolving clinical support

In most instances, once the specific dynamics of the abuse are acknowledged and explained to clients, the sense of relief is instant and impactful. As the research has

matured and definitive vocabulary has become established, it has been readily adopted and used by clients, meaning that language is now available to more lucidly verbalise that which was once beyond words. Equally, it is a language that enables me to communicate with these clients, as well as more intelligibly, and with greater confidence, with my wider audiences. This is welcome progress since the early stages of the research, when I struggled to make known that which was without language, in much the same way I had experienced my participants' data in places as evidenced in the findings.

Having defined the evidencable, measurable term Persons Displaying Psychopathic Traits (PDPT), I am rewarded when I hear the term being used. It strikes me how readily it is adopted and incorporated into language upon first hearing, which assures me that it must feel right to its users. According to Stiles (1993), when it feels right to those other than the interpreter and yields action, this further validates the work. He likens it to the way all interpretations are judged in everyday life, stating that "*the feeling of rightness would be vulnerable to distortion in isolation, but less so in a large network of meaning*" (p.610).

In keeping with my established clinical values, each client who is victim to and/or surviving from PDPT abuse is viewed as unique and the work unfolds accordingly. Not all clients present at the stage that my participants were at when securing directed support. It can be particularly delicate in the early phases of discovery when clients are at their most vulnerable; in the throes of deepening trauma, confusion and denial, and oscillating between dissonant perspectives. This phase can take time and calls upon the patience, holding and respectful care of the therapist. This was evidenced in my PEP research (2021), in the unfolding experiences as verbalised by three purposely chosen psychotherapists. When the PEP research was conducted in 2020/2021, the aforementioned language did not exist and whilst these therapists were aware of psychopathic traits that were evident in the relationships of their clients, little was

understood about how to work with them. Much time was spent therefore maintaining a solid base from which to hold their inconsistent, volatile clients. At this stage, neither they nor I understood about worsening chronic and persistent cognitive dissonance and atypical trauma (Brennan, Brown & Paradise, 2021).

8.1.2 Knowledge progression

As a direct result of this research, my programme of support has developed, to the benefit of my clients. Whilst treatment unfolds organically due to the individuality of the client and the uniqueness of each relationship in question, my treatment plan follows these protocols as the work progresses:

- identification and acknowledgement that the relational phenomenon might exist
- establishment of relationally secure therapeutic frame/holding
- psychological education about the pathology of PDPT
- physiological stabilising
- techniques to ease chronic and persistent cognitive dissonance.

Trauma work is not attempted until the client is safe, stable and present enough to engage in the process. This may be a slow process of holding and teaching. Developmental history and assessment of trauma history is obtained during this process, enabling an evaluation of the level of trauma work required. It may be necessary to process severe developmental complex trauma alongside the trauma processing of the relationship (Brown, 2009; Herman, 1993). As the work progresses, these protocols become less linear. Throughout, necessary, safe interventions can be introduced as is client and therapist appropriate.

These protocols share commonality with the programme offered by Brown's Institute in the USA, the efficacy of which is underpinned by years of research and expertise, as

demonstrated in the findings. Of equal importance is the emphasis Brown places on personal development and integration of what she calls super-traits, and this too is a fundamental aspect to the success of my therapeutic model. There are also distinct differences between my work and that of the Institute. Whilst Brown's programme is effective for recovery from PDPT, its inclusion of all DSM-5 (2013) Cluster B personality disorders does overlook essential aspects that are specific to PDPT abuse, as uncovered in the findings. These include:

- defining the specific, unique dynamics of PDPT
- specific guidance for safe exit from this personality combination
- ongoing strategies to manage unique relational differences with PDPT
- safe boundaries with which to communicate in society
- re-framing self in relational dynamic with PDPT.

Work undertaken to date has been successful and professionally fulfilling. Its efficacy is proven. Given the number of client requests my practice receives and the ongoing responses to the research and communications from victims and survivors worldwide: 1) the need to extend beyond single practice level is beyond doubt, 2) the scale of the issue is far greater than I had originally predicted, and 3) based upon the findings, the urgency to professionally train psychotherapists is clear.

8.2 Professional clinical training

In addition to client support, my practice offers direct training to clinicians. As with my support model, this has developed as the research has progressed. In 2022, I developed a new website for Brunswick Counselling Centre, www.brunswick-counselling.co.uk which introduces my doctoral work and the concept of PDPT abuse, offering one-and two-day training sessions to interested, qualified psychotherapists. Individual, group and company training sessions are offered. To date, I have trained

individuals in person and groups online. Thus far, each training has been informal and individually tailored, whilst covering a basic format:

- introduction to PDPT abuse
- dynamics of PDPT abuse
- client presentation
- introduction to support model.

Further training, supervision and ongoing support is then offered, which is a necessary forum for experientially supporting individual caseloads. As with my client work, training at this level is evolving, as the research informs professional practice and professional practice informs the research. This work is collegial and dynamic.

8.2.1 The legal profession

Upon invitation, in November 2022, I delivered training to the 'Hertfordshire Collaborative Family Law Group'. As the name suggests, this is a county wide group of solicitors, barristers and associated professionals who work specifically with divorce, child custody and family matters. Their interest was pertinent to supporting victims of relational PDPT abuse. As already mentioned in the findings, challenges with the legal process were significant in the data, but due to the limitations of the project, details were not explored in depth, in favour of prioritising psychological needs. I elected to deliver this training firstly to gain experience in producing, delivering and conversing face-to-face about my topic with a group of this size (around 60 people), and secondly to fulfil a need for training about the relational implications of this pathology within the legal profession.

The presentation was met with interest and lively discussion ensued. There was an awareness within the profession about the character dynamics of a PDPT, so making the distinction between PDPT and narcissistic personality disorder was particularly

helpful. It served to heighten my clarity around the need to respond differently when PDPT traits are evidenced, which was embraced and understood by my audience. As we explored together, apparent legal implications surfaced which raised as many questions as they answered. One such issue was regarding the victim's fitness to participate in the legal process if neurological impairment due to chronic and persistent cognitive dissonance was evident. How could this be measured? How might this jeopardise divorce proceedings and or child custody? Indeed, the enormity of the task to legally address these relational dynamics became clear.

That said, all delegates reported that it was beneficial, and the conversations overran the session. The need for further training was voiced and requested by these legal professionals. I was also invited to deliver further training to the London group and other counties, and requests for support with individual cases were emailed to me after the event. After due consideration, I declined the opportunity to deliver further training at this time, in favour of focusing my attention on completing the research, which was my priority.

8.2.2 Reflections after the training

The training day was a worthwhile experience that gave me the confidence and incentive to forge ahead with my project with a renewed sense of urgency and purpose, whilst feeling validated about its cause. At the same time, I came away with new questions and considerations to integrate into my evolving work. One such question was regarding the professional labelling of character styles (DSM-5, 2013; Hare, 1993; Johnson, 1994). In my experience, applying pathological labels to match client symptoms is precarious, undefined and potentially limiting for the patient. As part of my Master's degree training with Metanoia (2005-2009), I completed a six-month internship in an acute psychiatric ward, shadowing a psychiatrist. I learnt first-hand the challenges of diagnosing and medicating based upon patient presentations and was fortunate to work with a doctor who taught me compassionate sensitivity

regarding the labelling of pathology. I have carried this attitude into my therapeutic practice, using pathological labelling as a general guide only to treatment planning, alongside other factors. I view this as a dynamic process, to be evaluated as work progresses. Equally, in this context, I hold that such a diagnosis is my own professional opinion only and, therefore, it is not conclusive.

My values were therefore brought into sharp focus as I experienced myself presenting the specific pathology of PDPT to my delegates. Much as I have throughout this work, I posited that recognition of PDPT is essential to successful outcomes. This I hold true. It is clear from the findings of this research, and in my subsequent experience both personally and as a clinician, that understanding the psychopathic character traits which are unique to PDPT, is paramount. This requires definition, yet definition is not a precise science and in the case of PDPT, disguise is a prevalent trait. As Cleckley observed, "there *is not even a consistency in inconsistency but an inconsistency in inconsistency*" (2015, p.361). This is a troubling paradox and seemingly one that presents in relation to psychopathy despite attempts to address it (Cleckley, 2015; Hare, 1996).

As troubling as this conundrum remains, having discussed it at length with professional and doctoral peers and at the Metanoia research forum, the necessity to understand the existence of PDPT is clearly conveyed in the data, in the experiences shared by all participants which, in turn, is generalisable in my experiences of conducting the research (Brennan et al, 2021; Brown, 2009; Stout, 2006). I therefore settle myself with the fact that; 1) all pathological diagnoses are a guide only, and 2) as with all diagnoses, it is preferrable to understand the definition and dynamics of PDPT, with a view to ruling it out as opposed to missing its existence. Although I had held this belief, the process of dissemination on this occasion enabled me to further clarify my position, which was a welcome and necessary part of my process.

8.3 Networking and collaboration

In the early stages of undertaking this research, communication was problematic due to the aforementioned lack of vocabulary and the existent professional contentions surrounding psychopathy. Added to this, I was new to research at this level, so a whole new world of academic language was being introduced. At this time, my determination was diminished by feelings of isolation and confusion. In the first year of joining Cohort 21 at Metanoia Institute (2018-2019), there was a programme requirement to attend monthly meetings in person. This was an opportunity to bond with cohort peers and take support from the co-facilitators, Dr Goss and Dr Stevens. These meetings set the scene for collaborative learning and provided a welcome source of knowledge, encouragement and community, making a valuable contribution to my abilities as researcher and quality of connections with peers.

Once regular compulsory face-to-face meetings ceased at the Metanoia Institute, which coincided with the beginning of the Covid pandemic and enforced lockdown, Cohort 21 set up monthly online meetings. This was an informal invitation, extended to all members, to provide the opportunity for ongoing collegial supervision, discussion and support, in addition to individual support from my academic adviser (AA), Dr Maxine Daniels.

In February 2022, I joined three cohort peers to deliver a presentation at the Metanoia Institute Research Academy Annual Conference, entitled 'Bumps, Bruises and Beyond'. The theme of the conference was 'Developing Confidence in Research' and we decided to present a group montage of individual vignettes demonstrating our particular research challenges and how we overcame them. This was my opportunity to share my struggle to communicate the ineffable and how my discovery of phenomenology (Husserl, 1982) provided me with the creative language and philosophical underpinning that guided my way forward. The process of putting this presentation together and delivering it was threefold; 1) it was an opportunity for collegial bonding

and to share each other's work, which personally rewarded me with much needed connection to counter feelings of isolation, 2) it was a process that focused my thinking and affirmed my progress by being externally witnessed and appreciated, and 3) it was an opportunity to have my work validated at a relevant research conference.

8.3.1 Sharing knowledge

As the research journey progressed, contact with experts in my field increased. I remained updated on newly published literature (MacCallum, 2018; Milstead, 2021; Pumphrey, 2021; Stout, 2021), relevant websites and online articles and made contact with some of the chosen professionals who authored them. Equally, I was also contacted by psychotherapeutic professionals from around the world who were themselves survivors of relational pathological abuse and practicing professionally to support clients and address the issue within their range of capability. All of these contacts expressed particular interest in my positioning of PDPT abuse as a separate phenomenon to other DSM-5 (2013) Cluster B personality disorders and I appreciated the opportunity to share my findings. Discussions on this level were mutually beneficial in offering support, knowledge and reassurance. They were equally daunting, given that such connections acknowledged and highlighted the scale of the clinical need and the enormity of the task to understand, evidence and provide training to professionals in order address it.

8.3.2 Ongoing contact from victims and survivors of relational pathological abuse

By December 2023, I had received 511 additional emailed enquiries about potential participation, from individuals, male and female, wishing to take part in the study. This number continues to rise. Although the 'call for participants' advertisement was removed from the relevant sites as soon as I had received the first applications, details of the research are located on Sandra Brown's personal website, under a listing of her research activities. As with the initial recruitment process, these requests came from

worldwide destinations. A high percentage of these applicants would not have been suitable for this project, as the details imparted would indicate that they are in the early stages of recovery and seeking support, but the volume of requests serves as a valid indicator that the lived experiences shared by my participants might be generalised on a larger scale, as is the need for support. Whilst time consuming, given the sensitive nature of these enquiries, I continue to respond individually to each person, acknowledging their email and updating them on the progress of the project.

Additionally, I continue to receive letters from male and female enquirers who claim to have suffered this abuse, who are seeking additional support and/or information specifically about PDPT abuse. Again, I respond and signpost if and when possible. I regularly receive letters of support, thanks and encouragement, as well as offers to help or partake in potential upcoming projects. When such requests are made, I file these emails securely in a separate file for future consideration.

This growing number of communications highlights the need for this research. Whilst validating it, it emphasises the urgency to complete and disseminate, and indicates the level of professional directed support needed that is beyond my individual capacity, despite successful attempts to expand the network. The sense of urgency, fuelled by ongoing external contact, has been a constant throughout this work and has at times felt disabling due to the overwhelm. The progress being made by Brown's organisations in the USA and my invitation to join her Board of Advisors was, therefore, initially a welcome source of collaboration, structure and direction and I will now outline the advancements made in the field of pathological relationships whilst serving in this position.

8.4 My work with the Association for NPD/Psychopathy Survivor Treatment, Research and Education (the Association)

I joined the board of advisers at the Association in February 2021. This team of experts in the field of pathological relationships had been set up in order to advance the progress made, following the success of the first training programme. As originally introduced in Chapter one, this was entitled '*Narcissistic and Psychopathic Abuse. The Clinicians Guide to the New Field of Traumatic Pathological Love Relationships*' (2021) and was delivered by Pesi.com. and made available via the Association. When I joined the board, there was a second training programme in the pipeline, entitled '*Treating the Survivor of Narcissistic and Psychopathic Abuse: A Clinical Focus on Evidence-based and Trauma-informed treatment protocols.*' This was made available in 2022 by both Pesi.com. and the Association. The following pre-requisites were required of potential candidates to secure eligibility to undertake this second training:

- Master's degree or higher qualification in a psychology related field
- Certified trauma-trained practitioner
- Completion of initial training and subsequent post-test pass (80% + pass mark).

This was firstly to ensure the level of professional competence required to continue the training, with a view to qualifying to the Association's practitioner status. Secondly, the Association was planning to introduce a third training with the aim of then offering certification to qualified practitioners who completed all three courses. At this stage, it was envisaged that they would join a list of qualified practitioners, which could be accessed by potential clients.

As board members, we were required to undertake both training courses and to complete and pass the post-tests, in order to demonstrate high levels of competence, as befits the position. Training and focus on this level benefited my work, whilst in turn, my evolving research benefited the Association. At this stage board members

were primarily recruited in an advisory capacity, although longer serving members contributed to segments of the training videos that were produced and delivered by Sandra Brown.

8.4.1 Accelerated progress within the Association

To continue momentum and meet demand following the success of the first two training courses, activity within the Association accelerated, which was reflected in the participatory contributions required of its board members. In addition to the planned third training, application was underway with Evergreen Certifications, in partnership with Pesi.com., to gain certification status following completion of all three training programmes. This was an arduous, time-consuming process. The pressure to deliver the final training and meet the requirements of the certification application, whilst maintaining momentum within the field of pathological relationships, was fraught and time dependent. As part of this process '*Standards of Care and Professional Practice Guidelines for Treating Survivors of Narcissistic Abuse and Other Pathological Relationships*' was being produced with the collective input of the board.

Required levels of input from board members intensified with each stage of progression. For example, one requisite to the conditions of certification, was the provision of ongoing continued professional support (CPD) which would need to be offered annually in the form of a series of two-hour training segments. As such, all members were requested to consider providing a two-hour training relating to their individually chosen specialised topics, to be presented via the Pesi.com. training platform. This was indeed an opportunity for me to introduce my work regarding the specific abuse by persons displaying psychopathic traits (PDPT), via an established industry training forum.

By May 2023 certification was granted and the third training entitled '*Narcissistic abuse: must-know insights to support clients in high-conflict legal cases and custody*

battles' (2023) was completed and offered by Pesi.com as part of a package entitled '*Certification Training in Narcissistic Abuse and Survivor Treatment. The complete course on assessment, interventions and trauma treatment*' (Pesi.com, 2023). This marks significant progress for the Association, and acknowledges the pioneering achievements of its founder Sandra Brown, whilst benefiting victims of narcissistic and pathological abuse.

8.4.2 My departure from the Association

My time spent with the Association was greatly valued by me and benefited my research. I had acquired knowledge from the training courses undertaken, participation in the application process for accreditation and development of client services, and in the one-to-one and group collegial interactions which comprised a diverse, yet relevant skill set. However, as the Association progressed in the aforementioned areas, I became increasingly aware of divergencies and potential conflicts of interest between my work with PDPT abuse and that of the same with pathological relationships.

First and foremost, as previously explored in the literature review (p.26), the inclusion of all DSM-5 (2013) Cluster B personality disorders, under the Association's umbrella term 'pathological love relationships' was at odds with my definition of PDPT. This became more pertinent as the affirmations emerged from my participants that the specific identification of PDPT was significant to recovery.

Equally, my vicarious involvement with Pesi.com. was enlightening and became a central cause for personal concern. During my time spent with the Association, I witnessed the growth of this training organisation, which now references itself as '*the leader in continuing education, seminars, conferences, in-house training, webcasts and products for mental health professionals*' on its website www.pesi.com. Whilst the wide-reaching coverage of this professionally reputable medium could be

advantageous to the publicising of PDPT (as invited in the CPD training videos), there was a downside regarding its marketing strategy. Understandably, the organisation seeks maximum marketing coverage for each training programme offered and as such, advertises the training programmes of the Association under as many different section headings as possible, which include coercive control and narcissistic abuse to name a few. Although not deemed ideal by the Association, on balance this widespread exposure offered advantages to its aspirations, the pros for them therefore outweighing the cons.

I however considered that such a marketing strategy would be detrimental to the dissemination of my specific pathology, particularly at this stage of introduction. As such, I felt unable to offer the necessary level of support to the Association that was requested of its board members in this period of rapid growth. We amicably agreed a parting of the ways in June 2023, with a mutual agreement of continued support and goodwill.

8.5 Necessity for strategic approach to dissemination

It was at this point, in the Summer of 2023 that I first found myself with important decisions to make regarding my approach to the dissemination of this work. The need for defined clinical support regarding PDPT abuse was evident, as reflected in my private practice, my collegial connections with other practitioners and the continued communications that I received from victims and survivors from worldwide destinations. As discussed in the literature review, this was also at the time when the term narcissist had "*become a buzz word*" (Pumphrey, 2021, p.23) and the growing body of literature in support of victim recovery from its relational dynamics continued to grow. The Association had also taken the decision to use the term, the title of their third training course making specific reference to 'narcissistic abuse' only and their certification programme being marketed by Pesi.com. as '*Certification Training in Narcissistic Abuse and Survivor Treatment*.' (Pesi.com, 2023).

On the one hand, I support that these developments advance public awareness of psychological domestic abuse. They introduce a much-needed language with which to identify the subtle psychologically harmful relational dynamics, such as coercive control, gaslighting and manipulation. Stark (2007) had begun attempts to address this at the turn of the century citing "*coercive control, a strategy that remains officially invisible despite the fact that it has been in plain site at least since the earliest shelter residents told us in no uncertain terms that violence wasn't the worst part*" (2007, p12). Such advancements must therefore be welcomed and embraced as essential new knowledge that is beneficial to all victims of psychological abuse.

On the other hand, this research and my subsequent work with survivors, has highlighted distinctions in the dynamics that require particular therapeutic attention. These were considered in the discussion chapter. As such, it has felt imperative to me that this work does not become diluted with other DSM-5 (2013) Cluster B pathologies, as has previously been the case despite attempts by forerunners such as Cleckley (2015) and Hare (1993), who have stated their case for the distinction but to no avail (see page 22). Cleckley's perplexity and frustration was clearly expressed in 1950 when he wrote his first edition publication '*The Mask of Sanity'*, stating "*It cannot be said, except about the problem of the psychopath, that no measure at all is taken, that nothing exists specifically designed to meet a major and obvious pathologic situation*" (Cleckley, 2015, p.7), continuing "*this particular problem, in a practical sense, has had no hearing*" (p.8).

Fortunately, major advancements are being made regarding the pathology of psychopathy (Blair, 2003) and subsequently, victims of its relational dynamics are progressively being acknowledged (Stout, 2006). To counter progress, the phenomenon of this victim relational abuse is still being met with ill-informed dismissal. An example of this is evidenced in the insights offered by Freestone, a senior lecturer at the Centre for Psychiatry, Queen Mary University of London. In his

perceptive book (2020), which is based upon his own experiences, he sets out to highlight the diversity of psychopathic behaviour. However, in so doing, he directs this suggestion to the relational partners of psychopaths: "*it very quickly becomes clear when a partner is not interested in your emotional fulfilment, or much else about you*" and recommends "*you should probably leave the relationship and take your chances elsewhere*" (2020, p.239).

It is seemingly the case therefore, that as quickly as progress is made, it is just as inadvertently marred, despite well-meaning attempts to advance the understanding of psychopathy and support its relational consequences. As such, in Chapter 9 I propose that a carefully considered plan of action is essential to ensure effective, robust dissemination of the new knowledge acquired from this research, that ensures its protection from being absorbed in the minefield of terminological discrepancies and inadequate or inappropriate publicity. This will now be outlined in the next chapter.

CHAPTER 9

STRATEGIC PROGRAMME OF DISSEMINATION AND PROPOSED PRODUCTS

This chapter sets out my proposed plan for marketing and disseminating this work, with a view to maximising effective and efficient impact upon introduction to the psychotherapeutic profession.

9.1 Urgency, scale and effectiveness of training requirements

As has already been detailed, I have successfully trained a small-scale network of psychotherapists, who, in turn, now receive referrals from clients seeking support from abuse inflicted by persons displaying psychopathic traits (PDPT). This scale of network extends to other countries as a result of personal collaboration and the independent endeavours of other practitioners. It is however far from the level of training required to successfully support the number of victims that have been brought to my attention alone over the past few years. It had originally been my vision, as with the work of the Association in the USA, that I would steadily grow such a network to be expanded from its foundations in the UK, using a collegial pyramid approach. I have come to realise however as this work has progressed, that such a plan is inadequate and beyond my personal capabilities or aspirations.

Along the way, I have also considered writing papers by way of more readily imparting knowledge to the profession in the short term, whilst in the process of finalising the doctoral dissertation. However, ongoing experience has alerted me to the fact that any publicity invites enquiries from potential clients, that cannot be backed up with available trained support. It is my view that a solid support structure needs to be available to meet demand, yet demand cannot be met without imparting knowledge

and training to those who can supply it. Moreover, I believe that no knowledge at this stage is preferable to inadequate knowledge, given the lack of capacity for furthering clarification or expanding knowledge to a required level. As such, my preference is to present this new concept in its entirely, to establish clarity and solid foundations from the outset, as opposed to offering a synopsis.

9.2 Action plan for dissemination

With these considerations in mind, I have composed a semi-structured plan that; 1) focuses my attention, 2) alleviates feelings of overwhelm and responsibility, and 3) aligns with my original aspirations to formally, professionally and strategically produce cogent, effective work that requires a longer-term strategy. It is:

- Complete the doctoral project to provide a solid, ethically scrutinised foundation for the work
- Publish an introductory textbook for professionals based upon the research
- Present an introductory training programme with professional organisations such as nscience global, United Kingdom Council for Psychotherapists (UKCP) and Affinity Psychotherapy Academy, that reach wide audiences of psychotherapeutic professionals
- Publish a self-help textbook for victims and survivors of PDPT abuse
- Present at relevant conferences in the UK and Europe, produce papers and engage in professional forums that best promote the work
- Provide ongoing training and support to encourage advancement of the growing network of trained therapists.

CHAPTER 10

FINAL REFLECTIONS AND CLOSING STATEMENT

In this final chapter, I will review the study through my reflections on the process from a personal and professional perspective, sharing my insights as survivor, clinical practitioner and researcher. I will then end with a closing statement to conclude the research.

10.1 Personal Growth

> "*In gaining new understanding we are changed. The relational process of engaging research can itself be transformative.*" (Finlay, 2011, pp.24-25)

The end of this doctoral journey therefore marks the beginning of the results of its accomplishments.

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APPENDICES

APPENDIX I

PSYCHOPATHIC ABUSE - PERSONAL EXPERIENCE OF PERSONS DISPLAYING PSYCHOPATHIC TRAITS (PDPT)

This is a separately documented account referencing my personal experience of relational abuse with persons displaying psychopathic traits (PDPT). It is a brief outline that honours the time limitations of its reader, whilst attempting to capture the essence of my experiences, to position myself as researcher in the context of this doctoral study. This is written for exclusive access only for the examiners of the study to which it is appended and will be redacted prior to publication to protect any stakeholders. It is not intended in any way to identify or cause harm to any persons associated with my experience.

APPENDIX II

STATEMENT OF PERSONAL INTENT AND PROGRAMME OF CARE PLAN

Explicating assumptions and pre-understandings

> "*it is better to make explicit our understandings, beliefs, biases, assumptions, pre-suppositions and theories*" (Van Manen, 1990, p.47)

Self as researcher

As an interpretative, phenomenological researcher, my aim is not to '*bracket*' my experiences, as befits descriptive phenomenology (Giorgi, 2010), but to be transparent in my evolving relationship with them. It is my intention therefore to be willing and committed to an ongoing, open relationship with my own experiences, views, beliefs and feelings with the topic of my research, whilst honouring the individuality and uniqueness of the same with each participant. My aim is to remain curious and open, in the shared endeavour of the research. Equally, it is my intention to strive to recognise and admit when my intentions fall short.

Framework for self-reflective process

Initially, my plan was one of structure. I considered, among others, the self-interview approach as suggested by Stiles (1993), imagining that this is how I would find answers to my own questions, surface unconscious biases and make explicit the 'self' I bring to my research. However, during the time between successfully completing my Learning Agreement and receiving ethical authorisation to proceed with the research, what emerged was a more holistic reality. I came to realise that authentic reflexivity is an

ongoing, lived process. I learned through personal being, feeling, thinking, reflecting and connecting to others and via my own deep regressed experiences, that what I bring to the work as researcher is an evolving knowing on embodied, emotional, transpersonal, experienced and intellectual levels. As I allowed the prospect of my proposed research to seep into my being, occupying thoughts, emotions and experiences, so the unconscious, deeper processes surfaced. They found me especially in dreams and moments of waking.

Realising that these processes require fertile ground from which to flourish, I created my own framework to ensure optimal conditions to nurture the organic surfacing of these deeper reflexive processes, enabling me to approach my research from a more enlightened, self-aware, open position.

Personalised framework

- regular meetings with two peers (one being my emotional wellbeing peer) to discuss my thoughts, beliefs, assumptions and fears about past and evolving experiences regarding PDPT abuse
- daily entries into my personal process journal
- time, space and mindful self-care
- engagement with nature
- meditation and mindfulness/awareness of embodied senses
- openness to deeper, regressed processes
- sleep, dreams and thoughts upon waking
- continued engagement with new literature and related theories
- adopting Dr Thomas' model (2019) of using mental imagery to enhance reflexive and conceptual processes when feeling stuck or confused.

APPENDIX III DPSYCH PROGRAMME RESEARCH ETHICS COMMITTEE (PREC) APPROVAL

Copy made available to examiners and removed for publication due to inclusion of personal information.

APPENDIX IV

RECRUITMENT ADVERTISEMENT

Call for participants

My name is Jayne Dales-Tibbott and I am a doctoral researcher with Metanoia Institute and Middlesex University in the United Kingdom. I seek participants for my qualitative research entitled:

"The long road back to self. An exploration of the lived experience of a survivor's journey of recovery, after being in a relationship with a partner who displays psychopathic traits."

I am looking to interview eight individuals who have experienced and survived an intimate relationship with a partner who displays psychopathic traits (PDPT). These include *superficial charm, lying and deceit, lack of conscience or remorse and self-serving manipulative and/or controlling behaviour*. The pathology to which this research refers specifically includes all of these traits. *Egocentricity, proneness to boredom, promiscuous sexual behaviour, impulsivity, irresponsible/reckless behaviour, lack of realistic long-term goals, and poor behavioural controls* are also strong psychopathic traits that will be recognised if they have been experienced. Whilst some symptoms are the same, not all of these traits are evidenced in Narcissistic-Personality-Disorder (NPD) or Anti-social Personality Disorder (ASPD). A fundamental difference with a person displaying psychopathic traits (PDPT) being that they are not only narcissistically self-important and self-focused, but they are measured in their actions and are capable of emulating unconditional love and care through intimacy. They are neurologically impaired, so have little or no conscience, which aids their convincing ability to deceive. It is the pervasiveness of this personality pathology and the calculated harm imposed for self-gain, from a place of low/no empathy that I

suggest sets this pathology apart. The consequences of experiencing such a relationship are severely detrimental to psychological and physiological wellbeing and recovery is often long and complex.

This research aims to gain in-depth insight into the journey of recovery that follows such a relationship; the outcomes of which will inform a newly forming body of knowledge and contribute to the production of much needed training for the helping professions.

I seek English speaking participants who are over the age of 25; have been out of the abusive relationship for at least one year; are in the final stages/or have recovered from the aftermath symptoms and have access to a professional psychotherapist who has been a part of the journey.

Participation will involve an initial 30-minute online informal discussion to check that you meet the criteria, followed by a 60-minute online interview (to be arranged thereafter) for successful applicants. It is hoped that participation will be a positive, rewarding experience that will make a significant contribution to the psychotherapy profession in furthering cogent, scientific knowledge that will ultimately benefit other recovering victims.

This research has gained ethical approval by my learning institutions. It is supervised by Dr Maxine Daniels of Metanoia Institute and my Academic Consultant is Sandra Brown, M.A., The Institute for Relational Harm Reduction.

If you are interested in being part of this project, your enquiry will be most welcome and your input most valuable. I can be contacted in the first instance at:

jayne.dales-tibbott@metanoia.ac.uk

APPENDIX V

CRITERIA FOR CONSIDERATION - POTENTIAL PARTICIPANTS

Thank you for expressing an interest in my research project. In the first instance, it would be really helpful to learn a few more details about you and to share a little more with you about what would be required. Firstly, it is important to know that you have been out of the relationship for at least a year (and no longer than five) and that you have access to a professional psychotherapist should you seek support in this process.

The focus of this research is on your process of recovery, so it is important that you are in the final stages of recovery or consider yourself to be recovered. What makes you know this? It is about your own personal journey, so requires a reflective, sense-making capacity. How do you make sense of your journey of recovery? What helped? What did not? What were the stages? What made recovery from this particular dynamic different? How do you understand it? I offer these latter questions as a flavour of the level of reflection sought and to help you to decide if you wish to proceed with your application.

If not, I thank you again and kindly wish you well.

If you would still like to be considered, then your response will be most welcome. All information is viewed by me only, is password protected and treated as confidential. Details will be destroyed at the earliest opportunity.

With kind regards,

Jayne

APPENDIX VI

INVITATION TO PRELIMINARY INTERVIEW

Thank you for expressing an interest in my research.

It is with pleasure that I would like to invite you to the next stage in the recruitment process. You have been chosen because you meet the criteria for the project.

You are now invited to attend a 90-minute, online meeting with me. It will be informal and informative. There will be some standard questions to answer, and I will guide you through a checklist that measures psychopathy traits (called the Hare P-scan). It will be an opportunity to ask questions and learn more about the research, before making final decisions about participation.

At the end of our meeting, if we decide together that you are suitable and would like to take part, I will send you full information about the project, what to expect and how we proceed.

I currently have availability for interview on **xxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxxx** At this stage I am unaware of your location/local time, so apologies for giving you UK timings. I hope this is easy enough to work out. If you are unable to attend on these dates, please let me know when would best suit you and I will try to accommodate. If you would like to accept this offer and you are available on these dates, please let me know your preferred time and email address to which I will send a Zoom invitation.

I thank you once again for your interest and I hope to meet you soon.

With kind regards,

Jayne

APPENDIX VII

PRELIMINARY INTERVIEW QUESTIONS

Potential Participant Preliminary Interview

PART 1

Date: Pseudonym:

Gender: Gender of PDPT:

Age: Nationality:

Country of residence:

Current relationship status:

1, How long were you in relationship with PDPT?

2. How long have you been separated?

3. Do you consider you are in the final stages of recovery?

4. How do you reach this conclusion?

5. Do you have access to a psychotherapist (unknown to me) who has worked with you on your recovery from this relationship?

6. Are you taking any medication?

7. Are you currently seeking support for emotional/mental health issues? Is so, please detail.

8. Are you currently in a relationship with a PDPT?

Part 2

Upon successful completion of part 1, applicants will be invited to undertake the Hare P-SCAN (Hare & Herve, 1999) to assess the validity of the partner displaying psychopathic traits (PDPT) to whom they refer. This is a non-diagnostic screening tool, designed for non-clinical situations. It was created to generate data from sources other than the subject, such as family members, victims and business associates (Kirkman, 2005). A total score of 30 and above falls into the high range of scores and is a significant indication that the person being profiled may have many, or most of the features that define the traits of psychopathy.

This form has been obtained from a professional, validated source, together with a manual of instructions for use. This will form Part 2 of the checklist.

Scores

APPENDIX VIII

PARTICIPANT INFORMATION SHEET

Participant information sheet

PARTICIPANT INFORMATION SHEET (PIS)

Participant ID ……

SECTION 1

1. Study title

The long road back to self. An exploration of the lived experience of a survivor's journey of recovery from a relationship with a partner displaying psychopathic traits.

2. Invitation paragraph

You are being invited to take part in a research study. Before you decide it is important for you to understand why the research is being done and what it will involve. Please take time to read the following information carefully and discuss it with others if you wish. Ask me if there is anything that is not clear or if you would like more information. Take time to decide whether or not you wish to take part.

Thank you for reading this.

3. What is the purpose of the study?

The psychotherapy profession is beginning to recognise that being in a relationship with a partner displaying psychopathic traits has specific, detrimental effects on its victims. This study aims to better understand the psychotherapeutic support needed in the recovery process, by exploring the lived experience of the journey of recovered victims. No such research has been undertaken to date and it is hoped that by studying the actual experiences of survivors, valuable insights will emerge to inform the profession about what is needed to effectively support future survivors in their recovery.

4. Why have I been chosen?

You have been successful in your pre-selection interview, and you have indicated that you are interested in taking part in this study. In total eight participants are sought and you fulfil the requirements to take part in this study because:

- you have recovered from a relationship with a partner displaying psychopathic traits;
- you have been separated from this relationship for at least one year;
- you are in the final stages of recovery (which has taken no more than five years);
- you are over 25 years old;
- you speak fluent English;
- you are unknown to me, the researcher;
- you have access to known therapeutic support;
- you identify as male/female with a male/female ex-partner;
- you are not currently in an abusive relationship and
- you are currently in good mental health.

5. Do I have to take part?

It is up to you to decide whether or not to take part. If you do decide to take part you will be asked to sign a consent form. If you decide to take part, you are still free to withdraw within one month after the interview and without giving a reason. If you do decide to withdraw from the study then please inform the researcher as soon as possible, and they will facilitate your withdrawal. If, for any reason, you wish to withdraw your data please contact the researcher within a month of your participation. After this date it may not be possible to withdraw your individual data as the results may have already been published. However, as all data are anonymised, your individual data will not be identifiable in any way.

6. What will I have to do?

You will need to sign an informed consent form to acknowledge your full understanding of the research requirement and agreement to participate. We will then set up a convenient time to meet online for one interview. We will take some time before we start the interview, to ensure that you are comfortable and happy to begin. This interview will last for one hour. It will be audio recorded. Every effort will be made to ensure that all recording equipment and technology is fully operational. In the event of failed connection, we will pause the interview and continue as soon as we are able to resume full connection.

The interview will be semi-structured. This means that I may ask you questions from time to time, but they will be guiding questions only, asked within the natural flow of our communication. Ultimately, I will be interested in your account of your experience of recovery and everything you wish to share will be important. It is important to know that there is no right or wrong thing to say.

I will let you know when the interview is coming to an end and I will invite you to consider at this stage if there is anything further you wish to add. We will then take up

to 15 minutes to check how you are feeling and to make sure that you are happy to continue with the process. You can pause the interview at any stage if you feel uncomfortable, equally, you can terminate the interview if you do not wish to continue. You are asked to indicate if there is any personal concern or discomfort at any point in the interview process.

I will contact you three days post-interview, via email, to check again upon your wellbeing.

Please note that in order to ensure quality assurance and equity this project may be selected for audit by a designated member of the committee. This means that the designated member can request to see signed consent forms. However, if this is the case your signed consent form will only be accessed by the designated auditor or member of the audit team.

7. What are the possible benefits of taking part?

We hope that participating in the study will help you, as you will be talking about your experience. This in turn will help others. However, this cannot be guaranteed. The information we get from this study may help us to better understand the process of recovery from a relationship with a partner displaying psychopathic traits and the specific psychotherapeutic support needed to aid the recovery process. You will be taking part and giving voice to a phenomenon that has thus far been poorly understood and often missed and/or mis-diagnosed.

8. Will my taking part in this study be kept confidential?

The research team has put a number of procedures in place to protect the confidentiality of participants. You will be allocated a participant code that will always

be used to identify any data you provide. Your name or other personal details will not be associated with your data, for example, the consent form that you sign will be kept separate from your data. All paper records will be stored in a locked filing cabinet, accessible only to the research team, and all electronic data will be stored on a password protected computer. All information you provide will be treated in accordance with the UK Data Protection Act 2018 and appropriate state legislation and the upcoming Data Protection Act 2022, if you reside in the USA.

9. What will happen to the results of the research study?

The results of this study will be presented at conferences and/or in journal articles and other published literature. However, the data will only be used by members of the research team and at no point will your personal information or data be revealed.

10. Who has reviewed the study?

The study has received full ethical clearance from the Metanoia Institute DPsych Programme Ethics Committee (PREC) who reviewed the study.

11. Contact for further information

If you require further information, have any questions or would like to withdraw your data then please contact me,

Researcher: Jayne Dales-Tibbott

Email: jayne.dales-tibbott@metanoia.ac.uk

or

Academic advisor/supervisor: Maxine Daniels

Email: maxine.daniels@metanoia.ac.uk

APPENDIX IX

PRE-INTERVIEW GUIDING QUESTIONS

Pre-prepared guiding questions

Each interview is about personal lived experience of the journey of recovery from a PDPT and how you make sense of this from your own reflexive here and now position. There is no right or wrong thing to say and everything will be of interest.

My input (the interviewer) will be minimal. That said, the interview will be semi-structured, meaning that I will hold the following pre-prepared questions as a guide only. I hope to provide a reassuring, two-way connection and I may ask you to say more about certain aspects.

I am sharing these questions with you to help guide your own reflections. Please know that they are in no way meant to be rigid and I re-iterate the importance of your own account and what matters to you.

1. How do you make sense of the stages of recovery?

2. What helped?

3. What was difficult?

4. What helps now?

5. What remains difficult now?

6. How do you make sense of what happened?

7. How do you make sense of why it happened?

8. What remains unanswered/not understood?

9. How do you view your recovery from where you are now?

APPENDIX X

EVIDENCE OF AUDIT TRAIL