Separation Theory and Voice Therapy Methodology

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Our life is what our thoughts make it.
Marcus Aurelius, Meditations

This chapter explains Separation Theory, a comprehensive system of concepts and hypotheses that integrates psychoanalytic principles and existential thought. The theory explains how early interpersonal pain and separation anxiety lead to the formation of defenses, and how these defenses become more elaborate and entrenched in the personality as a developing child becomes aware of his or her personal mortality. Thereafter, existential concerns and the associated defenses continue to have a profound impact, usually negative, on individuals throughout their lives, especially in relation to generating self-protective, maladaptive behavioral responses. To avoid the full realization of death, people tend to retreat to an inward, self-protective posture, narrow their life experience, and, to varying degrees, cut off feeling for themselves and others. In their withdrawal from life, they are able to maintain an unconscious imagination of immortality. In embracing life, one automatically embraces death; as Paul Tillich (1952) once asserted, “One avoids being so as to avoid nonbeing.”

Separation theory is a departure from classical Freudian psychoanalytic theory and is akin to the theories of Rank (1936/1972), Sullivan (1953), Fairbairn (1952), Guntrip (1969), and, to an extent, Kohut (1977). The theory focuses on the polarity within a person between self-affirming, goal-directed tendencies and defensive, self-defeating processes (Firestone, 1997). The developmental aspect of the theory provides an understanding of how events and experiences in early childhood influence the ways in which individuals cope with interpersonal pain and death anxiety throughout their lifetime. In an attempt to defend themselves against both kinds of pain, children develop an illusory connection or fantasy bond with their mother or primary caregiver, thereby achieving a modicum of security and a sense of safety. As they merge
with the parent in their imagination, children and the adults they develop into become at once
parent and child, a self-sufficient system in which they both nurture and punish themselves in
much the same manner that they were treated. In this regard, they develop a split in their
personality that reflects their parents’ ambivalent feelings. We conceptualize this internal
division as the self and the anti-self system.

Defenses formed early in life in response to emotional pain are reinforced as a child faces
the dawning awareness of death’s inevitability. He or she then employs these early defenses to
repress or deny the reality of death and to maintain an unconscious illusion of immortality.
However, maintaining defensive illusions comes with a price: It leads to maladaptation and a
deterioration and in one’s quality of life. Although many people say that they do not fear death,
they unconsciously guide their lives and personal interactions to avoid arousing remnants of their
original death anxiety. Separation anxiety and death anxiety, and the subsequent defensive
reactions to them, are at the core of resistance to developing a differentiated identity
characterized by individuation, personal autonomy, and fulfillment.

Voice therapy is a cognitive/affective/behavioral methodology developed by the first
author to help individuals access, identify, and challenge fantasy bonds, as well as associated
destructive thoughts or critical inner voices. This form of therapy leads to significant insights
into the sources of negative thinking as well as to an understanding of how the alien elements of
the anti-self system influence one’s behavior. The therapeutic methodology enables people to
free themselves from harmful developmental influences and strengthen their real self, and to
pursue more rewarding priorities and goals.

The Fantasy Bond

The wish for fusion and merger denies the reality of separation and, thus, the reality of

The fantasy bond is a defensive adaptation that relies on an illusion of connection,
originally formed as an imaginary fusion with the mother or primary caregiver. It is the core
defense -- a way of parenting oneself -- that arises in response to emotional deprivation, frustration, and/or separation trauma in early childhood. Children develop a psychological equilibrium and utilize fantasy processes in an attempt to relieve their anxiety. The degree to which they come to rely on the fantasy bond is proportional to the damage they sustained in their formative years.

Attachment theorists have observed that children make the best adaptation possible by developing specific strategies to maintain proximity to the parent for the purposes of safety and survival. Children are born with an evolutionarily based behavioral system that is designed to achieve this goal (Bowlby, 1973). The mother’s or caregiver’s capacity to fully feel the pain of her early years and to make sense of her childhood experiences, together with the sensitivity and ability to attune her responses to her infant’s nonverbal and bodily cues, will determine which pattern of attachment the infant develops with her: a secure attachment or, less optimally, an anxious/insecure, avoidant/insecure, or disorganized/disoriented pattern (Siegel & Hartzell, 2004).

The Fantasy Bond As Manifested in Adult Relationships

The defenses that people originally developed in an attempt to heal the fracture caused by early interpersonal experiences become limiting and dysfunctional factors in their adult lives. The original fantasy bond is reinstated with one’s partner, authority figures, or other parental substitutes. When this type of relating begins to occur, there is a decline in the genuine companionship, affection, passion, and sexual attraction that usually characterize the initial phases of a relationship. Over time, each partner tends to revert to a more self-protective, defended posture. Real feelings of love are gradually replaced by a fantasy of love. The increased reliance on the fantasy bond strengthens the illusion of connection and leads to a further deterioration within the relationship, with each partner retreating to the safety of the imagined union and giving up the real substance of the relationship.
Adults establish a fantasy bond in their intimate relationships by recreating negative aspects of their early attachment to parents. This is achieved through selection, distortion, and provocation. (1) They can unconsciously select as a partner someone who is similar in behavior and/or defenses to a parent. They are naturally attracted to someone whose style of relating feels comfortable and familiar, whose defenses mesh with their own. (2) They can also distort a partner by exaggerating his/her positive or negative qualities to make the person more closely approximate their parent. (3) They may utilize provocation to manipulate a partner to respond to them in the same manner as their parent did. People often provoke angry, critical, or harsh reactions from their mate by unconsciously holding back the behaviors, personal communication, affection, kindness, and sexuality that one’s partner originally valued.

The Voice Process

What we call “the voice” is the language of the defense system; it supports the fantasy bond and the self-parenting process. It is a well-integrated system of thoughts and attitudes, antithetical to the self and cynical about others that is at the core of an individual’s maladaptive or self-destructive behavior. Voice attacks are directed inward toward the self and outward toward others; both predispose alienation in relationships. Voice attacks are sometimes experienced consciously but more often than not, they are only partially conscious or even unconscious. They are not auditory hallucinations, but can be conceptualized as a way of talking to or “coaching” oneself as though from an external point of view (Firestone, 1988). The specific subject matter, content, and sources of voices as they exist within the personality are comprised of (1) the internalization of parents’ (and other significant figures in the child’s early environment, such as siblings, relatives, teachers, peers,) destructive attitudes toward self and others, (2) an imitation of one or both parents’ maladaptive defenses and views about life (social relationships, religious beliefs, political ideologies, etc.), and (3) a defensive outlook and approach to life based on emotional pain suffered in the developmental years.

We conceptualize the voice as a dynamic representation of what attachment theorists
refer to as “internal working models.” Attachment researchers (Maier et al, 2004; Shaver & Clark, 1996) hypothesized that internal working models mediate people’s attachment patterns and influence how adults interact in close relationships. Similarly, the voice process helps re-establish the original parent-child attachment in a new relationship by supporting the same self-image and point of view that developed within the first attachment relationship.

In a thirty-year longitudinal study of a unique psychological laboratory comprised of three generations of individuals and families, we were able to study the dynamics of the voice process (Firestone, Firestone, & Catlett, 2003). We observed that destructive thoughts or voices contribute to a person’s negative self-concept and feelings of low self-esteem, promote distrust of others and an inward, isolated lifestyle. These voices support illusions of connection and self-nurturing habit patterns that are emotionally and physically deadening and endorse a victimized orientation toward life that blames others for one’s own failures. In addition, voices advise a person to be secretive about self-nurturing, indulgent, or self-destructive habit patterns, thereby contributing to a paranoid, suspicious view of other people. Self-aggrandizing voices distort reality and set a person up to feel slighted by others, leading to a sense of demoralization, self-hatred, and feelings of failure.

As participants in the group we studied verbalized their destructive thoughts, we noted that the content of their self-attacks and hostile attitudes toward others corresponded to our observations of their behavior. Because we observed multiple generations, we were able to notice the intergenerational transmission of these destructive thoughts and defensive behavior patterns (Firestone, 1990a; Firestone & Catlett, 1999). As children matured, we witnessed them soothing and punishing themselves in the same ways that they had been parented. The intergenerational repetition was obvious in the hostile attitudes they developed toward themselves. We also observed the selection process operating in young people as they became romantically involved. Again, our observations tended to validate the findings of Shaver and Clark (1996), who suggested that children who have a negative internal model of the attachment
relationship with a parent often distrust relationship partners and expect them to “be cruel, neglectful, or unpredictable...and feel unworthy of anyone’s love” (p. 34).

Voices oppose vulnerability and discourage wanting and are therefore basically anti-body, anti-pleasure, and distorting of sexuality. Identifying the contents of the destructive thought process helps explain seemingly irrational negative behaviors that contradict people’s stated goals. In general, operating on the basis of internalized voices and not challenging their prohibitions and self-protective directives negatively affects a person’s overall adjustment, sense of independence, and feeling of personal worth. The concepts of the fantasy bond and the voice help to explain the resistance to a better life. People tenaciously hold on to fantasized connections that are a fundamental part of their defense system because they offer a false sense of safety and security. Because fantasy bonds support an illusion of merged identity and permanence, they also serve as a buffer against death anxiety.

**The Formation of the Self and Anti-Self System**

The newborn does not develop a self system, or personal identity, in a vacuum; the self emerges only in relation to another person or persons (Siegel, 1999, 2007; Stern, 1985). Positive life experiences favor the evolution of the self-system whereas negative experiences support the formation of the anti-self system.

Developmental psychologists and neuroscientists emphasize that the development of the neonate’s brain and personality is environment-dependent; that is, the growth and development of the brain are dependent upon inputs from the environment, specifically those provided by other human beings (Schore, 2003, Siegel, 1999, 2007; Siegel & Hartzell, 2004). In an optimal setting, infants tend to encounter attuned responses from caring adults that promote feelings of safety, which in turn facilitate learning and further development. When early interactions with parents are nurturing, they provide a child with a secure base from which to explore his/her environment (Ainsworth et al., 1978; Bowlby, 1973; George & Solomon, 1999).

Unfortunately, even in a relatively benign environment, a certain amount of damage
occurs because of the unusual sensitivity of the infant to sensory inputs (Stern, 1985). Indeed, the prolonged dependence of the human infant on parents for physical and psychological survival provides the first condition for the formation of the self and the anti-self system. According to Guntrip (1961), the infant’s need for “reliable maternal support” is so absolute, and failure to provide it so nearly universal, that “varying degrees of neurotic instability... are the rule rather than the exception” (p. 385).

Every child needs warmth, affection, direction, and control from adults who would ideally possess the ability as well as the desire to provide satisfaction of the child’s basic needs. However, all parents have a fundamental ambivalence toward themselves, and they automatically extend the same ambivalence to their products, i.e., their children. It manifests itself in their positive traits and in their compassion, concern, and desire to love and nurture their children, while, at the same time, it is also reflected in their negative attitudes toward themselves and in their anger, resentment, and feelings of emotional hunger toward their children.

Parents’ anxieties are aroused when their child goes through phases in development that parallel exceptionally painful and unpleasant experiences in their own lives and at those times they tend to emotionally insulate themselves and create for the child the same circumstances they faced as children. The degree to which parents have failed to resolve or work through their own trauma is proportional to the degree to which they will be dysfunctional and misattuned in relation to their own children.

Because negative, hostile feelings toward children are considered to be socially unacceptable, parents are often resistant to acknowledging their aggressive feelings toward their offspring and they attempt to deny or suppress them. Nevertheless, the destructive part of parents’ ambivalence is expressed through critical, hostile attitudes and behaviors that contribute to the formation of defenses in their children, and lead to an essential division in the children’s personality between the self system and the anti-self system. Parents’ nurturance and their positive attitudes contribute to the positive development of the individual, whereas their
destructive attitudes, both overt and covert, contribute to a person’s tendency to live a more inward, self-protective, or self-destructive lifestyle.

**The Self System**

The self system is composed of the child’s unique physiological and genetic make-up as well as his or her harmonious assimilation of the parents’ positive attitudes and traits. Parents’ positive inputs, as well as their ability to repair misattunements, support the development of vital functions of the prefrontal cortex in the child’s brain: body regulation, attunement, emotional balance, response flexibility, empathy, self-knowing awareness (insight), fear modulation, intuition, and morality (Siegel, 2007, 2010). The effect of ongoing psychological development, further education, and imitation of other positive role models throughout a person’s life continue to contribute to the evolution of the self system.

People’s personal goals -- their basic needs for food, water, safety, and sex; their desire for social affiliation, achievement, and activity; their expression of love, compassion, generosity, etc.; and their transcendent goals related to seeking meaning in life -- are all aspects of the self system. Positive environmental influences enable the mature individual to formulate his or her own value system, develop integrity, and live according to chosen morals and principles.

**The Anti-Self System**

The anti-self system develops as a defensive response to the destructive side of the parents’ ambivalence: their hostility, rejection, and neglect. In addition, parents’ emotional hunger, over-protectiveness, ignorance, and lack of understanding of a child’s nature negatively affect a child’s development. Often parents attempt to dispose of traits they dislike in themselves by projecting them onto their children, and their children absorb these into their self-concept. The anti-self system is also affected by other negative environmental influences including birth trauma, accidents, illnesses, traumatic separations, and the actual loss of a parent or sibling.

Because of their pressing need for love and utter helplessness during the formative years, children are frightened to recognize their parents’ inadequacies or weaknesses, and must
therefore see their caregivers as adequate, nurturing, and good, and themselves as being at fault, worthless, or bad (Arieti, 1974, Bloch, 1978; Firestone, 1985). Similarly, rather than perceiving their parents as incapable of loving them, children come to see themselves as unlovable. This idealization of parents at the child’s expense is a fundamental part of the anti-self system.

In situations where there are serious deficiencies and neglect in the parental environment or where parents are punitive or abusive, the child attempts to escape from experiencing him- or herself as a helpless victim at the mercy of an angry, out-of-control parent by identifying with the aggressor (Ferenczi, 1933/1955; A. Freud, 1966). This maneuver of splitting from the self and joining with the threatening parent partially alleviates the child's terror and provides a sense of relief. However, in the process, the child takes on the aggression the parent is directing toward him or her, as well as the parent’s guilt and fear associated with the aggressive behavior (Firestone, 1997). At the same time that children incorporate these destructive parental attitudes, they also project their parents’ negative characteristics onto the world-at-large, damaging their personal relationships and distorting their overall experience because of their heightened sense of suspicion and threat.

The sources of self-soothing, self-nurturing voices can be found in parents’ treatment of their children, both in their build-up of the child to compensate for their lack of love, and in their attempts to live through their child’s achievements. Often parents inadvertently train their children to adopt addictive behaviors by excessive coddling and babying, or by unduly comforting them with food, toys or pacifiers, in essence by not allowing the children to feel their actual pain and frustration. Children also model themselves after their parents’ defenses and habit patterns, especially addictions to food, alcohol, and other forms of substance abuse. They also mimic other maladaptive behaviors, such as their parents’ victimized orientation, and hostile or prejudicial attitudes toward other people.

The anti-self system supports an inward, self-destructive life style. Under stressful conditions people tend to regress and fragment into either the parent or child aspect of the
fantasy bond. In the child state, the person is overly dependent, clingy, and/or victimized, whereas in the parental state, he/she acts superior, all-knowing, critical, and/or judgmental. Both parental and childish elements of the personality contribute to dysfunctional styles of relating and do not reflect the state of mind or behavior of an emotionally mature, differentiated adult.

There are two aspects of the anti-self: a self-punishing side and a self-protective, self-nurturing side. Both are composed of voices mediating the individual’s self-defeating, self-destructive behavior and/or destructive behavior toward others. On the self-punishing side, self-attacking thoughts range from self-critical thinking (You’re worthless. You don’t fit in.) to more self-destructive thoughts and ultimately to suicidal ideology and injunctions to commit bodily harm (Go ahead, hurt yourself! Just end it, you don’t deserve to live.). Similarly, self-destructive behaviors based on destructive voices exist on a continuum ranging from self-denial and self-defeating behaviors (actions contrary to one’s goals) to accident-proneness, substance abuse, and actual suicide.

The self-nurturing/self-protective side of the anti-self system is ostensibly friendly; seductive voices urge the individual to be both self-indulgent (Go ahead, have a drink; you’ve had a hard day.) and self-aggrandizing (You’re so great. You’re better than those other people.). These voices support a victimized orientation that can develop into suspicious, paranoid thoughts toward others (They don’t appreciate you. You better watch out. They’ll take advantage of you.). At their worst these cynical and paranoid attitudes can lead to violence.

The Impact of the Child’s Evolving Knowledge of Death

Such awareness may be our uniquely human legacy, emerging from our cortical capacity to represent the future and be aware of the movement of time and our limited place in its passage. Within this challenge to live with eyes and heart wide open rests the ultimate goal: of how to be fully human. Daniel Siegel, 2003, p. x)

As noted earlier, the defenses and fantasy bonds that a child forms early in life in response to stress and deprivation are strongly reinforced, becoming crystallized in the
personality as children’s understanding of death evolves, usually between the ages of 3 and 7. First, children become aware that their parents will die. They tend to feel fear and sadness at the possible loss of their parents but still retain a modicum of security. Later, they come to realize that they themselves will die (Anthony, 1971/1973). This terrifying discovery destroys their illusion of self-sufficiency or omnipotence. The world that they believed to be permanent is turned upside down by their realization that all people, even they, must die. On an unconscious level, they deny the reality of their personal death by regressing to a previous stage of development and intensifying the self-parenting process or fantasy bond (Firestone, 1994; Firestone & Catlett, 2009a).

At a critical point, they tend to resolve their conflict between fantasy and reality by choosing denial rather than facing the existential crisis. Clearly they are not making a philosophical decision in which they meticulously weigh the pro’s and con’s of the two choices. This conflict is faced and resolved in the midst of turmoil and emotional upheaval that is torturous for the vulnerable child. As Ernest Becker (1973/1997) observed in The Denial of Death:

There can be no clear-cut victory or straightforward solution to the existential dilemma he is in. It is his problem almost right from the beginning almost all of his life, yet he is only a child to handle it…. To grow up at all is to conceal the mass of internal scar tissue that throbs in our dreams. (pp. 28-29)

Research suggests that children who are raised in a more nurturing, benevolent environment appear to be better equipped to cope with this crisis, are more likely to develop a positive outlook on life, and tend to be less driven to adopt mechanisms of denial (Mikulincer & Florian, 2000).

Throughout the life span, defenses against death anxiety continue to exert an insidious influence. In attempting to elude unconscious fears of death, most people tend to ration their aliveness and spontaneity, carefully doling out or restricting pleasant or enriching experiences.
They often become indifferent to significant events that impinge upon their lives and numb themselves by attending instead to life’s trivialities. Nevertheless, when an individual experiences an increase in death salience or an indirect reminder of death, the primitive fear reaction tends to resurface, and the person regresses to a greater reliance on fantasy and/or other defenses. This regression takes many forms: For example, some people increase their drinking or turn to drugs while others attempt to lose themselves through compulsive work habits or routines that are distractions and give an illusion of permanence (Firestone & Catlett, 2009a). Research based on terror management theory (Solomon, Greenberg, & Pyszczynski, 2004; also Chapters X, Y, and Z, this volume) has clearly shown that when faced with death awareness, people often tend to become more conventional, more moralistic and punitive, and more identified with their in-group and opposed to outsiders. But there are notable exceptions to this general tendency. Some people respond to a heightened awareness of death by appreciating life more, by taking pleasure in meaningful activities, and by valuing the people they love.

In our work with individuals in our multigenerational reference group we used voice therapy procedures to help individuals cope more directly with death anxiety. We provided a forum for the expression of deep feelings of anger, grief, and sadness at the prospect of their eventual demise. Many participants rose to the challenge and were able to release intense feelings. In essence, they were mourning their own death, and as a result they became far less defensive, more vulnerable, open, and feelingful, and more accepting and empathic toward others. Rather than defensively retreating from life-affirming activity, they were more likely to utilize their heightened awareness of personal mortality to make their lives more meaningful and fulfilling.

**Voice Therapy**

No treatment could do any good until I understood the voice and saw that it was running me, that I was an automaton…I feel as if I’ve been reprieved from a lifelong sentence. From a patient’s journal, *The Real Self*, James Masterson (1985, p. 68)
The voice is a continuous, although not always conscious, process that is carried inside one’s head but usually not open to external interpretation because it remains unspoken. Voice therapy is the process by which people can expose and come face to face with the demons they carry. Pamela Cantor, 1997, p. xii

Voice therapy involves breaking away from negative parental introjects that support the self-parenting system, and learning to live as a separate, unique, differentiated individual. In voice therapy sessions, internalized destructive thought processes are brought to the surface along with the accompanying affect. This procedure allows clients to confront alien components of their personality and understand the source of these components.

Voice therapy is a process of giving spoken words to thoughts and attitudes at the core of an individual’s self-limiting, self-defeating behavior. In our early investigations we observed that when individuals expressed their self-criticisms out loud in a second person format — for example, “You’re stupid, You’re a failure,” rather than, “I’m stupid, I’m a failure” — they started speaking softly, but then their tone often became angry and they expressed malicious statements toward themselves in powerful language. We were impressed by the intensity of the aggression that accompanied these outbursts. The marked hostility that participants expressed was uncharacteristic of their normal composure or their way of thinking of themselves and others. In addition, we observed notable changes in the physical appearance and expression of individuals as they verbalized their voice attacks. Frequently they took on the speech patterns, colloquialisms, and regional accents of their parents, often the parent of the same sex. It was as though the negative side of the parental figure was living inside the person and could be accessed by this method.

Initially, we used the techniques of voice therapy to understand and expand the first author’s theoretical framework. Later, we recognized its value as a therapeutic methodology. We observed that when the voice predominated over rational thinking, participants tended to be more cut off or removed from their feelings, and were more likely to act out or externalize aversive
traits and behaviors in their social interactions, especially with the people closest to them. They were two very different people depending on which mode of experience was dominant, the self-system or the anti-self-system. When the anti-self system was ascendant, individuals viewed events and situations from a negative perspective and responded more critically, cynically, and aggressively to others.

We observed that as people verbalized their self-attacks, they gained clarity and insight, made significant connections between their destructive voices and harmful behaviors, and were better able to control the tendency to act out negative behavior. In expressing the feelings associated with their destructive thoughts and attitudes, they overcame their distorted self-critical views, enabling them to feel greater compassion for themselves (Firestone, 1997).

Lastly, we conducted an empirical research project to test the validity of the voice concept in relation to its potential for determining self-destructive, suicidal, and violent behavior. This led to the development of four assessment scales: The Firestone Assessment of Self-Destructive Thoughts (FAST)/The Firestone Assessment of Suicide Intent (FASI) (Firestone & Firestone, 2006); The Firestone Assessment of Violent Thoughts (FAVT) (Firestone & Firestone, 2008a); and The Firestone Assessment of Violent Thoughts Adolescent Version (FAVT-A) (Firestone & Firestone, 2008b). The items selected for the scales were obtained directly from “voice” statements gathered during pilot studies. Reliability and validity studies were conducted employing subjects from diverse populations, including psychotherapy in-patients, outpatients, prison inmates, individuals on probation, participants in court-mandated anger-management groups and also normal and comparison groups. Results of reliability and validation studies showed that the FAST and FAVT effectively discriminated between suicidal and non-suicidal subjects, and between violent and nonviolent subjects at a high level of significance. The findings validated the influence of destructive voices on violent, self-destructive, and suicidal behavior.

**Steps in the Voice Therapy Process**
Step 1: Verbalizing voice attacks. Clients articulate their self-attacks in a second person format, using “you” statements rather than first person “I” statements. For example, instead of saying “I’m unattractive,” the person would say: “You’re unattractive!” as though talking to oneself from another person’s perspective. They also verbalize their hostile, cynical attitudes toward others as though someone were imparting bad information to them about the other person, being a kind of malicious counsel or coach, “He doesn’t really love you. She’s deceiving you.” When clients speak these voices they are encouraged to fully express the accompanying feelings, and there is usually a considerable release of feeling.

Step 2: Answering back to voice attacks. Clients take their own side and answer back to the attacks of the voice. This is often an angry cathartic experience. Afterward, they answer the attacks more rationally and objectively appraise themselves from an adult point of view. The process allows them to become more realistic about their lives and to have a more accurate perspective.

Step 3: Identifying the source of voices. When clients express their destructive thoughts and release accompanying feelings of anger and sadness, they often recall specific family interactions in which they internalized their parents’ critical or hateful attitudes toward them. They make the connection between what their parents and other significant figures in their childhood environment, such as siblings, relatives, teachers, and peers, thought of them and the destructive points of view expressed in their internal voice attacks. If the client does not make the connection, the therapist might ask, “Where do you think these thoughts come from?” This is not a form of psychotherapy in which we make interpretations to clients about the sources of their voices; rather, clients come to their own realizations, which we have found to be much more powerful.

Step 4: Developing insight about how voices influence present-day behavior. Coming to understand why they act out negative behavior in everyday interactions provides the impetus for clients to alter their negative traits at the behavioral level (Firestone & Catlett, 2009b). In this
process they develop a coherent narrative about what happened to them and an awareness of how developmental issues are affecting their lives.

**Step 5: Collaborating with the therapist to institute corrective suggestions.** Clients work with the therapist to plan behavioral changes that challenge the dictates of the voice and are in accord with the client’s personal motivation. These plans fall into two categories: (a) corrective suggestions that involve stopping the self-defeating, self-destructive behaviors encouraged by the voice (e.g., self-nurturing habit patterns, compulsive routines), and (b) corrective suggestions that involve initiating constructive behaviors that run counter to the dictates of the voice.

Both types of suggestions facilitate moving away from passivity and fantasy gratification in the direction of an active pursuit of satisfying clients’ needs in the real world. This process involves changing from an inward, self-protective, self-attacking orientation to one of interacting authentically with others and reaching out to life.

The authors and their associates have found that voice therapy techniques work well in a group therapy setting. When participants listen to a person expressing his or her voice attacks, the hostile attitudes and powerful release of feelings resonate with their own self-attacks. Within a particular culture there is a commonality in voices, so in the group setting, people benefit and expand their own understanding.

**Voice Therapy for Couples**

Voice Therapy techniques are effective in couple therapy, where partners express their critical thoughts in the voice format. As they work on themselves, individuals experience their own and their partner’s personal psychotherapy. Partners develop empathy for one another and come to know and appreciate each other on a deep level. In recognizing that their voice attacks are the primary source of misery in their lives and their relationship, they take back their projections and stop blaming each other. The pressure is taken off of the relationship.

In addition, partners challenge the false security of the fantasy bond by learning to be direct and honest in their communication with each other, and to be nondefensive and open to
feedback. Through corrective suggestions, they are encouraged to change their withholding behaviors, refrain from acting out polarized child/parent roles, break patterns of dominance and submission, increase respect for each other’s goals and priorities, and strive to establish equality in the relationship.

In our work with couples, we became increasingly aware that through the process of projective identification, people incorporate voices based on critical attitudes their partners have toward them. These attacks may not necessarily be verbalized but they are conveyed through expressive gestures and the nuances of personal interactions. The new voices often resonate with old voice attacks from childhood but when they do not, they can create an entirely new set of voice attacks.

Relationship partners either support each other’s real self by offering acceptance, affection, and understanding, or they support their partner’s anti-self and destructive voice process. When they harbor hostility or are intolerant of love or acceptance from the other, they provoke anger and distance. When partners are truly themselves, they are inclined to be loving and supportive but when these feelings are rejected, they become angry and bitter. This forces them not only to lose their good feelings but also tends to turn them against themselves. In that sense, one’s partner can become an intimate enemy. To achieve differentiation, partners must learn to identify, sort out, and separate from negative attitudes they internalize in their primary relationship.

Voice therapy techniques challenge basic defenses and in so doing facilitate the process of differentiation. This process helps people develop a unique perspective in relation to themselves and to the world, and it frees them to formulate their own goals and values (Firestone, 1997; Firestone & Catlett, 1999). It offers a means by which one can resist the false security of the fantasy bond. Overall, by disrupting illusions of connection and breaking down defensive patterns, individuals can move on to new levels of vulnerability and personal freedom.

**Conclusion**
Separation Theory focuses on breaking with destructive parental introjects and moving toward individuation. This theoretical position represents the ultimate challenge to one’s defense system. Psychological defenses are maladaptive because they cut deeply into an individual’s life; anything that fragments or denies the reality of an individual’s experience or deprives him or her of that experience is, in the authors’ opinion, clearly destructive.

The techniques of voice therapy help people identify and separate from a destructive thought process that influences the acting out of aversive behaviors toward self and others. The choice to break away from fantasy bonds and deadening habit patterns is partially an ethical one, not only because of the inherent damage caused by defenses that effectively limit a person’s capacity for living and feeling, but also because of the corresponding damage to loved ones. Voice therapy, by “counteracting the dictates of the voice and disrupting fantasies of connection, offers people a unique opportunity to fulfil their human potential, thereby giving life its special meaning” (Firestone, 1990b, p. 73).

Although Separation Theory is a psychodynamically based system of concepts that explains the formation of psychological defenses in response to emotional trauma, it also has powerful philosophical implications. It entails an inherent morality based on sound mental health principles. Through understanding how people are damaged or hurt in their interactions with others, these destructive behaviors can be minimized or eliminated (Firestone & Catlett, 2009b).

Fantasy bonds that are formed in the family constellation are externalized to include one’s in-group, one’s religious beliefs, and one’s nationalism. In that sense, society and social systems represent a pooling of individual defenses, particularly in relation to death anxiety. Like Ernest Becker, we challenge the concept of cultural relativity. Cultures, much like families, vary considerably in relation to their ability to meet their members’ core needs for basic satisfaction in life and the maintenance of the each individual’s feelings of self-worth.
Separation Theory synthesizes psychodynamic concepts and existential issues of aloneness, sickness, aging, and death. Human beings as a species are uniquely cursed with a conscious awareness of their own mortality. Fantasy bonds represent a desperate attempt to cope not only with separation anxiety but also with the despair and horror of facing a life which unfolds under the shadow of an ultimate death sentence. One resolution to this dilemma is to develop fantasy processes of immortality and an imagination of a life after death. Aware that the body dies and decays, the defense is to postulate a soul, but the price is to turn against the body and sexuality (see Goldenberg, this volume). In this sense people turn against themselves. Faced with a death sentence, they know that they must have done something wrong, that they must be basically bad or sinful. Therefore they must purify themselves and make some form of atonement. As people defend against death anxiety, their tendency is to align themselves with death and, to varying degrees, limit or give up life-affirming activities.

Ironically, the fantasy bond offers people comfort and a sense of safety, but at the same time, sadly, it polarizes people against one another. If the customs or beliefs of another person or group differ from one’s own, it challenges one’s defensive solution and threatens one’s security. Those others must be “processed,” assimilated, or destroyed. We believe this is the psychological basis of ethnic cleansing and religious warfare. To cope with this core dilemma and its tragic consequences, it is essential to understand the fantasy bond and the formation of the anti-self system.

In attempting to make sense of man’s destructiveness throughout history, Sigmund Freud (1925/1959) postulated the concept of the death instinct, a basic aggressive or destructive predilection. In subsequent years, this concept has come under criticism for lack of empirical evidence. The first author’s point of view denies the contention that human beings are basically hostile but understands that aggressive attitudes and behavior are based on the frustration, emotional pain, and fear people experienced in their developmental years.
In summary, Separation Theory explains the process of how, under painful conditions and stress, children incorporate cynical, hostile attitudes toward self and others that are manifested in an alien part of their personalities that we refer to as the anti-self system. In voice therapy, these internalized attitudes are identified and individuals learn to understand and overcome their destructive programming. In our long-term observational study, we found that when people were more themselves and were not possessed by these alien elements, they had more feeling, empathy, and compassion, and were kinder and more generous toward others.

When they spoke about the inevitability of their impending death in group sessions and fully experienced the depth of their fear and sadness, they had a greater appreciation and respect for other people and their struggles. Experiencing death as the great leveler favors a one-world view, and gives value and respect to people of different backgrounds and belief systems. Accepting the reality of death without illusion and thereby maintaining reverence for life, one is unlikely to take up arms against others.

Voice therapy is not restricted to helping neurotic or disturbed individuals; it is valuable for any person who wishes to identify and eliminate impediments to his or her autonomy and individuality. Confronting one’s critical and hostile internalized thought processes and having the courage to challenge one’s negative and dysfunctional behaviors offer the maximum opportunity to lead one’s own authentic life.
References


Division of the Mind

<table>
<thead>
<tr>
<th>Self-System</th>
<th>Anti-Self System</th>
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<tbody>
<tr>
<td><strong>Parental Nurturance/Genetic Predisposition/Temperament</strong>&lt;br&gt;Attunement, Affection, Control&lt;br&gt;Other factors: effect of positive experience and education on the maturing self-system.</td>
<td><strong>Destructive Parental Behavior/Genetic Predisposition/Temperament</strong>&lt;br&gt;Misattunement, lack of affection, reject, neglect, hostility, permissiveness&lt;br&gt;Other Factors: Accidents, illnesses, traumatic separation</td>
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**Greater Degree of Differentiation**<br>Unique make-up of the individual – harmonious identification and incorporation of parent’s positive attitudes and traits.

**Personal Goals/Conscience**

<table>
<thead>
<tr>
<th>Realistic, Positive Attitudes Towards Self</th>
<th>Behaviors</th>
<th>Voice Process</th>
<th>Goals</th>
</tr>
</thead>
<tbody>
<tr>
<td>Realistic evaluation of talents, abilities, etc… with generally positive/compassionate attitude towards self and others.</td>
<td>Ethical behavior towards self and others</td>
<td>1. Critical thoughts toward self</td>
<td>Needs, wants, search for meaning in life</td>
</tr>
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</table>

**Behaviors**

1. Critical thoughts toward self
2. Micro-suicidal injunctions
3. Suicidal injunctions - suicidal ideation

**The Self-Parenting Process**

<table>
<thead>
<tr>
<th>Self-Punishing Voices</th>
<th>Self-Soothing Voices</th>
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</thead>
<tbody>
<tr>
<td>Voice Process</td>
<td>Behaviors</td>
</tr>
<tr>
<td>1. Critical thoughts toward self</td>
<td>Verbal attacks—a generally negative attitude toward self and others predisposing alienation</td>
</tr>
<tr>
<td>2. Micro-suicidal injunctions</td>
<td>Actions contrary to one’s own interest and goals, and one’s own emotional/physical health</td>
</tr>
<tr>
<td>3. Suicidal injunctions - suicidal ideation</td>
<td>Actions that jeopardize one’s health and safety; physical attacks, physical attacks on the self and actual suicide</td>
</tr>
<tr>
<td>4. Suspicous, paranoid thoughts towards others</td>
<td>4. Suspicious, paranoid thoughts towards others</td>
</tr>
</tbody>
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**The Fantasy Bond**
The Fantasy Bond (core defense) furthers a self-parenting process made up of both the helpless, needy child, and the self-punishing, self-nurturing parent. Either may be acted out in relationship context. The degree of reliance on this defense is proportional to the amount of damage sustained while growing up.