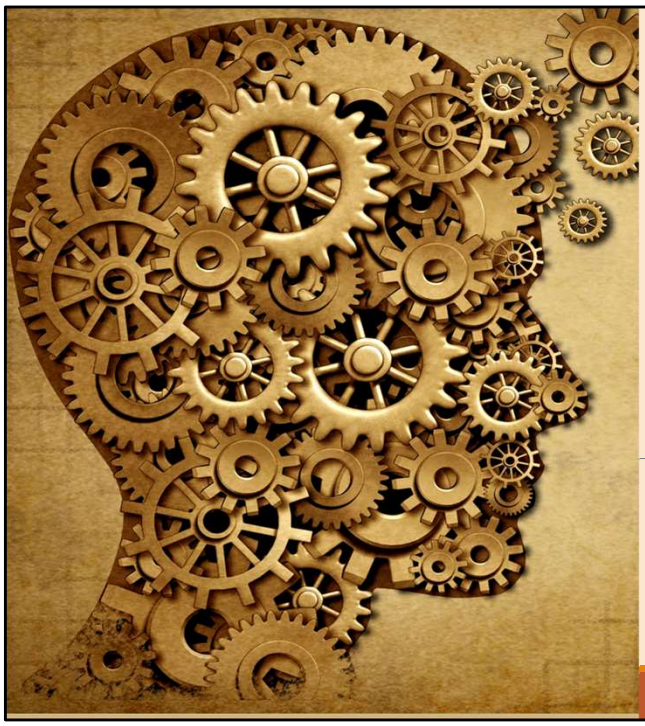


Psychodynamic Techniques for Advanced Therapists

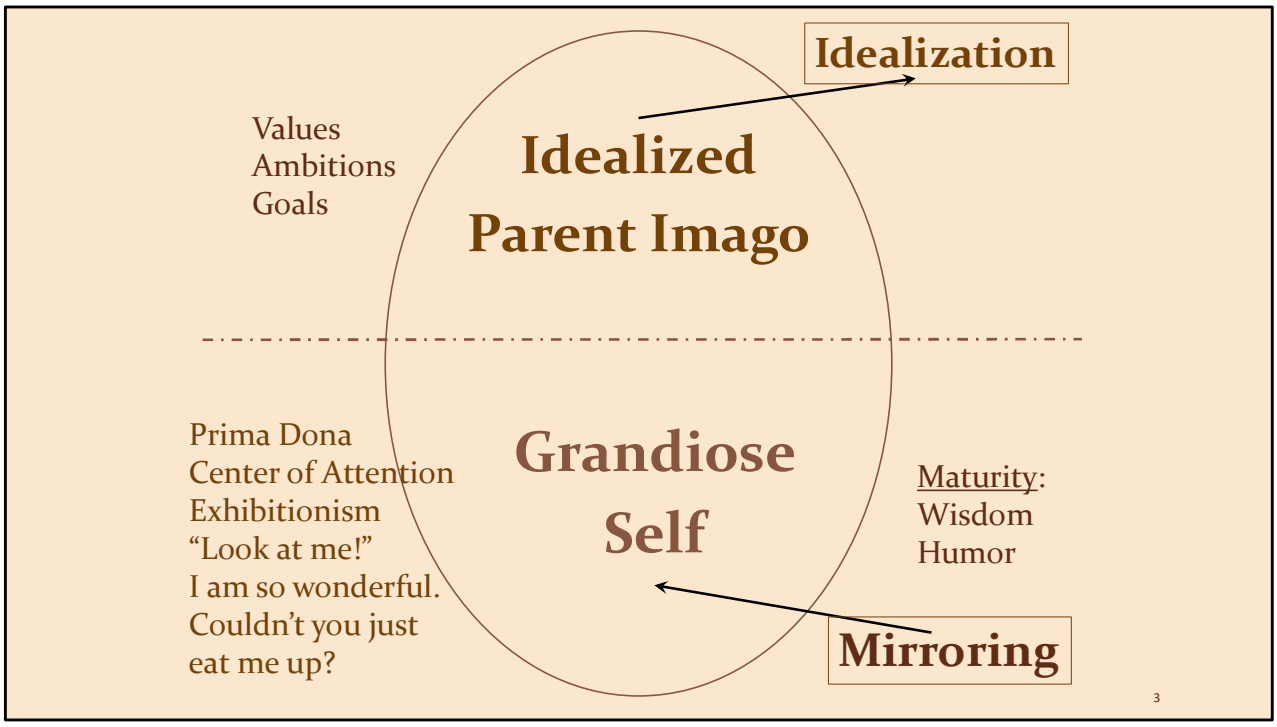
WEBINAR BY
ANDREW NACHUM KLAFTER, MD

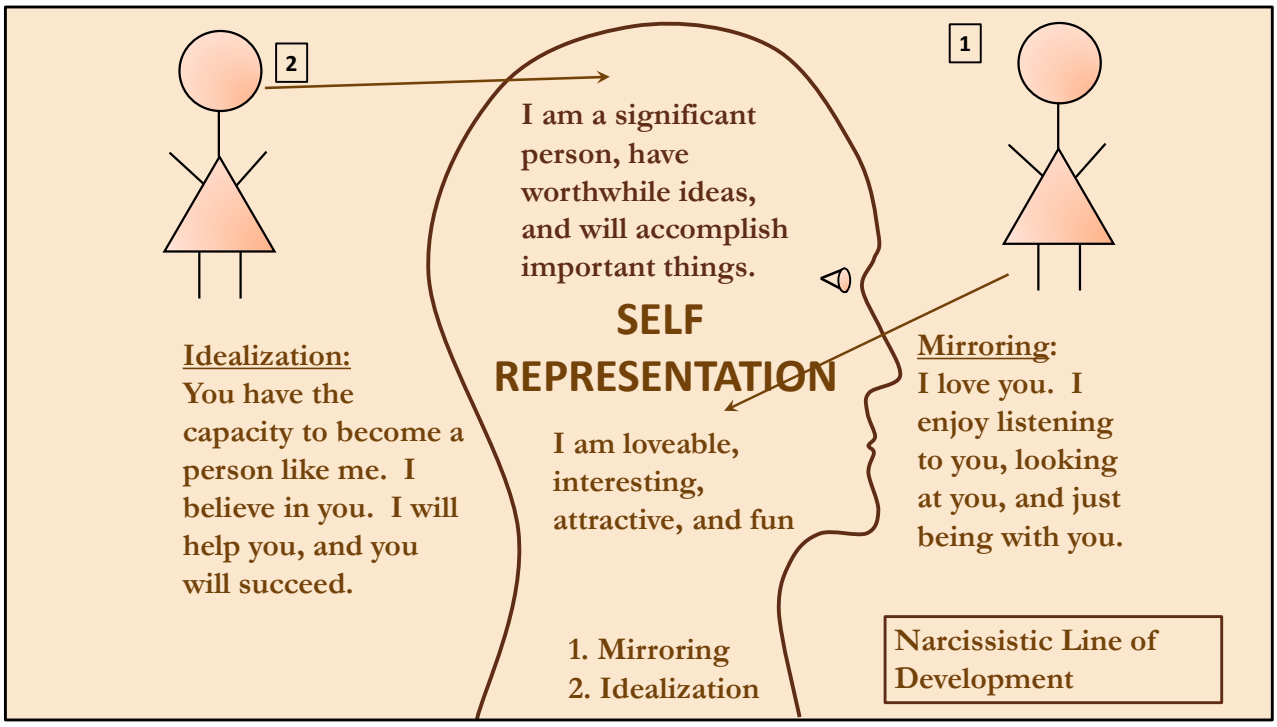
AUGUST 13TH, 20TH, AND 27TH

1. Narcissism
   - Narcissistic line of development
   - Narcissistic disorders
   - Treatment
2. Borderline Personality
   - Repression vs. Splitting
   - Treatment
3. Higher Level Personality Disorders
   - Structure vs. Issues
   - Histrionic
   - Avoidant
   - Obsessive Compulsive
4. Depression
5. O.C.D.
6. Psychosis vs. Psychotic Core
7. Addictions
   - ? Treatable by Dynamic therapy?
   - Abstinence First?
   - Compulsion vs. Addiction
8. Masochism, sadomasochism
9. Seemingly Undiagnosable Syndromes
   - Diagnostic Psychotherapy

Questions (? 30 min)

PART III OVERVIEW - PSYCHODYNAMIC TREATMENT OF SPECIFIC DISORDERS


Idealization
Values
Ambitions
Goals
Idealized
Parent Imago
Prima Dona
Center of Attention
Exhibitionism
"Look at me!"
I am so wonderful.
Couldn't you just
eat me up?
Grandiose
Self
Maturity:
Wisdom
Humor
Mirroring
3


2
1
I am a significant person, have worthwhile ideas, and will accomplish important things.
SELF REPRESENTATION
I am loveable, interesting, attractive, and fun
Idealization:
You have the capacity to become a person like me. I believe in you. I will help you, and you will succeed.
Mirroring:
I love you. I enjoy listening to you, looking at you, and just being with you.
1. Mirroring
2. Idealization
Narcissistic Line of Development

- **Most vivid way to sense the person's internal experience**
- **Mirroring and Idealizing Transferences**
  - Patient's who have high demands to feel understood
  - High sensitivity to empathic failures
    - Feel easily hurt and slighted
  - Idealization of the therapist
  - Preoccupation with the therapist's personal life, personality, career, and accomplishments
- **Our countertransference to the patient's transferences to us**
  - How do you feel when people accuse you of not understanding them?
  - How do you feel when you are accused of being hurt.
  - How do you feel when you are being idealized?
  - Consultation (Supervision)
  - Therapy

NARCISSISTIC TRANSFERENCES ("SELF-OBJECT TRANSFERENCES")

Normal and Beyond Normal Narcissism

Normal Narcissism

- Ability to believe in oneself, assert oneself
- Ability to absorb criticism and negative feedback
- Work, relationships, and hobbies serve are adequate avenues to feel loved, capable, and important
- The Self's needs don't demand so much attention that empathy becomes impossible
- Not excessively interested in being mentored and not needy for attention from teachers and superiors
- Summary: Self-Esteem is intact, and person does not require extraordinary achievements to feel satisfied with honeself.

'Beyond Normal' Narcissism (non-pathological)

- Capable of empathy, compassion, and humility
- Not excessively haughty, arrogant, or grandiose
- Capable of empathy, may be highly empathic

-BUT-

- Not satisfied with ordinary accomplishments and achievements
- Gravitate to leadership roles, high profile jobs
- Often capable of handling enormous responsibility and pressure
- High capacity for productivity and achievement
- Able to channel their greater-than-normal narcissistic needs into socially appropriate roles
- Seek out and make good use of mentors/experts
- These are people who we admire, and who accomplish important things.

6

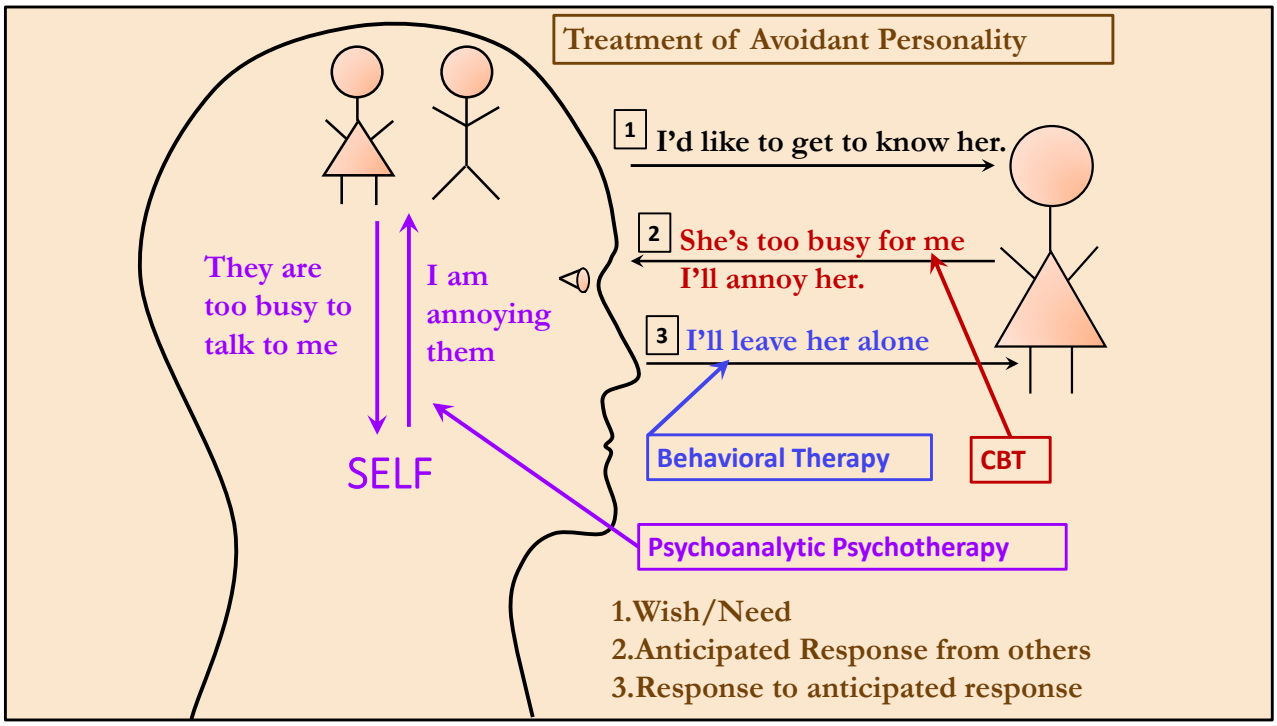
Narcissistic Personality Disorders

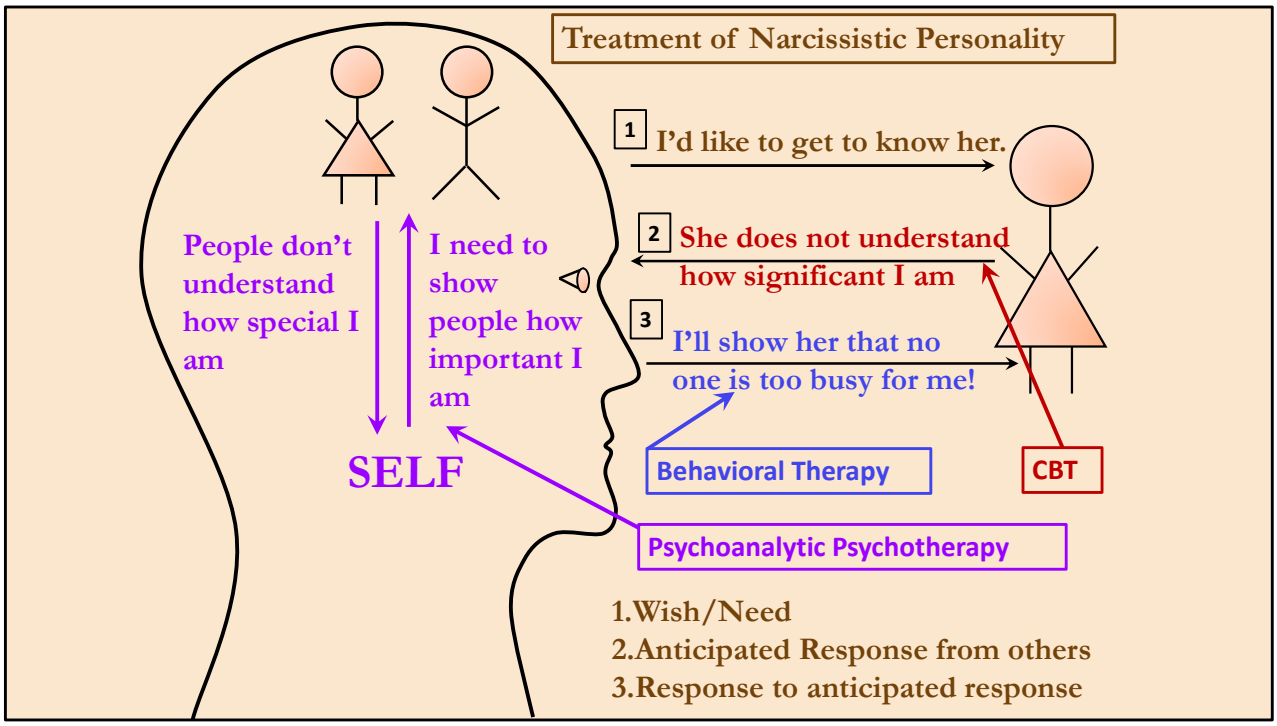
DSM Criteria

1. Distorted sense of self-importance
2. Grandiose fantasies
3. Feels "special", and "unique"
4. Requires excessive admiration
5. Entitlement
6. Exploits others
7. Incapable of empathy
8. Envious of others
9. Arrogant and haughty

Psychoanalytic Definitions

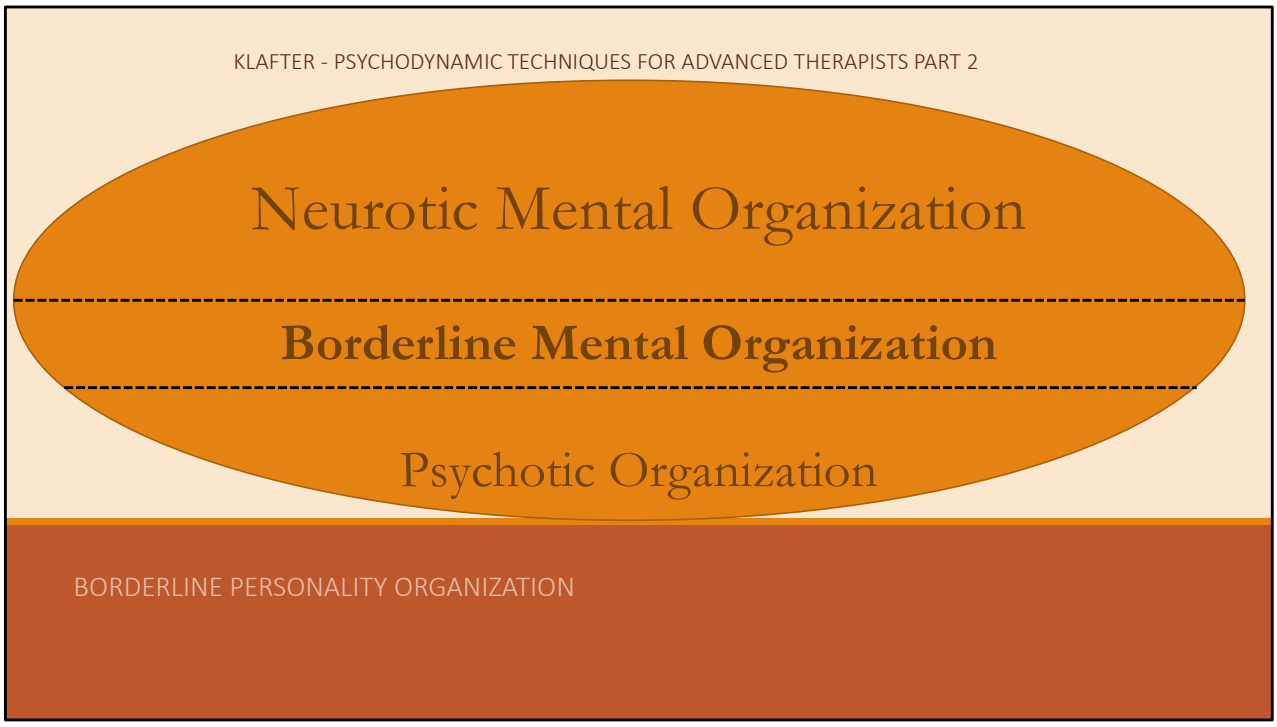
- Experiential and theoretical diagnosis
- Avoidance of shame, Cultivation of pride
  - Disordered Self Esteem regulation
- Excessive needs for admiration (mirroring)
  - Pathological – causes problems
  - Interferes with empathy
  - *Observed most obviously in transference
  - (Typically not evident in patient's narrative)
- Abnormal hunger for role models
  - Feel important by association
  - Fantasies of mentored by famous people
- Exhibitionistic/Aggressive vs Inhibited Coping
  - "Shy narcissist" (Akhtar)
  - Depleted Narcissist, Collapsed Narcissist
  - Avoidant Personality
  - Depressive (and ? Masochistic) Character


Treatment of Avoidant Personality
1 I'd like to get to know her.
2 She's too busy for me
I'll annoy her.
3 I'll leave her alone
They are too busy to talk to me
I am annoying them
SELF
Behavioral Therapy
CBT
Psychoanalytic Psychotherapy
1.Wish/Need
2.Anticipated Response from others
3.Response to anticipated response


Treatment of Narcissistic Personality
1 I'd like to get to know her.
2 She does not understand how significant I am
3 I'll show her that no one is too busy for me!
People don't understand how special I am
I need to show people how important I am
SELF
Behavioral Therapy
CBT
Psychoanalytic Psychotherapy
1.Wish/Need
2.Anticipated Response from others
3.Response to anticipated response

- **Empathy**
- Tolerate the patient's hunger for admiration (mirroring) and for mentorship (idealization)
- Expect empathic failures
- Tolerate patient's hypersensitivity to these
  - TRY not to be defensive (you'll fail)
  - Interpret when necessary, apologize when you are sincere
- "Transmuting internalizations"
- Provide as much treatment and for as long as possible

TREATMENT OF NARCISSISTIC DISORDERS



BORDERLINE PERSONALITY ORGANIZATION

Neurotic	Borderline	Psychotic
Mature Defenses • humor, sublimation, suppression, altruism	Primitive defenses • Projection, projective identification, splitting, denial, dissociation • Due to impaired self-regulation	Primitive defenses • Projection, projective identification, splitting, denial, dissociation
Immature/Neurotic Defenses • Rationalization, Minimization, Isolation of affect, **Repression**	• Defenses and coping are organized around **Splitting** (Kernberg)	• Organized around **Projection** and **Denial** (Klafter)
(Primitive Defenses Only in Crisis)	(Pseudo-mature defenses only under best circumstances, pseudo-altruism)	Denial of reality and construction of more comfortable reality is typical
Intact Reality Testing	Intact Reality Testing (which becomes fragile during crisis)	Impaired reality testing and no attempt to keep it together
Stable concept of self • Reasonable perception of others	Fragmented/unstable concept of self • Fragmented sense of others	Grandiose or persecutory sense of self • Incoherent sense of others.

THREE LEVELS OF PERSONALITY ORGANIZATION

A complex developmental syndrome characterized by…

1. High levels of aggression and/or other unpleasant affects
   - Etiology: abuse/trauma and/or volatile temperament
2. Intolerance of feeling alone
   - Frantic efforts to avoid feeling alone
   - Hypersensitivity, manipulative behavior, suicidal gestures
3. Compromised self-regulation/defenses, fragmented sense of self
   - Frantic efforts to self-regulate, re-establish sense of self
   - Eating disorders, drugs/alcohol, self-injury, identity-play

BORDERLINE PERSONALITY ORGANIZATION/DISORDER

Repression

- Primary Objectives
  - Be and stay connected
  - Preserve/Restore the real relationship
- Minimize Aggression
- Apologize
- Err on side of politeness
- More neurotic: dysfunction (maladaptive)
  - Inhibited aggression
  - Conflict avoidance
  - Impaired assertiveness/sexuality
  - Passive Aggression

Splitting

- Always maladaptive, poor judgment, impulsive
- Lack of mentalization
- Looks like black/white thinking in relationships
  - Erroneous analogies to Piaget's stages
- Primary Objective:
  - **Feel** connected, avoid **feeling** alone
- New people
  - Potential relationship
  - Fantasy of perfect acceptance, love
  - Idealization
- Potential (or real) loss
  - Unbearable
  - Devalue the entire relationship

SPLITTING

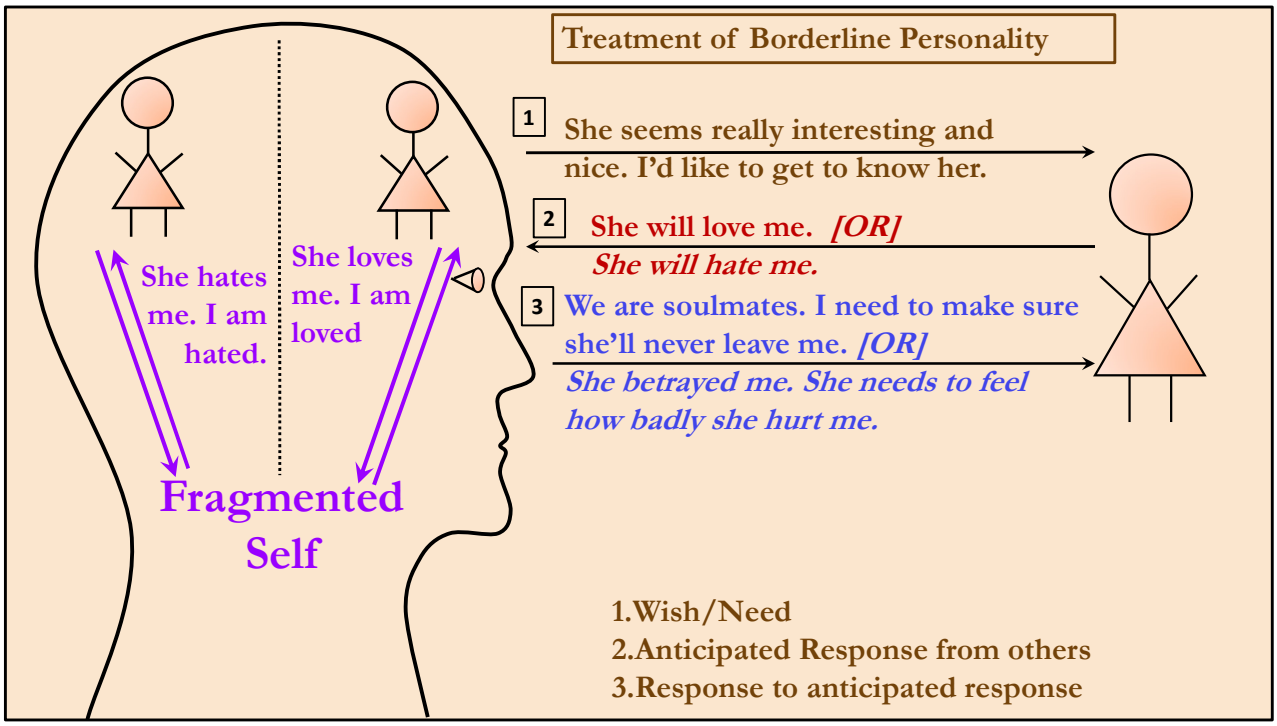
Idealization/Love

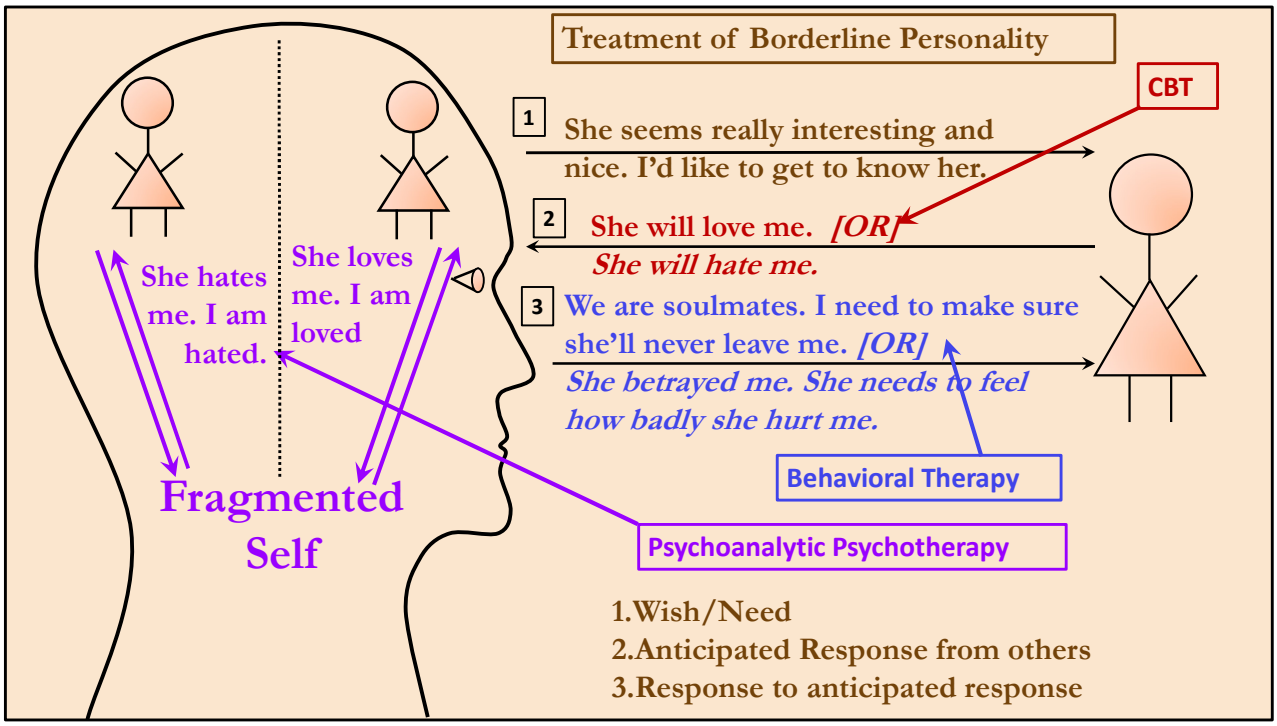
- New friendship or new love relationship
- Feels like Manna from Heaven
- Finally, someone who will love me and truly accept who I am
- I am finally not alone
- I will do anything for this person
- I will accept him/her and all of his her flaws

Devaluation/Hate

- Person is not available
  - Pause in texts or unanswered calls
- Fear of loss is unbearable
- Anger at "making me feel this way"
- "How can you do this to me?"
- Stalking/menacing behavior
- "You never loved me!"
  - Easier than loss of a good person
  - Justifies rage/hatred/hostile acts

SPLITTING CONT'D


Treatment of Borderline Personality
She hates me. I am hated.
She loves me. I am loved
Fragmented Self
1
She seems really interesting and nice. I'd like to get to know her.
2
She will love me. [OR]
She will hate me.
3
We are soulmates. I need to make sure she'll never leave me. [OR]
She betrayed me. She needs to feel how badly she hurt me.
1.Wish/Need
2.Anticipated Response from others
3.Response to anticipated response


Treatment of Borderline Personality
CBT
1
She seems really interesting and nice. I'd like to get to know her.
2
She will love me. [OR]
She will hate me.
3
We are soulmates. I need to make sure she'll never leave me. [OR]
She betrayed me. She needs to feel how badly she hurt me.
She hates me. I am hated.
She loves me. I am loved
Fragmented Self
Behavioral Therapy
Psychoanalytic Psychotherapy
1.Wish/Need
2.Anticipated Response from others
3.Response to anticipated response

- Target the different states of dysfunction with any helpful techniques of therapy
  - Idealization/intense clinging/pressure
  - Affective storms and negative splitting
- Relationship between therapist and patient becomes new self-experience
  - Environment to experience self in a new way.
  - Requires extra-availability, clear but not rigid boundaries

THERAPY WITH BORDERLINE PATIENTS

Borderline and Narcissistic Personalities in Therapy (vs. Higher Functioning Personalities)

- Goal – Catalyze development and build new structure
- Post-Traumatic/Neglect model – Corrective Emotional Experience
- Therapeutic relationship is an environment for new experience of the self, maturational process starts again
  - Frank Summers, Arnold Modell, D.W. Winnocott, Kohut, Kernberg, Object Relations, Relational Approaches

WHY DO BORDERLINES AND NARCISSISTS GET ALL THE ATTENTION?

Masochistic Personalities

- Individuals who appear to willingly allow themselves to be exploited by others.
- Seek out and willingly submit abusive relationships
  - as opposed to individuals trapped in abusive relationships who are unable to leave, whose assertiveness is harmed by the abuse
- Willful submission is a (pathological) expression of love
- Act of sacrifice, not an enjoyment of pain

Depression and Depressive Personality

- Syndrome, final common pathway, many diseases
- Psychotherapy
  - Self-directed anger, conflicts over aggression
  - Negative self-representations
  - Severe self-criticism
  - Internalized hostility from abusive relationships.
  - Nancy McWilliams – *Psychoanalytic Diagnosis*

Anne is a 33 year, professional, single woman. She has a long pattern of love relationships with dishonest, deceptive, or abusive men, and is referred by her sister (who is a therapist). Most recently, she was in a relationship with a man who has a BDSM fetish. She agreed to become his sexual slave and live in humiliating circumstances. He was uncapable of feeling aroused unless he could inflict pain on her. She readily agreed to this. Eventually this did not work either, and he brought another…

DEPRESSIVE AND MASOCHISTIC CHARACTER – CLINICAL ILLUSTRATION

...woman into his home, and asked her to leave. During the initial assessment, the therapist asked, "Did you feel like the fact you.. In the intake, the therapist asked, "Did you feel like the fact you.. were willing to do anything he asked you to was a way to show him how much you love him?" She endorsed this and began to cry. She related that she has been unable to share the details of their relationship with anyone because people are so horrified by it. She also related that she made three suicide...

DEPRESSIVE AND MASOCHISTIC CHARACTER, CLINICAL ILLUSTRATION CONT'D

attempts since leaving his home. Therapy centered on her fear of feeling worthless, and valueless in other people's eyes. We discovered how she drawn to needy and desperate people, because it is easy for her to fulfill a role or need that they have. The diagnosis was clarified as an underlying depressive character with a masochistic coping style. No splitting is observed. Treatment followed traditional attempt to provide empathic immersion and processing injuries (micro-rejections).

MASOCHISTIC CHARACTER, CLINICAL ILLUSTRATION CONT'D

Obsessive Compulsive Disorder and Personality

- Isolation of Affect
- Discomfort with affect
- Lock-down the mind, prevent the emergence of affect.
  - Discomfort with aggression and anger
  - Discomfort with emotions in general, passion
  - Fear of losing control, unpredictability
- Difficult for therapists to see

TEXT

- Histrionic Personality
  - An exaggerated depiction of Hysterical Neurosis
  - Conflicts over sexuality and intimacy
  - Deliberately seductive and hyper-secualized
    - Sometimes repressed sexuality and sexually frigid
  - Similarities with Narcissistic personality
  - Hysterical Psychosis vs. Borderline Personality
    - Ronald Britton – *Sex, Death, and the Superego*

Addiction

- Definition – uncontrolled use of intoxicating substances
  - Not defined by tolerance and withdrawal
- Lance Dodes – believes active addictions can be treated with psychodynamic psychotherapy
- Andrew Klafter – does not agree
  - Dynamic psychotherapy requires active experience of emotion
  - Addiction is about the numbing of emotion
  - Dynamic therapy can be mainstay of recovery AFTER sobriety achieved

CAN ADDICTION BE TREATED WITH DYNAMIC PSYCHOTHERAPY?

Medication and Dynamic Psychotherapy

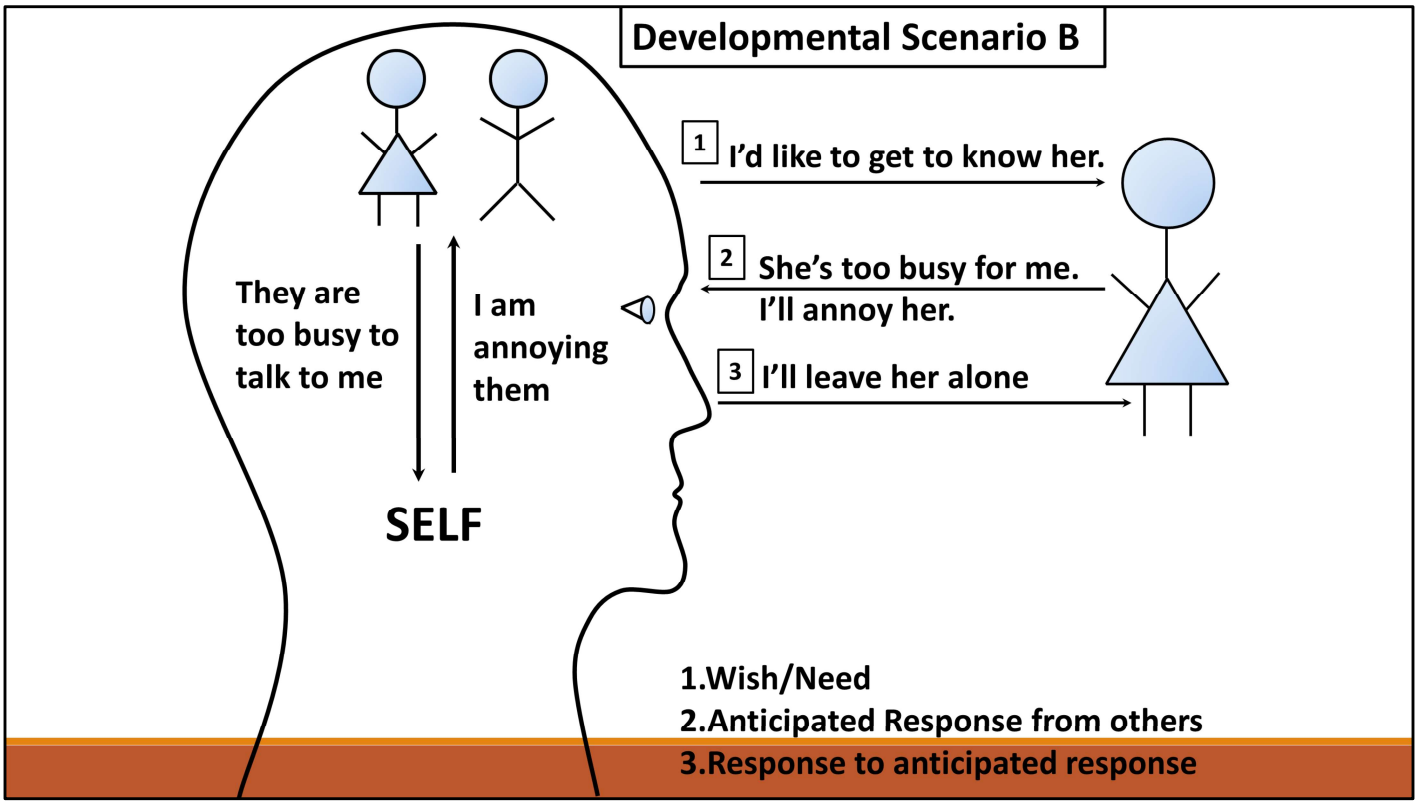
- Was once controversial
- Medical model of disease, Multi-Axial System (DSM-4)
- Disease vs. Personality
  - General Criteria for Personality Disorder)
- Symptoms vs. Illnesses
- Collaboration, bad medicine
- Diagnostic Skills

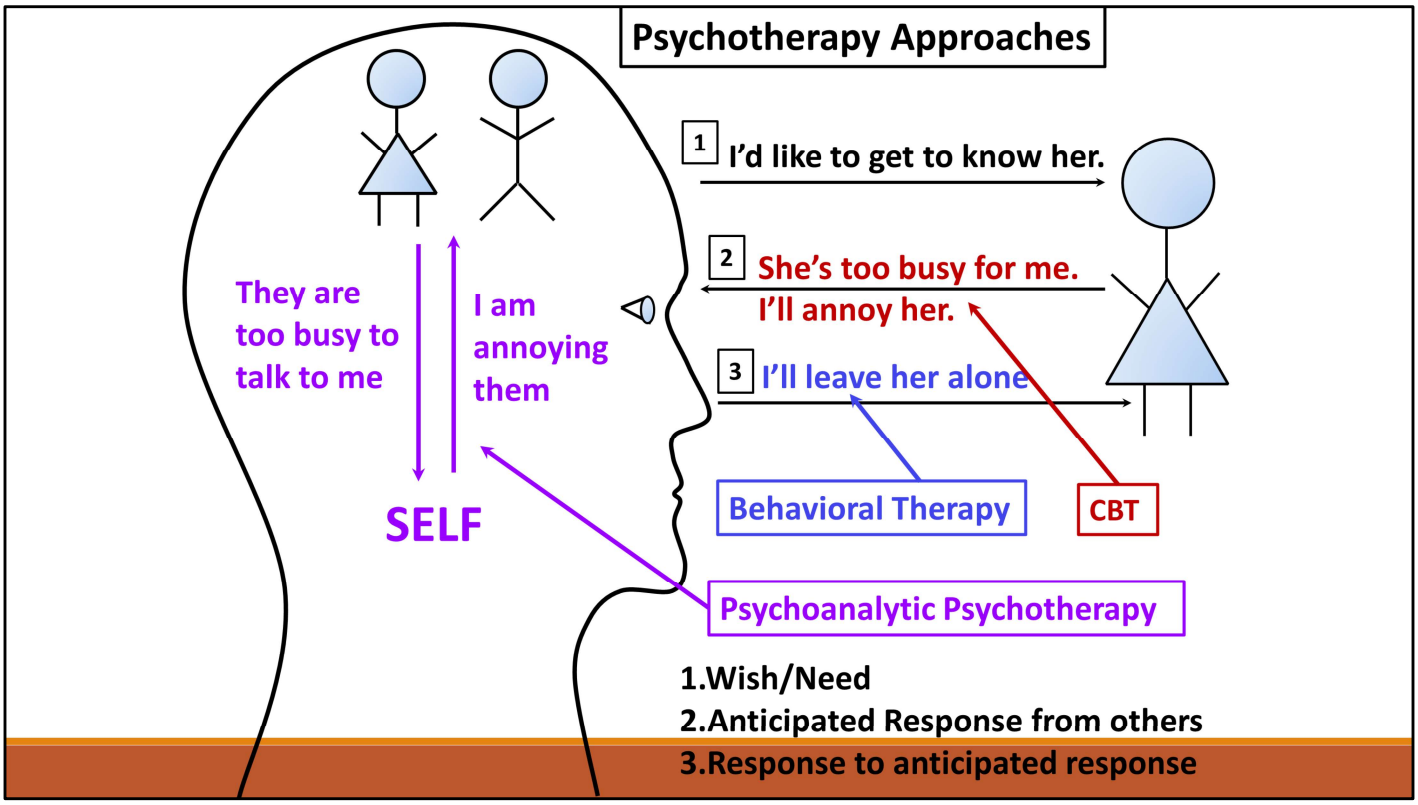
Undiagnosable Conditions

- **Diagnostic psychotherapy**
- Listen to the unconscious
- Find emotions that the patient avoids
- Try to experience/understand the patient's emotional discomfort, look for origins
- Diagnosis will emerge, or issues will emerge



QUESTIONS


Developmental Scenario B
1 I'd like to get to know her.
2 She's too busy for me.
I'll annoy her.
3 I'll leave her alone
They are too busy to talk to me
I am annoying them
SELF
1.Wish/Need
2.Anticipated Response from others
3.Response to anticipated response


Psychotherapy Approaches
1
I'd like to get to know her.
2
She's too busy for me.
I'll annoy her.
3
I'll leave her alone
They are too busy to talk to me
I am annoying them
SELF
Behavioral Therapy
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