

La mentalización y la identidad personal: opciones terapéuticas para los trastornos del Self

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OBJECTIVES

- Introduce Narcissism and the Self in relation to Attachment and Mentalization
- Present a framework for its application to the Treatment of Self Disorders.

IDENTITY VS. INSTINCT

- Freud and Jung cultivated different components of this diad.
 - * Kohut contributed a significant developmental and clinical view of Self
 - * a transference method for Tx of its disorders

Attachment and Theory of Mind

- Fertile multidisciplinary exploration of the rich, exclusively human process which allows a 6 month old infant to emerge by the age of two equipped with the embryonic architecture of personhood through the process of Attachment and the development of a T O M

SELF DIMENSIONS

- We have focused on the Self side of this complex Self-Object dynamic.
- Propose that in addition to a Theory of Mind, the infant emerges with a complex multimodal experience of self which becomes a behavior driving internal working model driving identity.

SELF-OBJECT DYNAMIC

- This Self construct is uniquely vulnerable in our contemporary world where the individual must create results and meaning.

THE TERM NARCISSISM

- It is imprecise
- It has erupted into our practices as a function of:
 - Sociological Pressures: Christopher Lasch
 - The Taxonomy of DSM –IV
 - Psychoanalytic Clinicians such as Kohut (1971), and Kernberg (1985)

THE DEVELOPMENT OF STDP FOR SELF-DISORDERS I

- Familiarity with practicing and researching models based in the work of Sifneos, Malan and Davanloo.
- Utilizing a classical metapsychology based on impulses and feelings of loss.

Trujillo, M : 1985,1991

THE DEVELOPMENT OF STDP FOR SELF-DISORDERS II

- Observed frequent manifestations of narcissistic features, traits, and conflicts (in the overt and covert forms) in patients suffering from intense and extensive multifocal psychoneurotic psychopathology .
- Observed their responsiveness to exploration/interpretation of narcissistic dynamic issues.

CASE EXAMPLE PT GR

- Patient 1: NPD Proper
- **G.R.** is a 44-year-old unmarried professional man who first consulted because of unbearable anxiety, depression, and loneliness. Though periodically present throughout his life, these feelings appeared in a clinically explosive form at the end of a troubled six-month relationship with Ms. B., a divorced professional woman who was the mother of a 10-year-old girl. Ms. B. ended the relationship after a few months of goodwill efforts on her part to please him and cater to his many needs and demands. (P.19)
- Assessment (26)

CASE EXAMPLE PT GR

- **Case Formulation: The therapeutic Hologram**
- **PROBLEMS:**
- Inability to channel professional activities to reasonable success despite evident intellectual assets.
- History of stormy failed relationships with multiple females despite craving to achieve stability, be married, and have a family.
- Chaotic life dominated by a craving for emotionally intense professional and emotional relationships (self-object like).

CASE EXAMPLE PT GR

- **DYNAMICS:**

- Ongoing need for outside emotional supplies. The need to search for the perfect (i.e., all-admiring, all-giving and nurturant) partner dominated his life to the practical exclusion of more mature relatedness.
- Primitive rage and vindictiveness triggered by perceived or actual failure of partners.
- Ongoing professional and personal self-sabotage.

CASE EXAMPLE PT GR

- **CORE CONFLICTS:(29)**
- Profound repressed, primitive, ambivalent feelings toward the maternal object, resulting in an insoluble tension between libidinal investment and sadistic-destructive derivatives, in his actual relationships with women. Thus, his relationships with women, typically started on a high of idealization and, just as often, crashed in a low of violent recriminations
- **Impulse/Feeling:** Ambivalence toward paternal object complicated by unresolved pathological grief, with consequent disruption I the formation of dynamically equivalent actual relationships.
- **Self-Representations:** Split-off primitive unintegrated self-images. The grandiose self images are acted out in consciousness in the form of demands to be met by partners; the helpless self feeds enormous self-doubts and constant neediness.

CASE EXAMPLE PT GR

- Working-Through (29)
- **For patient 1, therapy will proceed through repeated runs around the triangle of impulses, person, and self**
- problems required revisits to the experience of anger and destruction in relationship to the people in his current life (C) or toward the therapist (T) and subsequently toward his father (P). Multiple T C P interpretations were made before a sense of peace and emotional understanding and a modicum of closure and closeness obtained for the patient in relationship to memories of his father.

CASE EXAMPLE PT GR

- A technique I call imaginary reconstruction, allowed the patient to evoke emotionally satisfying moments of optimum mirroring following the expression of anger toward perceived failures. After one such episode, when the patient bitterly berated the therapist for not responding the way he “needed” during a telephone interchange, the following dialogue ensued: (30)

THE DEVELOPMENT OF STDP FOR SELF-DISORDERS III

- Kohut's development of a metapsychology of self disorders
- (1) the supraordinate position of the self as a whole system organizer to which other mental agencies (such as drives, ego, superego) and mental capacities (e.g., motivation, vitality, goals, and values) are, to different degrees, subordinate

THE DEVELOPMENT OF STDP FOR SELF-DISORDERS IV-

- (2) and the relative independence — but rich interdependence — of the development of the self .
- Which in a “ good enough” environment permits the emergence of a robust sense of self and identity with the capacity to function, play, love and work.

Kohut Heinz, 1971 “ The Analysis of the Self “

RESULTS OF SUCH DEVELOPMENT

- (1) the slow maturation of a primal boundariless, grandiose self, into realistic, enduring, and resilient self-esteem and personal identity.
- (2) and the gradual transformation of undifferentiated, global, idealizing needs into values and ideals that color and mediate each person's investment in and involvement with external social systems of beliefs, meaning, and action.

THE DEVELOPMENT OF SELF DISORDERS

- Lack of maturation, integration, and realization of large segments of grandiose self (or idealized object image) create split-off (or dissociated) self object representations, which entail potential problems of identity formation.
- Pathological interrelatedness of self-development with drive – developmental processes.

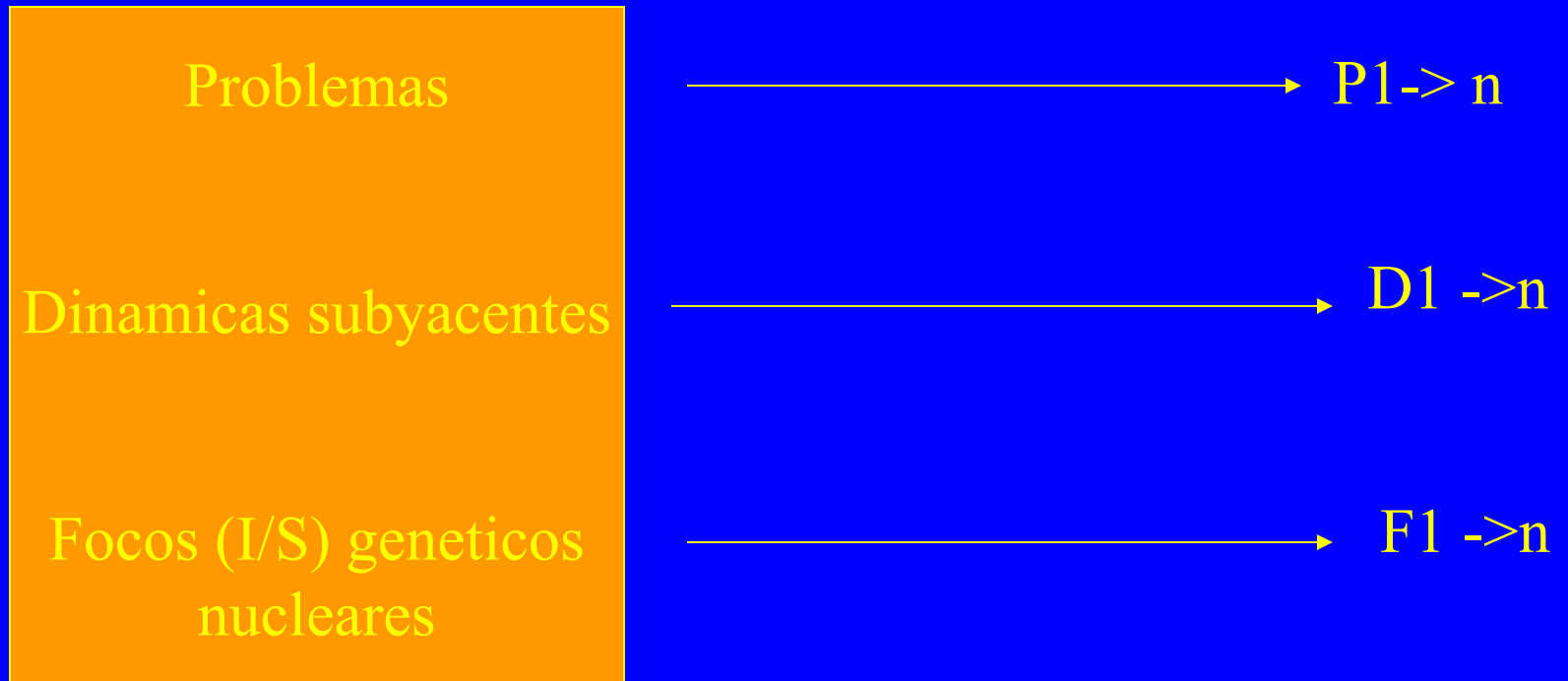
THE EXPRESSION OF SELF DISORDERS

- * Frequent experience of the affect of shame, fragmentation anxiety or emptiness.
- The presence of extreme intrapsychic defenses (e.g., splitting and cognitive-affective dissociation) and interpersonal defenses (e.g., distancing, feeling extreme superiority or inferiority, intense neediness, or equally unyielding indifference).
- Various addictions, compulsive use of people, compulsive sexuality, and certain forms of self-mutilation such as cutting may, at times, serve the function of soothing fragmentation fear.

TREATMENTS FOR SELF DISORDERS

- Clinical and research experience with the techniques Sifneos (1987), Malan (1976) and Davanloo (1978,1979,1980).
- Techniques included:
 - (1) high activity of the therapist, (2) development and maintenance of a focus (3) early use of transference (4) Interpretation of impulses and loss

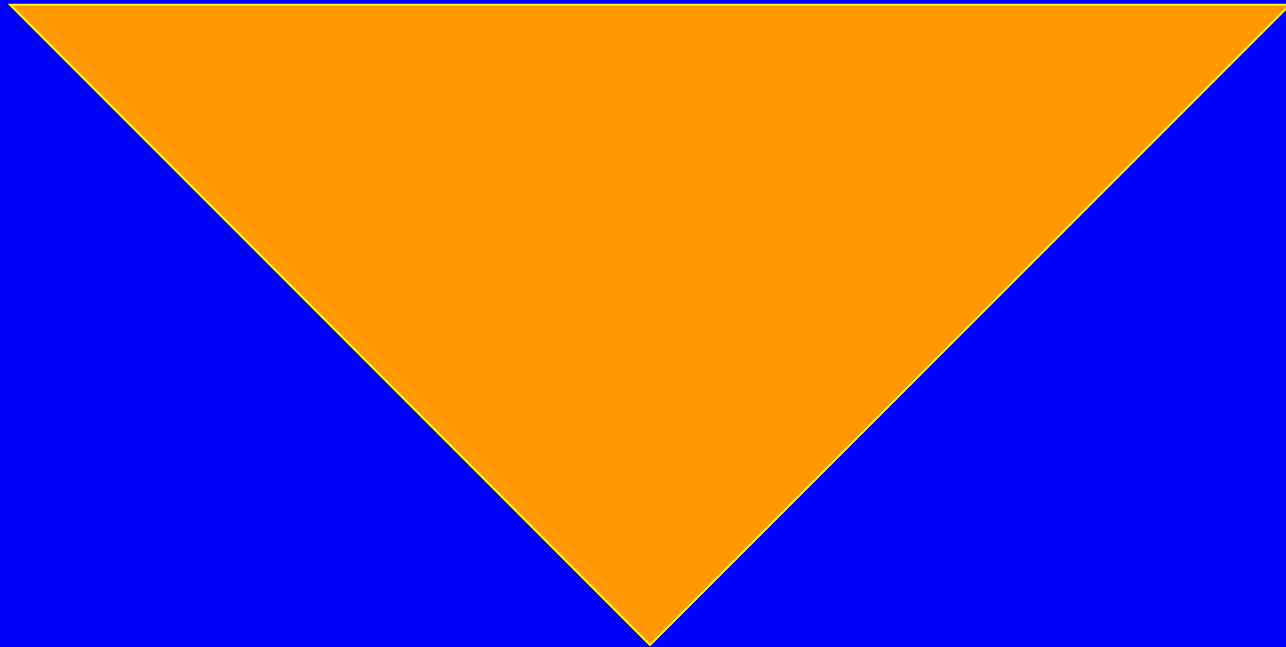
Interrelaciones en la triada genéticos, dinamica y problemas vivenciales



Triangulo del Conflicto

Defensa (D)

Ansiedad (A)



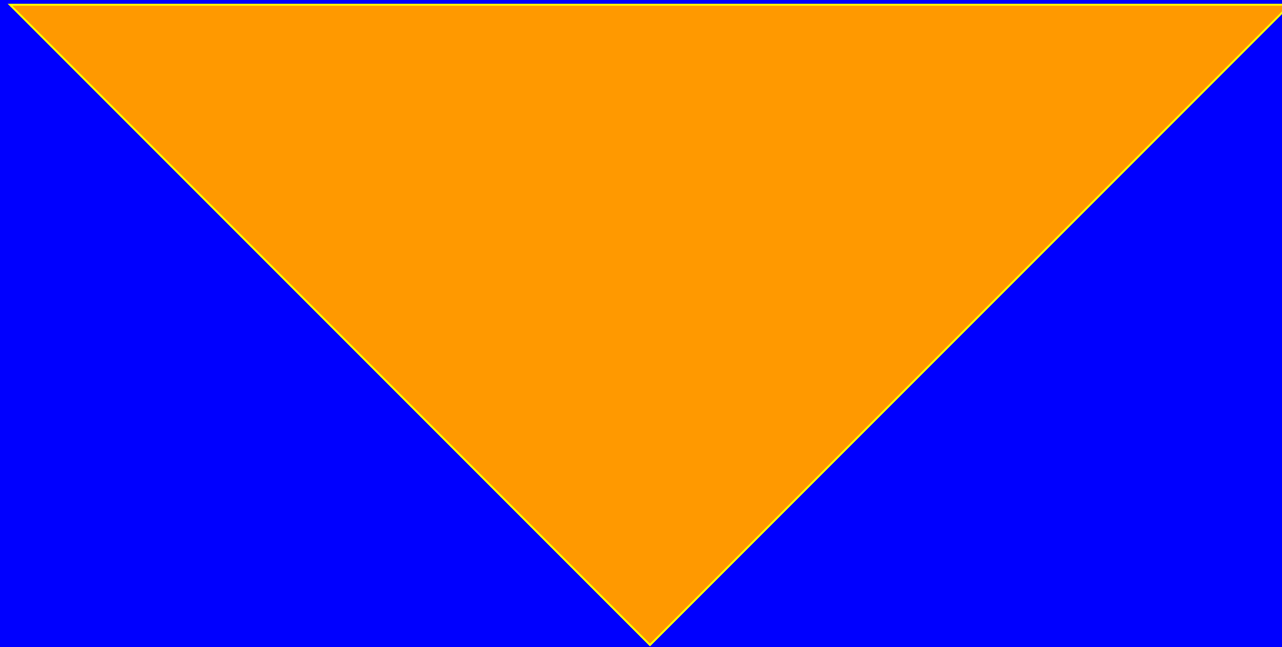
(I/S) Impulsos/sentimientos

Menninger (1958)

Triangulo de la Persona

Transferencia

Figuras del presente (Pr)



(P) Figuras del pasado

Malan (1962)

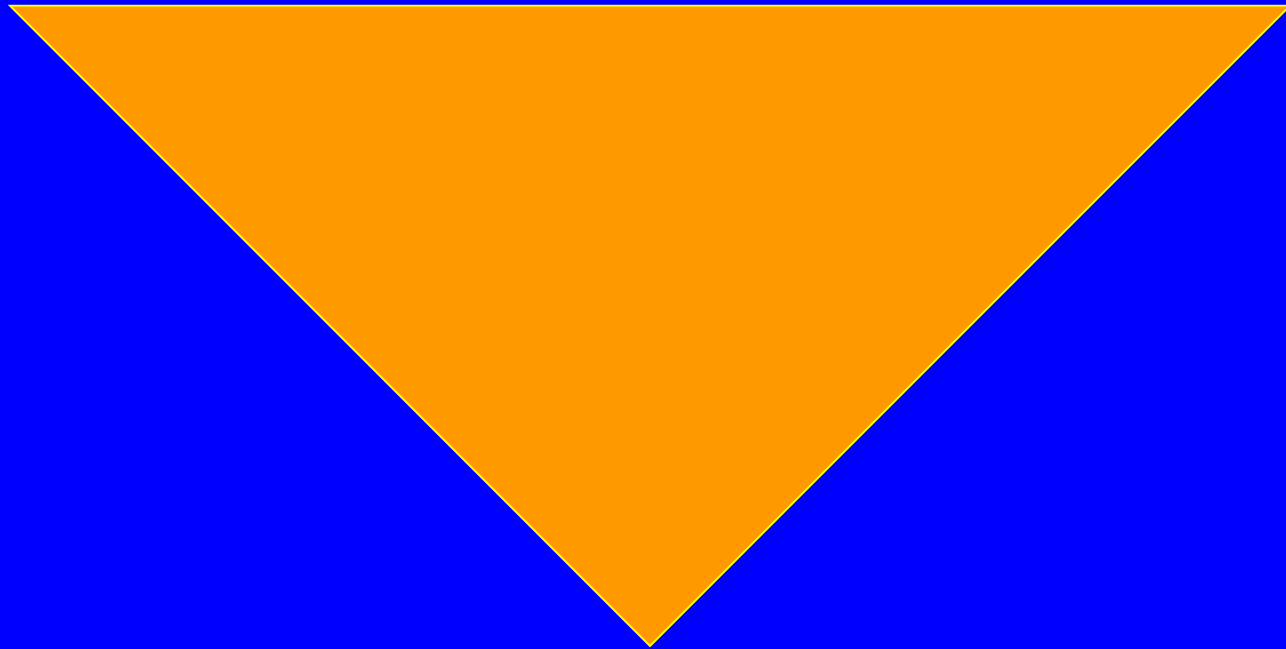
Triangulo del Self

Disociacion (D)

Verguenza

Ansiedad

Terror de fragmntacion



Representaciones (self.objeto) sentimientos

Trujillo M (2002)

Primary Self- Disorder

- NPD proper, as defined by DSM-IV-TR
- Covert NPD represents a mirror image of NPD. Features that are overt in NPD proper are often covert here, but can be detected either in fantasy or hiding behind considerable resistance.

Diagnostic Criteria for NPD

- Has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements).
- Is preoccupied with fantasies of unlimited success, power, brilliance, beauty or ideal love.
- Believes that he/she is “special” and unique and can only be understood by, or should associate with, other special or high-status people (or institution).

Diagnostic Criteria for NPD (Cont)

- Requires excessive admiration.
- Has a sense of entitlement, for example, unreasonable expectations of extremely favorable treatment or automatic compliance with his or her own ends.
- Is interpersonally exploitative, for example, takes advantage of others to achieve his or her own ends.
- Lacks empathy; is unwilling to recognize or identify with the feelings and needs of others.

Diagnostic Criteria for NPD (Cont)

- Is often envious of others or believes that others are envious of him or her.
- Shows arrogant, haughty behaviors or attitudes.

Diagnostic Criteria for NPD (covert type)

- A covert grandiose sense of self-importance, through may compulsively minimize achievement.
- Fantasies of unlimited success, power, brilliance, beauty or ideal love often hidden under considerable shame.
- A craving to be noted as special but fears automatic rejection by other high-status people or institution.

Diagnostic Criteria for NPD (covert type) – Cont.

- Need for excessive admiration.
- Behavior as if driven by a sense of entitlement, for example, easily hurt and disappointed when high expectations for favorable treatment or automatic compliance are not met.
- Compulsively seeking others as admiring objects.

Diagnostic Criteria for NPD (covert type) – Cont.

- Excessively focused on the behavior of others but unwilling to recognize other's independent needs.
- Often envious of others or believing that others of envious of him or her.
- Hidden arrogant behavior or attitudes.

Mixed Self- Disorders

- Reflect a mixture of narcissistic traits and conflict/drive problems. Narcissistic vulnerabilities and traits may appear through Axis I disorders, such as anxiety disorders, depressive disorders, and eating disorders.
- Mixed with Axis II disorders. Pronounced self-disorder traits may color the clinical presentation and outcome of Axis II disorders, such as Avoidant and Dependent Personality Disorders.

Secondary Self- Disorders

- Self-esteem and self-representation may be impaired, reflecting the impact of functional, biologically based illnesses such as schizophrenia and bipolar disorders in the normal development of self.
- Self-esteem and self-representation may be impaired, reflecting the impact of structural, biologically based, disorders such as Attention-Deficit/Hyperactivity Disorder in the normal process of development of the self.

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- A-(1) high activity of the therapist, (2) development and maintenance of a focus (or foci), and (3) early use of transference
- B-the development of a reparative transference of either of three types: (1) mirror transference proper, involving the use of the therapist as an admiring self-object
(2) idealizing transference, involving the acceptance by the therapist of the patient's unconscious needs to see him or her as a quasi-omnipotent object, capable of soothing and consoling and (transferentially speaking) worthy of emulation; and (3) twinship transference,

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- ADDITIONAL TECHNIQUES
 - Working through of Rage
 - Working through of Pathological Grief reaction
 - Reactivation and reintegration of dimensions of Self

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- Working through primal perfectionism of SELF and OBJECT.
- The neurobiologically based “ Lost Paradise “
- The original “ blueprint for Self and Object “

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- Working through of Rage
 - Focus on Rage
 - Evoke the visceral- emotional-cognitive continuum.
 - Hold the defenses

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- Pathological Grief Work
 - Reactivation of the emotional experience
 - Re-enactment of the situation
 - Completing the sequence of grief

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- Involves the translation of primal SELF representations into pleasurable fullfilling experiences of SELF-DIRECTEDNESS
- Along
EROTIC,CORPORAL,ATTITUDINAL.
FUNCTIONAL DIMENSIONS.

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- “I came to this point on the road where I could see the whole valley down the road; struck by the beauty of the place, I had what I would call an epiphany: for the first time in a long time I felt totally at peace with myself and, I guess with life: there was no anxiety, no fear, no guilt. I thought about my wife, I thought about my mother and my father, and I could imagine the three of them looking at me and I could see {tears streaming down his face} that they were pleased with my success, that they were proud of me.”

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- his therapist “*and where would I be in that picture?*” he answered, “You made it possible. You created the peace treaty. You gave them all back to me.”

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- Involves the translation of SELF-OBJECTS experiences into actual SELF-OBJECT relatedness (activation of Reward-Dependance pathways);
- * Promotion of Cooperativeness

TREATMENT OF SELF-DISORDERS- EMPATHY BASED PSYCHOTHERAPY

- C-A special form of corrective emotional experience that I call imaginary reconstruction. This involves the healing of a narcissistic wound by the imaginary reconstruction, following the experiencing of painful moments of self-object failure, of an imagined optimum (not perfect, but not wounding) self-object interaction.

CONCLUSIONS ABOUT THE SELF I

- The Self is a NARRATIVE Self, indeed, but not ONLY a narrative Self (Cloninger)
- The experience of the Self is built bottom up, on the basis of multimodal SELF-REPRESENTATIONS with much input from visual brain (there is much imagery and many vision related metaphors), odor and other sensory modalities. 10M bits/sec

CONCLUSIONS ABOUT THE SELF II

- Self disturbances can flow from many sources and many neurobiological systems.
- In many such cases (i.e bipolar disorder, ADHD) significant integrity and adaptive capacity can be restored to the self once the underlying disorder is also treated.

CONCLUSIONS ABOUT THE SELF III

- The question what is the SELF for, has to be answered including an EVOLUTIONAL FRAMEWORK.
- Considering the Self as a system for the internal evaluation of the organism rank and fitness. Hence Castilla's domains: EROTIC, CORPORAL, ATTITUDINAL, INTELLECTUAL.

Outcomes

- Significant reduction of Axis I symptoms
- Lessening of the interpersonal and work dysfunctions
- Evidence of significant reactivation of the
 - Grandiose self
 - Feelings of vitality and well being independent of the approval of an admiring self-object
 - Significant resolution of pathological grief reaction for others and for self.

Outcomes

Short- Term Dynamic Psychotherapy

<u>Mean Effect Size</u>	<u>STDP</u>	<u>Usual treatment</u>	<u>Wait List</u>
Target Problems	1.39	0.55	0.27
Several psychiatric symptoms	0.90	0.22	0.12
Social functioning	0.80	0.38	0.21

Outcomes

Changes in Anxiety and Depression

<u>SCL -90-R Mean</u> <u>Scores (N=50)</u>	<u>Baseline</u>	<u>Termination</u>	<u>2 yr</u> <u>Follow-up</u>
STDP (n=25)	1.15	0.76	0.61
Cognitive Therapy (n=25)	1.26	0.82	0.67