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When the Reason Why You Hurt Is You

A Review of

Three Approaches to Personality Disorders Mill Valley, CA: Psychotherapy.net, 2013. $487.00 (Institution DVD Version); $350.00/year (Institution Streaming Version); $187.00 (Individual DVD Version); $157.00 (Individual Streaming Version)

CBT for Personality Disorders,
with by Arthur Freeman

Dialectical Behavior Therapy,
with by Marsha Linehan

Psychoanlaytical Psychotherapy,
with by Otto Kernberg

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Reviewed by

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Personality disorders have long presented a therapeutic conundrum. Defined as enduring, patterns of inner experience and behavior that are inflexible and maladaptive, and that lead to functional impairment or considerable subjective distress (American Psychiatric Association, 2013), the personal and public costs of these disorders have long been observed, but with large gaps in our understanding of their basic nature and precise impacts, as well as in how to effectively intervene upon them. In more recent years, ambitious prospective research through the Collaborative Longitudinal Personality Disorders Study has provided us with more understanding of the make-up, course, and outcomes of personality disorders (Skodol et al. 2005). Additionally, ambitious innovations in psychotherapy, including empirical validation of effects, have been developed for these problems. Even severe personality disturbances that once were seen as hopeless for remediation, such as Borderline Personality Disorder, have been shown to be have the possibility of meaningful improvements through specific therapy models and even through natural life events and the passage of time.

The complex nature of the more severe personality disorders, including their characteristic quality of relational difficulty, continues, however, to present challenges to the psychotherapist, who is likely to do the heavy-lifting in treating these disorders in the mental health setting. A distinctive feature of psychotherapy as a treatment is the essentially interpersonal context in which the treatment occurs. These disorders, perhaps most of all psychiatric illnesses, call for a cogent frame for understanding the key relational issues, and great skill in developing and maintaining an effective working relationship, so that treatment itself does not become disordered. In the Psychotherapy.net video series,

Three Approaches to Personality Disorders, we have the privilege of seeing three world renowned clinicians—Otto Kernberg, Marsha Linehan, and Arthur Freeman—work from their distinct treatment models, all of which have empirical support, with a challenging "patient" named Alfred (portrayed by Dutch actor Henk Grahuis). Alfred presents for therapy describing a painful life event: several months prior his longtime girlfriend aborted her pregnancy and ended their relationship in a manner he found abrupt and unexpected. However, as the sessions play out, Alfred comes to reveal disturbances of a deeper and more enduring nature as well as challenging clinical issues, including suicidal thoughts, heavy drinking, and a history of domestic violence. Each of the featured experts acknowledges the complex interplay between genetics and temperament with the social environment in the development of personality disorder but maintain distinctive ways of conceptualizing the core therapeutic issues,and utilize different techniques for change that logically flow from their particular frame of understanding. At the same time, each expert models evidence-based relational elements that serve as powerful common factors for change: in particular, the skillful building of an initial therapeutic alliance with an extremely defensive and brittle client.

For Kernberg, personality disorders reflect significant distortions in the person's relatedness to both self and others, particularly evidenced in relationships of a more emotionally charged or intimate nature. The more severe cases, which he terms "borderline personality organization" (as distinguished from borderline personality disorder), involve the core problem of "identity diffusion," a pervasive lack of integration in how one perceives the good and the bad, the contradictory emotions and behaviors, in self and others. This key developmental failure is thought to derive largely from early pathological or depriving experiences within key relationships (i.e., the mother surrogate): experiences that lead to the internalization of flawed representations of self and others. In three video sessions of therapy, Kernberg first models his structural interview that is aimed at obtaining a precise understanding of the patient's personality organization within the psychodynamic conceptualization. Alfred's paranoid orientation toward others, identity diffusion, and use of primitive defense mechanisms are identified through this process; in addition, Kernberg seeks an understanding of Alfred's current external world and psychiatric symptoms.

The ultimate aim of TFP is ambitious: the transformation of the entire personality. Kernberg focuses on the emotionally-charged underlying themes in Alfred's relational life, analyzing them through the immediacy of the transference as it develops in the sessions. He confronts Alfred's central dilemma of whether he can trust another person, highlighting Alfred's oscillating attitudes toward Kernberg in this respect, as well as interpreting Alfred's use of projective identification when he projects onto Kernberg his own split off anger. Kernberg utilizes the psychodynamic attitude of "therapeutic neutrality," identifying the central conflicts but not siding with either part of the conflict as Alfred is brought to grapple with his predicament.

To watch Kernberg as he embodies this stance—thoroughly engaged, tactful but direct as he assiduously confronts Alfred's paranoid transference in their moment to moment interactions—is of great instructional value. While many clinicians have been taught some degree of psychodynamic conceptualization, most have not been really taught psychoanalytical technique, and the technique of directly analyzing the transference is particularly hard to grasp through usual teaching methods. Here we can see the truly dynamic engagement of this process as Kernberg recursively clarifies and confronts the underlying meanings in Alfred's interactions with him, illuminates the reversals that occur

when Albert's defensive mechanisms engage, and discusses the implications for Albert as he oscillates between contradictory feeling and perceptual states. We see through these interactions the inner workings and conflicts of Albert's mind in motion.

Kernberg is not overtly warm or supportive during these interactions, a style that many therapists who are not from the psychodynamic school would find uncomfortable to maintain in the midst of Alfred's clear emotionality and intense ambivalence about being in therapy. However, Kernberg is completely attuned to Alfred and authentic in demonstrating what he later describes as "a concerned objectivity." Kernberg believes in the underlying principles and process of TFP and acts with integrity from that conceptualization, trusting that Alfred may find deep change, rather than superficially eased feeling, from the therapeutic process. It is noteworthy that Kernberg makes no reference to Alfred's early relational experiences during the sessions as this focus is commonly viewed as sine qua non to a psychodynamic approach. In interview about his approach, Kernberg explains that he keeps the focus in understanding the dynamic relational issues in the here and now, with the patient eventually coming to reflect on their own accord: Where does this come from?

As reviewed by Levy (Levy, Meehan, & Yeomans, 2012), there is accumulating evidence that TFP is an effective treatment for BPD: treatments for this particular and severe personality disorder have been studied more extensively than those for any other personality disorder (Matusiewicz, Hopwood, Banducci, & Lejuez, 2010). In addition to improving suicidality, depression, and global functioning, TFP may have unique benefits, relative to other treatments, in improving markers of anger and hostility (Clarkin, Levy, Lenzenweger, & Kernberg, 2007). Finally, evidence suggests that TFP works in a theoretically predicted way as it improves internal representations of secure attachment and reflective functions (Levy et al., 2006).

Marsha Linehan, the creator of Dialectical Behavior Therapy (DBT), developed her unique approach with the initial goal of helping chronically suicidal individuals get better at a time when there were no demonstrably effective treatments for such patients. DBT now has the broadest base of research support for patients with Borderline Personality Disorder, parasuicidal, or chronically suicidal behavior. Linehan notes with deserved satisfaction that of 29 randomized clinical trials supporting the effectiveness of DBT, 21 were conducted independently of her research group. In addition to varied settings, the treatment model has demonstrated effectiveness with diverse patient populations (Matusiewicz et al., 2010). DBT has been found to be superior to treatment as usual and generally equivalent to other structured and theoretically cogent treatments directed toward actively treating BPD, including TFP (Matusiewicz et al., 2010).

A consummate behaviorist who initially worked from a classic behavioral understanding of problems, Linehan came to important insights as she worked with complex and severely dysregulated clients that led her to creatively augment and modify her treatment approach. Linehan came to view the disorder as caused by a constitutional propensity toward emotion dysregulation in interaction with an environment that pervasively invalidated the client's emotional experience. She discovered the crucial importance of validating the client by adding acceptance-based strategies to the change-based interventions of the behavioral model, both to keep the client in treatment and to encourage more fundamental regulation of their feelings and behaviors. "Dialectics" refers to truth in apparent opposites: the need to deeply accept the client just as he or she balanced against the need for the client to

change is the central dialectic in DBT, a stance that is embodied by the DBT therapist throughout treatment.

Linehan has just one interactive session with Alfred, which she approaches as an initial behavioral assessment with the primary goal of defining what Alfred's problem is. Linehan explains that she does not really approach the first session as DBT therapy because until the problem is assessed, the appropriate treatment for it cannot be identified. She clarifies that DBT is a sequential and multi-component treatment that extends well beyond individual therapy. However, in addition to the DBT emphasis on continuous assessment, Linehan models other signature DBT strategies such as "validation" and occasional use of irreverence. Linehan has a tremendous knack for talking about complicated and even disturbing material with a matter-of-fact directness, which is not judgmental of the client. We see a great example of this skill when her questioning uncovers Alfred's history of domestic violence, a revelation that Alfred is extremely defensive about and minimizes as being less harmful than the times his girlfriend hurt him emotionally. Linehan validates that many people would agree with Alfred that emotional pain is harder to endure than physical pain, but at the same time she clarifies that the behavior of hurting someone physically is different. She goes on to clarify the incompatibility of Alfred's behavior of hitting his girlfriend with his goal of maintaining a relationship with a woman he loves. This interaction showcases the key DBT strategy of validating the valid (Alfred's understandable experience of feelings) but not the invalid (his problematic behavior). When Alfred alludes to "finishing it," Linehan calmly and directly asks about suicidal thinking and then conducts a beginning risk assessment. This moment highlights another key feature of DBT: its clear system for triaging problems that complex patients may present to the therapist. Active suicidality is always given first priority because as Linehan notes in in her characteristically practical and slightly irreverent manner, treatment cannot work if the patient is dead. Linehan seems much less interested, however, in pursuing other charged communications from Alfred, including his statement that he felt betrayed by therapists he saw in the past. We see here a different valuing of psychotherapy material between Kernberg and Linehan: Kernberg focuses on Alfred's underlying fears of being betrayed by others and addresses the suicidal thinking as an associated feature of his paranoid transference while Linehan focuses on Alfred's present problem behaviors with less concern for underlying fears and meanings.

The final video installment features Arthur Freeman, an expert clinician and educator in the Cognitive Behavioral Model, almost certainly the approach that many viewers will have most familiarity with (e.g., Cook et al., 2010; Weissman et al., 2006). The CBT model is the most extensively researched of all the major therapy models. Freeman notes that there are over 400 outcome studies supporting its effectiveness across a range of psychiatric disorders and certain medical disorders. The model is typically associated with a short-term, targeted treatment approach but is modified into a more intensive and longer-term treatment for deep-seated character issues; it is currently being tested for its effectiveness with personality disorders. A randomized controlled study found that augmenting treatment as usual in the community with traditional CBT (up to 30 sessions) improved outcomes in some important treatment domains, but not others, for patients with BPD when compared against stand-alone treatment as usual (Davidson et al., 2006). Longer-term CBT has also been found to be superior to supportive counseling on some markers of psychotherapy change, but not others, for patients with BPD (Cottraux et al., 2009). The model has also shown promise in the treatment of those with Avoidant Personality Disorder (Emmelkamp et al., 2006; Strauss et al., 2006).

The CBT approach seeks to understand how a person processes information about themselves and others and how that perceptual style contributes to problems. In the case of personality disorders, "schema" or the core underlying rules that people live by and use to organize their experiences become important foci for intervention as maladaptive schema are viewed as the essential cause of these disorders. Therapeutic goals include the building of skills, as well as of more flexible and productive beliefs, to improve adaptive functioning. Freeman comfortably incorporates concepts from other approaches, most notably the psychodynamic model, but he utilizes this understanding in a more practical, learning-based and collaborative approach that is consistent with his dominant CBT frame.

In the course of two sessions with Alfred, Freeman begins with a model CBT assessment of the main therapy problem; he revises his initial hypothesis that Alfred presents with a more benign dependent schema when Alfred's additional description of relational history shows that a number of people have seemed scared of him. Freeman's voice over commentary is excellent in explaining his own thought process in how he conceptualizes Alfred as the session unfolds: "Given Alfred's clarification, my hypotheses change. I believe this choice of words is significant. It is not that the women that he loves most leave him. . .but rather run from him." Alfred goes on to reveal both homicidal and suicidal thinking when his girlfriend ended their relationship, and again Freeman describes how he conceptualizes Alfred's cognitive style: Alfred "controls" his homicidal thoughts but does not see his underlying idea that his girlfriend should have been killed for leaving him as wrong. As Alfred's emotional and behavioral responses to conflict and underlying beliefs are clarified, Freeman comes to view Alfred as someone with narcissistic disturbance and pronounced needs to be in control, especially of the woman he is involved with. Freeman frames the issue in an emotionally resonant way that Alfred accepts: that his love is so powerful that it has sometimes scared the women he has loved, and at times has scared even Alfred himself. Freeman identifies the all-or-nothing quality of Alfred's thinking style that attends his intense emotionality and problematic behavior: a key psychological factor that each expert identifies in Alfred within the trappings of their own model of therapy. Freeman's approach is to use metaphor and continuums to assist Alfred in seeing that his approach of "loving" in an all-or-nothing way has not worked. A beautiful example is when Freeman has Alfred consider the physical metaphor of a touch that initially feels good but with unrelenting continuation turns painful. Freeman adjusts his approach as he refines his conceptualization of Alfred and observes his shifts of mood in session, such as when he realizes at one point that he has pushed Alfred too far. Freeman backs off and attempts repair of the fragile beginning alliance through an exaggerated siding with Alfred's perception that results in Alfred making some less absolute distinctions. At another point, however, Freeman stands his ground as Alfred repeatedly skirts the question of whether he is currently suicidal or not. Freeman asks the direct question over and over until Alfred eventually responds with a real answer on this critical matter. In the end, Freeman perceptively focuses on Alfred's need for control but enlarges this idea to Alfred controlling aspects of himself, not just his relationships, to get more of what he wants; a frame that fits with Alfred's essentially narcissistic motivations but provides a basis to work toward some change.

This series required a compelling teaching case, and I was initially dubious that an actor portrayal of a client with complex and serious character issues would be thoroughly convincing. However, Grahuis is brilliant in this regard. The events and interactive style that he portrays are based on actual case material, and the therapy sessions seem truly authentic. As someone who is engaged in teaching psychotherapy to new clinicians, I found the voice-over commentary provided by the therapist, the after session interviews of each

expert by Victor Yalom, and the companion instructor's manuals for each approach to be of real instructional value. My criticisms of the series are few. The therapy sessions with Alfred were apparently taped some years ago at a conference in Holland that our three experts attended and technical details of image sharpness and color definition are less than optimal. In contrast, the interview and discussion episodes, taped later, have very good technical quality. It should also be noted that the length of each series varies considerably: we get the most time with Kernberg and comparatively little with Linehan. However, these issues are small detractions to the overall value of the series. The greatest success of Three Approaches to Psychotherapy is that it allows us to do what we all fantasize about: to eavesdrop on sessions with master therapists, learn from their unique styles and approaches to treatment, and watch as psychotherapy comes alive.

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