

Akademi.KimPsikoloji.com

YAYINDA



SERTİFİKALI



PSİKOTERAPİ KURSLARI



BİREYSEL VE
KURUMSAL ÜYELİK İÇİN

kimpsikoloji.com



BİREYSEL VE
KURUMSAL ÜYELİK İÇİN

kimpsikoloji.com



Irvin Yalom önderliğinde organize edilen ve dünyaca ünlü terapistlerin ve terapi kuramı kurucularının, ekollerin en önemli temsilcilerinin psikoterapi seanslarını video olarak izlemek ve seans hakkındaki yorumlarını dinlemek ve bu kursları (American Psychological Association (APA) başta olmak üzere Social Workers (ASWB) New York State Social Workers (NYSED BSW) New York State Mental Health Practitioners (NYSED MHP) Certified Counselors (NBCC) Addiction Counselors (NAADAC) MFTs and LCSW (CA BBS) California Nurses (BRN) Canadian Counsellors kurumlarından CE (Continuing Education-Sürekli Eğitim) akreditasyonlu sertifikayla belgelendirmek isterseniz veritabanımıza bireysel veya kurumsal olarak erişmek için bizimle iletişime geçebilirsiniz.


@PsikoTerapiVideolari

Instructor's Manual

for

PSYCHOANALYTIC PSYCHOTHERAPY

with

OTTO KERNBERG, MD

Manual by

Shirin Shoai, MA

kimpsikoloji.com



psychotherapy.net

The *Instructor's Manual* accompanies the video *Psychoanalytic Psychotherapy with Otto Kernberg, MD* (Institutional/Instructor's Version). Video available at www.psychotherapy.net.

Copyright © 2013, Psychotherapy.net, LLC. All rights reserved.

Published by Psychotherapy.net

150 Shoreline Highway, Building A, Suite 1

Mill Valley, CA 94941

Email: contact@psychotherapy.net

Phone: (800) 577-4762 (US & Canada)/(415) 332-3232

Teaching and Training: Instructors, training directors and facilitators using the Instructor's Manual for the video *Psychoanalytic Psychotherapy with Otto Kernberg, M.D.* may reproduce parts of this manual in paper form for teaching and training purposes only. Otherwise, the text of this publication may not be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopying, recording or otherwise—without the prior written permission of the publisher, Psychotherapy.net. The video *Psychoanalytic Psychotherapy with Otto Kernberg, M.D.* (Institutional/Instructor's Version) is licensed for group training and teaching purposes. Broadcasting or transmission of this video via satellite, Internet, video conferencing, streaming, distance learning courses or other means is prohibited without the prior written permission of the publisher.

Shirin Shoai, MA

Instructor's Manual for Psychoanalytic Psychotherapy with Otto Kernberg, M.D.

Cover design by Julie Giles

Order Information and Continuing Education Credits:

For information on ordering and obtaining continuing education credits for this and other psychotherapy training videos, please visit us at www.psychotherapy.net or call 800-577-4762.

Instructor's Manual for

PSYCHOANALYTIC PSYCHOTHERAPY WITH OTTO KERNBERG, MD

Table of Contents

Tips for Making the Best Use of the Video	4
Kernberg's TFP Approach to Treating Personality Disorders	6
Discussion Questions	8
Role-Plays	11
Reaction Paper Guide for Classrooms and Training	13
Related Websites, Videos and Further Readings	14
Transcript	16
Video Credits	78
Earn Continuing Education Credits for Watching Videos	79
About the Contributors	80
More Psychotherapy.net Videos	81

Tips for Making the Best Use of the Video

1. USE THE TRANSCRIPTS

Make notes in the video **Transcript** for future reference; the next time you show the video you will have them available. Highlight or notate key moments in the video to better facilitate discussion during and after the video.

2. FACILITATE DISCUSSION

Pause the video at different points to elicit viewers' observations and reactions to the concepts presented. The **Discussion Questions** section provides ideas about key points that can stimulate rich discussions and learning.

3. ENCOURAGE SHARING OF OPINIONS

Encourage viewers to voice their opinions. What are viewers' impressions of what is presented in the interview?

4. CONDUCT A ROLE-PLAY

The **Role-Play** section guides you through exercises you can assign to your students in the classroom or training session.

5. SUGGEST READINGS TO ENRICH VIDEO MATERIAL

Assign readings from **Related Websites, Videos and Further Reading** prior to or after viewing.

6. ASSIGN A REACTION PAPER

See suggestions in the **Reaction Paper** section.

PERSPECTIVE ON VIDEOS AND THE PERSONALITY OF THE THERAPIST

Psychotherapy portrayed in videos is less off-the-cuff than therapy in practice. Therapists may feel put on the spot to offer a good demonstration, and clients can be self-conscious in front of a camera. Therapists often move more quickly than they would in everyday practice to demonstrate a particular technique. Despite these factors, therapists and clients on video can engage in a realistic session that conveys a wealth of information not contained in books or therapy transcripts: body language, tone of voice, facial expression, rhythm of the interaction, quality of the alliance—all aspects of the therapeutic relationship that are unique to an interpersonal encounter.

Psychotherapy is an intensely private matter. Unlike the training in other professions, students and practitioners rarely have an opportunity to see their mentors at work. But watching therapy on video is the next best thing.

One more note: The personal style of therapists is often as important as their techniques and theories. Therapists are usually drawn to approaches that mesh well with their own personality. Thus, while we can certainly pick up ideas from master therapists, students and trainees must make the best use of relevant theory, technique and research that fits their own personal style and the needs of their clients.

Kernberg's TFP Approach to Treating Personality Disorders*

Transference-Focused Psychotherapy (TFP) is a manualized, evidence-based treatment for severe personality disorders, in particular borderline and narcissistic personality disorders. To address the clinical needs of this challenging patient population, TFP combines a psychodynamic approach with structure and limit-setting. The goals of treatment are personality change—as reflected in the patients' functioning and satisfaction in their interpersonal and work lives—as well as symptom reduction.

TFP builds on a psychodynamic, object-relations model of psychological functioning. In contrast to other models of treatment, which tend to focus on reducing symptoms through behavioral control, skill-based teaching, and overt therapist support, coaching, and guidance, TFP focuses on internalized images of self and other that organize the patient's interpersonal experience. The exaggerated, distorted, and unrealistic internal images of self and other characteristic of severe personality disorders are associated with problems in mood regulation, self-esteem and interpersonal relationships. The treatment's main strategy is to modify these internalized relationship patterns by exploring them as they are activated in the therapeutic relationship (in the form of transference) and in the patient's interpersonal life.

The main technical instruments of TFP are the essential techniques of psychoanalysis, namely, interpretation, transference analysis, and technical neutrality. The therapist helps the patient to observe shifts in the dominant self-experience, using therapeutic tactics that include 1) clarification and regulation of internal states, 2) confrontation of contradictions that are observed and 3) interpretations that help explain the divisions and links between different states. Every affect is considered to be the manifestation of an underlying object relation. Engaging the patient's observing ego in this phenomenon paves the way for interpreting the conflicts that keep these self-states, and corresponding views of self and other, separate and exaggerated. Until these representations are integrated into more nuanced and modulated ones, patients will continue to perceive themselves and others in

exaggerated, distorted and rapidly shifting terms. The ultimate aim is to create more stable, realistic, and better-integrated experiences of self and other, leading to improved interpersonal functioning and adaptation to life.

In this video, Kernberg conducts an initial “structural interview” which assesses the client’s symptoms, personality, degree of identity diffusion or integration, and reality testing. So although the treatment has not formally begun, in these three sessions Kernberg demonstrates many of the core techniques of Transference-Focused Psychotherapy, including attending to Alfred in an engaged yet neutral way and using interpretations of Alfred’s inner conflicts, as demonstrated via the transference, to deepen the therapy. This allows him to safely reveal his desire for connection and commit to further therapy.

*Adapted from the websites of Columbia University’s Center for Psychoanalytic Training & Research—<http://tinyurl.com/n57apuk> and the International Society of Transference-Focused Psychotherapy (ISTFP)—<http://tinyurl.com/n8v5oxt>

Discussion Questions

Professors, training directors and facilitators may use some or all of these discussion questions, depending on what aspects of the video are most relevant to the audience.

INTRODUCTION

1. **Working with personality disorders:** Have you ever worked with someone with Borderline Personality Disorder, Narcissistic Personality Disorder or another personality disorder? What approach did you take to their treatment? How is your approach similar to and different from the approach Kernberg describes and demonstrates?

SESSION ONE

2. **Negative past therapy:** Have you worked with clients who've had negative experiences with previous therapists? How did you discuss this with your client? How might you differentiate your approach from other therapists'?
3. **Working with paranoia:** Have you ever worked with someone with paranoid thought patterns or a lack of trust? Was this stated or obvious to you at the beginning of therapy, or did it reveal itself over time? What approach did you take to their treatment? How is your approach similar to and different from the approach Kernberg describes and demonstrates?
4. **Suicidal ideation:** How were you impacted by Alfred's description of his suicidal thoughts as stemming from a lack of meaning in his life? What other issues do you think might be contributing to this? How does his description fit with your view of suicidality? Have you treated clients with suicidal ideation? How did you handle it and how did it compare with how Kernberg dealt with it in this session?
5. **Assessing motivation:** Did you agree with Kernberg's initial assertion that Alfred appeared to be coming to therapy based on others' observations? Why do you think he does this? How might you help a client discern their own motivations for starting therapy? Have you ever had a client come to see you because

others observed that he or she should be in therapy? How did you approach this in therapy?

6. **Objective inquiry:** In terms of TFP's structural interview, what do you think Kernberg is trying to accomplish by focusing on Alfred's girlfriend's words around their breakup? Would you ever use the word "controlling" to describe your client's behavior? What do you think a client would need in order to be able to take in such an observation?
7. **Physical violence:** What were your internal responses to Alfred's revealing that he'd broken Saskia's finger? How did you respond to Kernberg's detailed questions regarding Alfred's anger and violence? How might this inform the way you approach issues of domestic violence and abuse? What, if any, experience have you had with clients who report a history of violence?

SESSION TWO

8. **Direct style:** What do you think of Kernberg's straightforward way of interpreting Alfred's avoidance of feelings of betrayal? How do you imagine different clients responding to this style? How does it match or differ from your own?

SESSION THREE

9. **Transference interpretations:** Kernberg repeatedly draws Alfred's attention to how he responds in session to Kernberg. What do you think the purpose of these transference interpretations are? What is your reaction to observing this part of their interactions? Do you ever make comments or interpretations about the "here-and-now" of the therapeutic relationship? If so, can you give an example?
10. **Engaging the client:** Kernberg says that Alfred's challenging him around his drinking is a good sign that he's dropping his suspicious, fearful attitude. Why might this be so? How would you feel if a client challenged you in a session? Or if you have been challenged by clients in this way, how did you navigate it? What would you do differently next time?
11. **Changing the subject:** Kernberg stays with the topic of Alfred's drinking despite his stated desire to change the subject. How does

Kernberg use this inquiry to move the therapy forward? Why would he use this instead of reassurance? How might you handle a similar situation? Would you insist on staying on-topic or choose to revisit it later? How would you decide which was appropriate?

12. **Naming the conflict:** Several times throughout the sessions, Kernberg offers interpretations framed as conflicting/opposing beliefs. What do you think is the goal of this style of interpretation? Do you think this method is effective with Alfred? Why or why not?
13. **“Fair statement?”:** Kernberg occasionally uses the phrase “Is that a fair statement?” after making an interpretation with Alfred. What do you notice about Alfred’s response to this? Under what types of conditions would such a phrase be most useful? What are some phrases you tend to use with clients?

DISCUSSION

14. **Key moments:** What are some key moments in this set of sessions? What stands out about them for you? Describe Kernberg’s role in those moments, and Alfred’s shifting states during them.
15. **Countertransference:** How do you know when you’re experiencing countertransference in a session? How do you work with it? Do you bring it into the session? Do you reflect on it outside of sessions? If you were Alfred’s therapist, what countertransference responses might you have?
16. **Personal reaction:** How would you feel about having Kernberg as your therapist? Do you think he could build a solid therapeutic alliance with you? Would he be effective with you? Why or why not?

Role Plays

After watching the video and reviewing “Kernberg’s TFP Approach to Treating Personality Disorders” in this manual, break participants into groups of two and have them role-play an assessment session with a client who suffers from a personality disorder, using Otto Kernberg’s approach. You may role-play the character of Alfred, or create another equally challenging client.

One person will start out as the therapist and the other person will be the client, and then invite participants to switch roles. Clients may play someone who mistrusts others’ intentions, doesn’t fully want to be in therapy, exhibits ambivalence about trusting the therapist, or another issue you can make up. Decide on a presenting problem as the client in order to focus the session and create a context for the transference to arise. The primary emphasis here is on giving the therapist an opportunity to practice a structural interview around symptoms, reality testing, assessing the client’s ability to mentalize, making interpretations to leverage the client’s transference, and giving the client an opportunity to see what it feels like to participate in this type of therapy.

The therapist should begin by finding out, very specifically, what has brought the client to therapy. Invite the client to get very detailed and explicit about their symptoms, and watch for statements or situations that indicate projection, splitting, or irrational beliefs. As you encounter these, assess for the client’s degree of belief in the validity of their projections (as when Alfred suggested that Kernberg was angry with him after questioning his drinking), and try to notice any discrepancies in their story. Make interpretations by tracking their relational transference and asking the client for their thoughts and feelings as they hear the interpretation. Support the client in reflecting on their experience.

Following what Kernberg did with Alfred in the video, use the last few minutes of the session to give the client your impressions of their challenges, personality organization as revealed in the transference, and potential obstacles to treatment. You might name the client’s

most significant internal conflict, reflect on the client's presenting problems, or draw parallels between your relationship and any outside relationships the client mentioned.

After the role-plays, have the groups come together to discuss their experiences. What did participants learn about Kernberg's approach to working with personality disorders and the problems that arise in it? Invite the clients to talk about what it was like to role-play someone with a lack of a coherent sense of self or others. How did they feel in relation to the therapist? Did they understand the essence of Kernberg's approach? What worked and didn't work for them during the session? Did they understand the therapists' interpretations? How confident are they that they'll be able to work with a therapist in this way? Then, invite the therapists to talk about their experiences: How did it feel to facilitate the session? Did they have difficulty explaining the approach? How confident are they that the client understood their interpretations? Did they notice any strong countertransference feelings arise? What would they do differently if they did it again? Finally, open up a general discussion of what participants learned about treating personality disorders with Kernberg's approach.

An alternative is to do this role-play in front of the whole group with one therapist and one client; the rest of the group can observe, acting as the advising team to the therapist. At any point during the session the therapist can timeout to get feedback from the observation team, and bring it back into the session with the client. Other observers might jump in if the therapist gets stuck. Follow up with a discussion on what participants learned using Kernberg's approach to treating personality disorders.

Reaction Paper for Classes and Training

Video: *Psychoanalytic Psychotherapy with Otto Kernberg, M.D.*

- **Assignment:** Complete this reaction paper and return it by the date noted by the facilitator.
- **Suggestions for Viewers:** Take notes on these questions while viewing the video and complete the reaction paper afterwards. Respond to each question below.
- **Length and Style:** 2-4 pages double-spaced. Be brief and concise. Do NOT provide a full synopsis of the video. This is meant to be a brief reaction paper that you write soon after watching the video—we want your ideas and reactions.

What to Write: Respond to the following questions in your reaction paper:

1. **Key points:** What important points did you learn about Kernberg's TFP approach to treating personality disorders? What stands out to you about how Kernberg works?
2. **What I found most helpful:** As a therapist, what was most beneficial to you about the model presented? What tools or perspectives might you use in your own work? What challenged you to think about something in a new way?
3. **What does not make sense:** What principles/techniques/interventions did not make sense to you? Did anything push your buttons or bring about a sense of resistance in you, or just not fit with your own style of working?
4. **How I would do it differently:** What might you do differently from Kernberg when working with clients? Be specific about what different approaches, interventions and techniques you would apply.
5. **Other questions/reactions:** What questions or reactions did you have as you viewed the therapy sessions with Kernberg? Other comments, thoughts or feelings?

Related Websites, Videos and Further Reading

WEB RESOURCES

International Society of Transference-Focused Psychotherapy

<http://istfp.org>

Personality Disorders Institute of the Weill Medical College of Cornell University

www.borderlinedisorders.com

Columbia University Center for Psychoanalytic Training and Research

<http://www.psychanalysis.columbia.edu/train/psychotherapy-programs/transference-focused-psychotherapy-program>

RELATED VIDEOS AVAILABLE AT WWW.PSYCHOTHERAPY.NET

Dialectical Behavior Therapy with Marsha Linehan, PhD

Cognitive Therapy with Arthur Freeman, EdD

*Psychoanalytic Psychotherapy for Personality Disorders: An Interview with
Otto Kernberg, MD*

Otto Kernberg: Live Case Consultation

Object Relations Therapy with Jill Savage Scharff

RECOMMENDED READINGS

Kernberg, O.F. (1975). *Borderline conditions and pathological narcissism*.
New York: Aronson.

Kernberg, O.F. (1976). *Object relations theory and clinical psychoanalysis*.
New York: Jason Aronson.

Kernberg, O.F. (1984). *Severe personality disorders: Psychotherapeutic
strategies*. New Haven, CT: Yale University Press.

Stern BL, Yeomans FE, Diamond D, & Kernberg OF. (2011) "Transference-
Focused Psychotherapy (TFP) for Narcissistic Personality Disorder."
In *Understanding and Treating Narcissistic Personality Disorder* (pp.

235 - 252). J. S. Ogrodniczuk, (Ed.). Washington D.C.: American Psychiatric Press.

Kernberg O.F., Yeomans F.E., Clarkin J.F., Levy K.N.: “Transference Focused Psychotherapy: Overview and Update.” *International Journal of Psychoanalysis* 2008; 89: 601-620.

Kernberg O.F., Diamond D., et al. (2008). “Mentalization and Attachment in Borderline Patients in Transference-focused Psychotherapy” in *Mind to Mind: Infant Research, Neuroscience and Psychoanalysis*, Eds. Jurist E, Slade A, Bergner S. Other Press, New York.

Clarkin, J.F., Yeomans, F., & Kernberg, O.F. (2006). *Psychotherapy of borderline personality: Focusing on object relations*. Washington, D.C.: American Psychiatric Publishing, Inc.

Transcript of Sessions

SESSION 1

KERNBERG: I'm Dr. Kernberg as you have heard, and I've been asked to see you with a double intention to find out about your difficulties in order to discuss with the team here how best to the help in your treatment. And at the same time, for educational purposes, in order to participate in the teaching activities of this institution.

ALFRED: Yes.

KERNBERG: The only thing I know about you is your name. It's Mr. Coupe, and that you are 40 or 41.

ALFRED: 40 years old.

KERNBERG: Well, let me tell you the questions that I have. First of all, I would like to know what brought you here to treatment? Then what's the nature of your difficulty? Symptoms, problems, everything that you consider an issue for treatment, where you need help with. Then, what you expect from treatment, really? And finally, in short, where you are now?

COMMENTARY: *These are standard questions I'm starting every interview with. They go from the concrete—what brought you here? To a most unstructured one—what do you expect from treatment? Where are you now? The tests extend to which the patient is able to listen, understand, respond logically, the degree of regression, because unstructured questions becomes very difficult for very regressed patients.*

ALFRED: That's a lot of questions. Why I am here? That's something I wanted myself, because to start with, for me it's very difficult to come here. Because the last time I had something to do with therapies before, and my last experience with two therapists were not very beautiful experiences.

It was about five months ago, I went for help together with my girlfriend with whom I was living. And within the sessions, five months ago. We went there together my girlfriend and me. But there was—something happened in the sessions. And they were very friendly in my face, and behind my back, they talked my girlfriend

out of the relationship. So at the moment, it's very hard for me to trust anyone. So that's a difficulty for me, because I have the feeling, too, that people cheated me then.

So I had a relationship for four years with my girlfriend. And in my opinion, we had our problems, but it was a good relationship. In my opinion, it was a beautiful relationship. But afterwards, my girlfriend told me she felt not happy within the relationship. Probably, I haven't seen a lot of things in the relationship.

So from one day we were in a relationship, and the next day I found a note in which she wrote she had to leave me without a lot of explanations. That's one of the reasons that I'm wondering now what to do with my life. I had some relations before, that went wrong. It seems that I don't know how to be in a relationship. But at the same time, the same time, I don't know how to live alone.

It's very hard for me to be alone. And so I've been living with my sister for two months, because I couldn't stand to be alone. And now I'm living alone again. And my sister convinced me of going here, and to ask for treatment to give myself another chance. So that's the reason I'm here. To give myself another chance.

KERNBERG: And other than what you've told me, do you have any other problems or difficulties?

ALFRED: One of my problems is that I never seem to notice what I'm doing with people. Sometimes people react on me, and I don't understand their reactions. I don't understand why sometimes people feel threatened by me, because it's never my intention to threaten people.

And now at this time, I think after all the failures in my relationships, I think what's the purpose of it all? What's the meaning of my life? I don't see any meaning at the moment. Sometimes it's hard for me to give myself a good reason to stay alive.

KERNBERG: What you've described to me is things that other people have told you, if I understand you correctly. Your girlfriend left you. It's a surprise to you. And your sister suggested that you come here. And other people feel threatened by you. Do you see anything as a

problem in you? I do understand that you've come here because you're listening to the people who told you that you should come here. I understand that.

But in addition, have these people made you think about yourself? And is there anything that you see as a problem in yourself other than what others tell you? Or how are you reacting to what others tell you in terms of serving your own interactions with them?

ALFRED: I must—there's something that—what am I doing wrong? That's what I'm wondering all the time. Because apparently, I'm doing a lot of things not in the right way. But when so many people tell me that I should get help, then—

KERNBERG: So you're saying you're following their suggestions without really knowing what, if anything, is wrong with you. Is that what you're saying?

ALFRED: Yes. Yes.

KERNBERG: Do you experience anything as a problem, as a difficulty, emotionally, physically, mentally? I mean, if other people were not telling you that you had problems, would there be anything that you would experience as a reason to come to see a psychiatrist, or not really?

COMMENTARY: *I wanted to clarify to what extent the patient had any inkling of problems in himself, or to what extent he was attributing everything to the outside. Was he aware of any problem he had physically, emotionally, in his relationship, that would warrant to see a psychiatrist?*

ALFRED: Sometimes it scares me, what I'm doing to people, without bad intentions. People feel, sometimes they feel—

For myself, what I see is my problem, so how do I find, find a meaning for my existence, because I, now I'm living alone for a few months. And it's very hard for me to give myself a meaning, because this is the third relationship that went wrong. And before, I had two relationships, and they went wrong in almost the same way. That is, that my girlfriends left me without explaining a lot of things.

And for me, it was—I'm still wondering why? Where did it go wrong?

Why did it go wrong. For me it was a surprise. And I, sometimes people seem to see things about me I don't see them myself.

KERNBERG: And the girlfriend that left you, what's her name?

ALFRED: Saskia.

KERNBERG: Saskia?

ALFRED: Yes.

KERNBERG: How long had you been—you had been living with her?

ALFRED: For four years.

KERNBERG: Four years?

ALFRED: Four years we lived together.

KERNBERG: How old is she? How old is she?

ALFRED: She's 35.

KERNBERG: 35. And well, can you tell me something about your relationship with her? Was it a satisfactory relationship as far as you were concerned?

ALFRED: For me it was, but for her, it wasn't.

COMMENTARY: This is an important question. The capacity to fall in love and to be loved is unavailable to narcissistic personalities, so a response that would indicate that he really didn't know whether he was in love or wasn't sure, would indicate serious narcissistic pathology.

KERNBERG: Were you in love with her?

ALFRED: Yes. Very much.

KERNBERG: Are you still in love with her?

ALFRED: Yes. Yes, I'm still in love.

KERNBERG: Have you tried to contact her?

ALFRED: Yes. But after the therapy we had together, they, in the emergency center, they decided, decided that she had to go to someplace where I could not find her. Because she felt threatened, and they were afraid that I would do her harm. It's not my intention to do her harm. And I tried, I tried to find her, because we went into the

emergency center, because she made the condition, we have to go find some help, because she was pregnant.

KERNBERG: I'm a little confused. You said that she left you one day to the next, leaving a note.

ALFRED: Yes.

KERNBERG: So how did you get together to the emergency center?

ALFRED: Before, before she left me, it was arranged in the emergency center with the other therapists and the counselors.

KERNBERG: So she left you—you're saying that she left you following the instructions of the therapist.

ALFRED: Yes.

KERNBERG: And you had gone to the center before that?

ALFRED: Yes.

KERNBERG: And you went there because she suggested it?

ALFRED: It was her conditioning of continuing the relationship.

KERNBERG: Then why did she want you to go with her to that center? What did she explain to you?

ALFRED: She explained to me that she was very insecure about everything, but about having the baby, she was very insecure. She was thinking about getting an abortion. And I was very opposed to it. And she was afraid that within our relationship there wouldn't be enough room for a baby, for a child.

KERNBERG: Why not?

ALFRED: She said that I wasn't giving her enough room, enough space.

KERNBERG: What did she mean by that?

ALFRED: I'm not sure, but perhaps its most, because in my opinion, we had a very close relationship. And we were very together. For instance, when she was pregnant, it was more me telling her she was pregnant than she was telling me she was pregnant. I felt like we were pregnant. We were very close to each other. But—

KERNBERG: I don't understand. What do you mean you told her that she was pregnant?

ALFRED: I noticed some difference. I noticed some difference. And I asked her, "There is something, are you pregnant?" And then she realized that some changes were there, that she was pregnant.

KERNBERG: She did not become aware that she was pregnant? How is that possible? I mean, wasn't there any change in her menstruation?

ALFRED: Yeah, there is.

KERNBERG: So?

ALFRED: Around that time, I looked at her and I saw, you look different. You look different.

KERNBERG: In what way did she look different?

ALFRED: It was her skin, her eyes.

KERNBERG: So you told her you thought she was pregnant, and then she started thinking that she didn't have her last menstrual period or what?

ALFRED: Yes, but it was around—yes, she was, it was around at the period.

KERNBERG: So well, then, she realized she was pregnant.

ALFRED: Yes.

COMMENTARY: I wanted to clarify to what extent she had difficulty in assessing her state of pregnancy. Or to what extent he thought that he could tell ahead of her what was going on in her mind, with an implication that he had the power to read her mind before or beyond her own. In this way to carry out omnipotent, unrealistic control over her.

KERNBERG: And she said, you said that you didn't give her enough space?

ALFRED: Yes.

KERNBERG: What did she mean by that?

ALFRED: She said that I was, a lot of time, I was filling in her thoughts. That I was, or sometimes I—because she was very insecure,

I always tried to help her to be, to be—because a lot of times she didn't know what she thought, or what she felt. And a lot of times, I filled in for her too quickly, she said to me. And so I didn't invite her enough to be herself, she said to me.

KERNBERG: So she said to you that you were jumping in, telling her what she was thinking on the condition that she was not really thinking it, is that it?

ALFRED: Yes. Yes.

KERNBERG: So she was saying that you were attributing to her faults that she didn't have.

ALFRED: Yes

KERNBERG: So you thought that you were guessing what she was thinking, but it was really imposing on her your own thoughts? Is that correct?

ALFRED: Yes, that's how she experienced it.

KERNBERG: Well, when she told you that, how did you react to that? What do you think about that now?

ALFRED: At first when she told me that, I didn't understand it. And I was very angry, because she didn't appreciate my love. Because it was never my intention to, to—in a way, I worshipped her, perhaps too much. I don't know.

KERNBERG: But what you're describing now is that you had a very controlling behavior with her, telling her what she was thinking under conditions when she was not thinking that. Am I hearing correctly?

ALFRED: Yes, yes.

KERNBERG: And she told you that?

ALFRED: In a very, yeah, yeah, she told me that, yeah.

KERNBERG: Only on one occasion, or very often?

ALFRED: Only with the therapists.

KERNBERG: Every month?

ALFRED: Only with the counselors.

KERNBERG: She had never told you that before?

ALFRED: No.

KERNBERG: Had she ever said anything critical to you before, or anything about why she, why did she want to go to the counselor in the first place?

ALFRED: Because she was, she was afraid that things would go wrong with the baby. Things could go wrong with the three of us. It was her condition. She said once, at one time she said to me, when we don't go to ask for help, then perhaps I believe you.

KERNBERG: I was asking you how did she get you to go to that emergency center in the first place? What else did she tell you warranted that you should see a professional? You told me a little earlier that it was only in the emergency center that she told you that you were telling her what she was thinking without her really thinking it.

ALFRED: Yes, yes.

KERNBERG: And that she had not said this to you before. But what did she say, how did she explain that she wanted to see a professional with you? That she didn't want to have a baby unless you went to the emergency center?

ALFRED: Because I was very happy with her being pregnant. She was very—at first, she was happy, but then after that she was really unhappy about it. She kept thinking about it, I can do it, we can do it, that in a way she panicked. And she thought we needed help. And to, to, reassure her, I—and, of course, she said, I don't know what to do and perhaps I'm so afraid of having a baby, to have a baby within our relationship. I said all right, OK, then we go for help. Let's do it, let's try it.

KERNBERG: Why did she say that the two of you had a problem if only she had panic or fear? So she did not say that you had a problem, she said she had a problem.

ALFRED: Yeah.

KERNBERG: And she never complained about anything about you?

ALFRED: No. No, that's right. And afterwards, I heard a lot of things, but she never told me in the face she felt threatened by me. There was another therapist after she had left, another therapist, when I found the note. At the same time, there was an invitation of the emergency center that I should come. They would explain to me why she had left. And the other therapist told me more. They told me that she was very scared of me. She was afraid that I would, I would harm her. And for me, at that time, it was devastating, because I didn't know what to do. And I was very angry then, because the therapists were very friendly, in my face they were very nice. But behind my back, they had other conversations with each other, with the team. They had telephone calls with my girlfriend without me knowing it.

KERNBERG: So she never expressed any criticism, any complaint, nothing?

ALFRED: No.

KERNBERG: Ever?

ALFRED: No.

KERNBERG: And the first thing that you knew that she was unhappy with you was because was anxious of having the baby? And she told you to go to go and see a therapist together with her?

ALFRED: Yes.

KERNBERG: But she said, because the two of you together had a problem, or not? Did she say that or not?

ALFRED: She said she was afraid that we were so close to each other that she couldn't imagine there could be room, space for the baby, for the child.

KERNBERG: I don't quite understand that. Did you understand that? When she said there wouldn't be room for the baby?

ALFRED: It wasn't, but it wasn't my problem. Because I thought that, of course, there's room.

KERNBERG: But why—did you understand what she meant by saying there wouldn't be room for the baby?

COMMENTARY: *I wanted to know what did he understand she meant when she said there was not enough room, space for the baby. Because I thought it was a vague comment that might hide her sense that his behavior was so controlling, so oppressive that she couldn't tolerate it anymore.*

ALFRED: Because I know she's very insecure. She had her doubts about almost everything. And perhaps I thought—and she had in her head somewhere the idea of getting help, because she had, years ago, she went to, she went in counseling, too, and that was very good for her. So she had that experience. And I said, “OK, if you want it, if it's good for you, then it will be good for all of us.”

KERNBERG: So you thought she had problems and, therefore, she wanted the two of you to go to the emergency, in a sense. She had never said that there was anything about you she was unhappy about?

ALFRED: No, No.

KERNBERG: She never said that.

ALFRED: She never said that.

KERNBERG: But then while she was there, she said a lot of things that were critical of you. Is that a fair statement? What else did she say? Did she say that you were telling her what she was thinking without her thinking it. And is that true? Did that actually happen? When she said this to you, did you think that she was right in that?

ALFRED: No, I didn't, I didn't think she was right in it, and it wasn't her telling me directly. It was the therapist explaining her words to me, saying to me, I think Saskia is saying this to you. And it wasn't her telling me directly. It was all—sometimes I was confused about what is the therapist saying, and what is my girlfriend saying.

Because sometimes I thought that what they accused me of, they were doing themselves, putting words in her mouth. And so I—

KERNBERG: So did you have a sense that it were really the therapists who were trying to set her up against you to convince her to leave you? That they were creating artificially problems by convincing her that you had problems.

ALFRED: Yes. because I'm sure that Saskia wouldn't have done it on her own.

KERNBERG: So then, you're really seeing that you didn't have any problem in the relationship with her. She was very insecure that in that emergency center, they convinced her that it was all your fault, and she left you. Is that a fair way of putting it?

ALFRED: Afterwards, when I think about it, I must have done something wrong. I must have, something. There were things that I hadn't noticed within the relationship.

KERNBERG: Why are you saying that?

COMMENTARY: *I was tasting his sense of reality. Was he really thinking that there was a conspiracy against him by the therapists who saw her? And that there was no problem that she saw about him before they convinced her that something was wrong with him. Did he really believe that, or did he leave open the possibility that there was some problem that he also had? It's a crucial question regarding reality testing.*

ALFRED: Because afterwards, not at the time, I was really angry, and I didn't understand it at all. And now, I don't understand it. I don't understand it completely, but when I think about it, some of the same things happened in an earlier relationship. So I think, it's two different girls, and almost the same things. So it must have to do something with me.

KERNBERG: What happened in the earlier relationship?

ALFRED: There were more open problems. It was, in the earlier relationship, there were more fights, verbal fights. But I still don't understand why she chose, not investing more in the relationship, but leaving me.

KERNBERG: She is the Italian girlfriend?

ALFRED: Yes.

KERNBERG: Not Saskia.

ALFRED: Not Saskia, yes.

KERNBERG: And she left you without telling you what the problem

was?

ALFRED: Yes.

KERNBERG: Same as Saskia?

ALFRED: Yeah.

KERNBERG: And the same thing happened with the first girlfriend that you mentioned?

ALFRED: Yeah, she didn't leave. My first girlfriend didn't leave me from one day to another. It was a long time that we didn't live together, but we talked to each other.

KERNBERG: Now, you told me that the therapists really tried to set her up against you? Is that correct?

ALFRED: It was my feeling of it.

KERNBERG: And you're talking about plural. Were there more than one?

ALFRED: There was a man and a woman.

KERNBERG: There was a man, and they saw you together?

ALFRED: They saw us together, and afterwards they wanted to see us apart. But we had only, together we had only three sessions. And between the three sessions, there was one secret session with Saskia.

KERNBERG: Where both therapists met with Saskia alone?

ALFRED: That one time.

KERNBERG: And did they meet with alone also?

ALFRED: Afterwards they did. Because in the one session where we were apart, and the therapist told me that Saskia asked for the session. But I'm not sure about it. I'm not sure about it if Saskia asked for this session, because I—

KERNBERG: Originally they were only going to see you jointly?

ALFRED: Yes, but then, was one of my conditions, because I didn't want to be separated.

KERNBERG: You mean you didn't want for her to have sessions at

which you were not present?

ALFRED: Yes.

KERNBERG: Why not?

ALFRED: Because I was hoping that she would be, that she could be herself together with me.

KERNBERG: Well, but why wouldn't she be able to have the separate session by herself? Maybe there were things that she had difficulty saying in a joint session. And the private session could give her a chance to say things that she would have difficulty saying otherwise.

ALFRED: Yes.

KERNBERG: Is that a fair statement?

ALFRED: Yes.

KERNBERG: So why would you oppose that?

ALFRED: Because at that time I had the feeling that the session was going in the wrong direction. It was, for me, it was important to have constructive sessions to look at how can we make our relationship stronger? And I had the feeling that the therapists were trying to loosen it.

KERNBERG: So the therapists had their own agenda. They wanted to separate you?

ALFRED: They had their ideas.

KERNBERG: Why did they want to separate you?

ALFRED: Because they went along with Saskia's fears of us being too close.

KERNBERG: You said that they met with her secret implying that this was really, they were doing things to keep them from you.

ALFRED: Yes.

KERNBERG: It's almost like a conspiracy against you on the part of the therapists.

ALFRED: Yes.

KERNBERG: Right?

ALFRED: Yes.

KERNBERG: Are you saying that the therapists were really biased against you? And it was that bias of the therapist that then influenced Saskia and ended the relationship?

ALFRED: At least the woman was biased against me. I'm sure. She tried to hide it.

KERNBERG: And what makes you think that she was biased against you?

ALFRED: I think it was the way she asked me questions, or tried to let me, to show me what I was doing in her eyes. That I was, perhaps, being too possessive about Saskia. So it's not like, because Saskia was very, and still is, very precious to me. And a lot of people didn't understand it, because I was really hoping it would work out, this relationship. I was really hoping that this—I was regarding it as the relationship of my life. This is the woman I want to spend my life with. I want to bring up children, I want to give my life for her. And I don't understand why it went wrong this way.

KERNBERG: Now, how do you understand that Saskia should so easily be moved by one meeting with that woman biased against you to leave you? I mean, you'd been living together for four years. It was enough to have one session alone with that woman, and she decided to leave you.

COMMENTARY: *I decided to explore the reality testing in a tactful, but consistent way. Did he really believe that in the course of a brief interview, she was turned around against him? When previously she had nothing against him? And that he had no problem with her that made her feel unhappy and afraid of him? If he realized that she was reacting to problems in the relation with him caused by his behavior toward her, this would indicate good reality testing and would go against the diagnosis of paranoid psychosis.*

KERNBERG: Isn't that strange?

ALFRED: I'm afraid it had to do with a little incident, a little

accident—To be honest, we had a little fight. And accidentally, she broke her finger. And I think that was the reason why the other woman, the other therapist convinced her to leave me, because that I would physically hurt her.

KERNBERG: How did she break her finger?

ALFRED: I don't remember exactly, because it was not, and I tried to explain it. And I apologized for it, because it was never my intention to break her finger. It was not—but at the time, I was very scared, because she was having secret thoughts she wasn't sharing with me. I knew it. I felt that she was hiding something. And it made me, at the time, it made me very angry. And I wanted to, perhaps I wanted to force her to tell me the truth.

COMMENTARY: I wanted to confront him with the fact that on the basis that what he was telling me, he had been angry with her, attacked her, and in the context of that attack, broke her finger. I wanted to confront him with that, not in an accusatory way, being called indignant about it, but as a matter of fact that I was trying to clarify.

KERNBERG: So did you attack her physically?

ALFRED: I didn't realize that my, that I held her so strongly.

KERNBERG: And so you contributed to her breaking her finger? How did you do that?

ALFRED: Because she wanted to run away, and I held to her finger. And then she made a turn and—and I was very sorry for it, because it was not my intention to hurt her.

KERNBERG: So in fact, you broke her finger. Is that a fair statement?

ALFRED: Yes.

KERNBERG: And has this been—you said there was one accident, referring to the situation. Had there been other situations like this before? Have you been at moments where you were very angry, tempted, or involved in hitting her, or attacking her physically?

ALFRED: Not really. Not like this incident.

KERNBERG: But have you been hitting her? Had you been hitting her

before that?

ALFRED: Maybe once or twice, slapping her face or something, but not very often.

KERNBERG: How often? Once a day, once a week, once a month?

ALFRED: No, no, no.

KERNBERG: Roughly.

ALFRED: I think about three or four times within the four years.

KERNBERG: And has this been a problem, also, in your earlier relationship with other women that you mentioned, that you would hit them when you were very angry?

ALFRED: Well, sometimes it's hard for me to, when I'm angry, and sometimes it's hard for me to control myself. I know that that's a problem.

KERNBERG: Has it affected other relationships as well? Have you gotten angry, have you gotten violent in other circumstances?

ALFRED: Well, perhaps, not in my earlier relationship. I never hit my girlfriend, but sometimes I yelled.

KERNBERG: So is that a problem that you have that when you get very angry, you lose control of yourself, you yell, or slap them, or hit them?

ALFRED: Yes, that sometimes happened.

KERNBERG: And have you ever hurt them very badly, so they had to go and get medical help?

ALFRED: No, only that time with the broken finger.

KERNBERG: That was the only.

ALFRED: Yeah.

KERNBERG: Now, still you're saying that Saskia never complained to you earlier.

ALFRED: No.

KERNBERG: But could it be that she was upset about your hitting her or afraid of your getting violent? Or not really?

ALFRED: Perhaps, but it was just one little moment in our relationship. And I don't understand why she didn't see the other part of it. Me loving her without any conditions.

KERNBERG: Well, that's a good question. Why didn't she? Can you describe her to me as a person? Her personality, so that I get a live picture of her.

COMMENTARY: *The patient had given me honest information. I had learned that he obviously has a serious personality problem being suspicious, overly controlling, suffers from rage attack if Saskia doesn't do what he wants. And has a general paranoid attitude toward her. He's not psychotic. I feel I can now move on to evaluate identity by evaluating his assessment of her personality, and his assessment of his own personality. The capacity of an assessment in depth of the personality of self and others indicates normal identity, non-severe personality disorder. While the absence of identity integration, in other words, the absence of the capacity of a realistic assessment of self and others, indicates identity diffusion, severe personality disorder.*

ALFRED: She was very, she was—and she still is—because I'm still hoping that one day we could become—As I said, she's a very insecure person. She smiles a lot. She has dark brown eyes, and long dark brown hair. And she, she's always beautifully dressed, and she—For me, it was, for me, she was perfect. She was really perfect. The way she was.

KERNBERG: I asked you to describe her as a person? What makes her a unique person. What makes her different from everybody else? Do you have a sense that you have given me information about that? That what you've told me gives me a chance to see what's different about her?

ALFRED: No, no. Perhaps not. She's very kind. She's very understanding. She's—

KERNBERG: And hard to understand then that after that one conversation with a therapist who was biased against you, she should, she should leave you. Have you tried to explain that to yourself?

ALFRED: Apparently, she was thinking that I didn't give her space

enough to be herself. That's what I understand.

COMMENTARY: *Obviously, he cannot give any description in depth of her personality, and is unable to assess her in depth. This is part of the syndrome of identity diffusion that consists in the incapacity to assess realistically the self and the personality of significant others. Identity diffusion indicates severity of personality disorders whatever the type of personality disorder involved. Identity diffusion, in this case, means he has difficulty in assessing other people in depth, in assessing himself in depth, and being able, therefore, to assess realistically in depth situations in which his suspiciousness and anger take over.*

KERNBERG: I'd like to shift. You told me when you get angry, you lose your patience, and you can get physically violent, although, very occasionally. Is that a fair statement?

ALFRED: Yes.

KERNBERG: Has it affected you in other aspects of your life? In your work, in your social relationships?

ALFRED: Sometimes people tell me that they think that I'm very tense. And they try to be very cautious with me. But I don't understand it, because I didn't feel tense. I didn't feel tension.

KERNBERG: What is your work?

ALFRED: I work most of time, I work at night. I'm a night receptionist in a hotel. It's work I like very much. I do it for many years already, and it gives me a chance to be—I like the nights. I like to be, to have work that I can be my own boss.

KERNBERG: Why is that? Have you worked during the day? And has it been difficult not to be your own boss?

ALFRED: No, I don't—it's never, that's not really a problem, but I don't like to be, people telling me to do this or do that. I don't like it very much.

KERNBERG: Who is your boss in your job at the hotel?

ALFRED: It's the manager of the hotel is my boss, but during the night, he isn't always present.

KERNBERG: So you are alone.

ALFRED: Yeah, most of the time. And I have to talk to customers, but there's all this—I liked it.

KERNBERG: How long have you had that job?

ALFRED: I've had that job for already six and a half years. This job. And before that, I worked in several hotels in Europe, in Brussels, and in Basel, Switzerland. And I also worked as a waiter during the day. But in summer seasons, in the summer season and the winter season, I did some other jobs.

KERNBERG: So you've been about six years, or over six years in this job?

ALFRED: Yes.

KERNBERG: Are they satisfied with you in the job?

ALFRED: Yes, yes.

KERNBERG: Has there been any criticism of you in the job, or not really?

ALFRED: No, not really.

KERNBERG: They're perfectly satisfied?

ALFRED: Yes, I'm very satisfied.

KERNBERG: You're satisfied, and they're satisfied with you?

ALFRED: Yes. The last few months, because I'm working now again, but after all this happened five months ago, I wasn't able to work for two months.

KERNBERG: Why not?

ALFRED: I couldn't concentrate. I was always thinking about where Saskia is, what they were doing to her.

KERNBERG: What they were doing to her?

ALFRED: Yes, because I, because before that we were together, almost every day we were together. And afterwards, I was always thinking about what is she doing now, what is she thinking now, and I tried to

imagine what she was doing. And I was—I was very occupied with what she was doing. And I tried to find her, and I tried to contact people, and I tried to locate her.

KERNBERG: So obviously, she didn't want to see you.

ALFRED: No.

KERNBERG: Is that correct?

ALFRED: That's correct, yes.

KERNBERG: And did that affect your feelings in any way, change them?

ALFRED: Yeah, in one way, I'm still—there's a little hope that in her heart, deep in her heart, she would like to see me. And she's surrounded with people who try to stop her from that. But I'm not sure if that's correct.

KERNBERG: Surrounded by people who try to stop her? What people?

ALFRED: People who would tell her, don't go back to him, because he will hit you again. He doesn't really love you.

KERNBERG: So are there other people who know the two of you, and are trying to separate her from you?

ALFRED: No.

KERNBERG: So these are people what, who don't know you?

ALFRED: No. Because they, they told me Saskia went to a place for women who were physically abused.

KERNBERG: So because you broke her finger on this occasion, she is now considered a person that's been physically abused, and is in a place where, therefore, everybody would help to stir up against you.

ALFRED: Yeah, and I'm afraid, because I didn't physically abuse her all the time, because I think, they are just a finger, the accident, they use the accident as an excuse to keep her apart.

KERNBERG: Now, are there people who know the two of you? Have you had friends? Do you have friends? Do you have a good social life?

ALFRED: We didn't have many friends.

KERNBERG: Why not?

ALFRED: My idea of a relationship is that you first have to try what you can do together before you try to find it anywhere else.

KERNBERG: Meaning that you were trying to avoid to meet other people, you wanted to be with her alone?

ALFRED: Yes.

KERNBERG: And she also wanted to be alone, or she would have liked to be with people.

ALFRED: No, no, she didn't. She didn't have much friends here. And I—we could spend days in the house and be very happy.

KERNBERG: Do you have friends, in general, or not really?

ALFRED: I don't have friends in the sense of people who I can trust all the time. I have colleagues. I have, my sister is very close to me. I'm very close to my sister. When I had that period five months ago, she invited me to stay with her family, and that was very nice for me to be in a family. It was very nice.

KERNBERG: Now, I'd like to ask you a little about yourself as a person. Could you describe to me what you are, what makes you unique, different from everybody else? A description of yourself that would give me a live picture of you as a unique person?

ALFRED: Perhaps I don't understand the question quite.

KERNBERG: Well, I'd like to get a feeling about your personality. What makes you, as a person, different from everybody else to get more of a general picture of how you see yourself. Do you understand that?

ALFRED: Yes. Yes. I think the first thing I think about is when I'm in a relationship. But the relationship I was in with Saskia, I can be very, I can be a very loving person, and I'm prepared to give a lot to the person that I love. Perhaps, I don't know if that makes me unique.

KERNBERG: Do you think this gives me a good view you as a person? What makes you different from everybody else? Or what is particular

about you?

ALFRED: I tried to think of something, but perhaps I don't quite understand you, what you are aiming at.

KERNBERG: Well, you're describing yourself as a very loving person.

ALFRED: Yes.

KERNBERG: Very committed, very loving. At the same time you've told me that three women have left you, because they were afraid of you. Is that a fair statement?

ALFRED: They are afraid of me, perhaps, afraid of me loving them so much.

KERNBERG: But afraid of you, and you mentioned that when you get angry, you can become physically violent. You broke Saskia's finger. So how do you put together your making people afraid, you're becoming angry, and hitting them? And at the same time, describing yourself exclusively as a very loving person.

***COMMENTARY:** After asking the patient more about his life, aspects of it other than his relationship with Saskia, implying work, social relations, I turned back again to the question of identity. Evaluating to what extent he has an integrated view of himself, or not. I confront the patient with the contradictions between his suspicious, angry, and withdrawn attitude on the one hand, and his describing himself as a very loving person on the other to assess the extent to which he's able to reconcile, or integrate these contradictory aspects of his personality. Or to what extent he's completely unable to do that, which would indicate, again, lack of integration of the self-concept part of the general syndrome of identity diffusion.*

ALFRED: Or, maybe it's true. I'm also, I can also be very frustrated when people don't accept it. Don't accept my love, or are afraid with the way I—Perhaps I'm not so much a loving person. Apparently, I'm not, because I wouldn't be alone now.

KERNBERG: So perhaps there are things about yourself that you may not be aware of.

ALFRED: I'm sure, I'm sure there are. It must be, because people tell me all the time that there are things that I don't see.

KERNBERG: What do they tell you you don't see?

ALFRED: For instance, my sister tells me why don't you see people? Why don't you go out? Why don't you meet people?

KERNBERG: So they tell you're rather alone, solitary.

ALFRED: Yes.

KERNBERG: Well, you yourself had described that you prefer to work at night in order not to have anybody else there.

ALFRED: Yeah.

KERNBERG: And so nobody is bothering you. So could it be that you are usually sensitive, fearful, suspicious of people and, therefore, are trying to stay away from them?

ALFRED: Perhaps I'm too sensitive. It's quite possible. Because when there are a lot of people together, I don't like those situations.

***COMMENTARY:** Having confirmed the presence of identity diffusion, that is to say, lack of integration of the concept of self, and lack of integration of the concept of significant others, I now return to the question of the severity of the paranoid attitude that dominates this case. Is this a severe paranoid personality disorder, or could it be a paranoid psychosis after all? To assess this, I evaluate, again, reality testing.*

KERNBERG: Now, this brings to my mind your reaction about this woman therapist who you said was biased against you. Why would she be biased against you?

ALFRED: That it was the first feeling I had when I met her, because, and she hadn't done anything. But the way she looked at me, I thought—the way she looked at me, without words, she was already criticizing me. That was just a feeling.

KERNBERG: You felt the same about the other therapist or not?

ALFRED: I trusted him more.

KERNBERG: But then, at the end, it sounds as if both therapists were together.

ALFRED: Yes.

KERNBERG: So he wasn't really to be trusted either. Is that a fair statement?

ALFRED: That's a fair statement, yes.

KERNBERG: Now, in the middle of this, Saskia appears as the innocent victim of the bias against you of both therapists at the end. And could it be that if you're trying to see the therapists as the bad guys who separated her from you, because it's hard for you to accept that perhaps Saskia was much more resentful of you than you were aware of.

And then, perhaps, Saskia had been quite resentful for quite some period of time, because you were telling her what she was thinking. Perhaps influencing her, and reducing her own social life. You mentioned to me that she said she didn't have enough space, or was afraid there might be not enough space. So could it be that Saskia was quite resentful because of your controlling attitude? And that she really wanted to leave you. And that you couldn't tolerate that and therefore, saw her as the, kind of, victim of the conspiracy of these two therapists.

***COMMENTARY:** I tried to test reality testing by interpreting the patient's denial of the fact that Saskia wanted to leave him. That he couldn't tolerate replacing her desire by a conspiracy of the therapists. If he were able to accept my interpretation realistically, it would indicate that reality testing is maintained. If he could not tolerate it and regressed further into an inappropriate reaction to my comment, this may indicate loss of reality testing, and the presence of the paranoid psychosis.*

ALFRED: Perhaps it could be possible. But I'm still thinking and hoping. I can't understand why she would do that to me after four years.

KERNBERG: You can?

ALFRED: You only do that to a person that you hate. I think. I can't imagine that Saskia hated me. I don't believe that.

KERNBERG: Well, she could have loved you on the one hand, but then become increasingly angry, resentful, and frightened.

ALFRED: Well, what bothers me is that now, as it is, I don't have a chance to make it up. To make a, to make a new start with her. That she didn't give me the chance to show that I could change, perhaps.

KERNBERG: I have a sense that you really had difficulty listening to what I was saying, mainly, that it may have been Saskia who was fed up with you and wanted to leave. And not acting under the bias of those two therapists. And that you're trying to preserve the image of her as only loving you, rather than seeing her also very angry, and disappointed, and frightened, and seeing her as the victim of these two bad guys who hated you.

ALFRED: I understand what you are saying.

KERNBERG: But how are you reacting to it?

ALFRED: It's hard for me to see that as a possibility, as a real possibility.

KERNBERG: And in this connection, could it be that perhaps you're afraid that I, in saying what I'm saying, am really taking the side of those two therapists. And that, again, you are in the presence of a therapist who might be biased against you?

ALFRED: Because when you are saying that, I have the feeling you are accusing me. I did it all wrong. It was all my fault, and it was very right of Saskia for leaving me.

KERNBERG: So you're saying that, really, I've reached the conclusion that you treated her badly, and that she should have left you.

ALFRED: That's what I hear.

KERNBERG: Is that what I've said?

ALFRED: Perhaps it's not what you said.

KERNBERG: But what you think I'm thinking, even if I haven't said it? So could it be that I have really not been truthful with you? That what I've been saying is that Saskia might have reached the conclusion that she loved you, but she also was afraid of you, and that she wanted to leave you, whatever the reason. That this is what I've been saying. But what I'm thinking here is that she should have left you, because you were not an individual who was worthwhile to stay with, and

that's what I'm thinking. Is that what you believe?

ALFRED: That's how I felt, yes, that's what I thought, too, what I allude.

KERNBERG: So I would be biased against you also, really. Right?

ALFRED: Because, I think, because you made an issue about me having broken her finger, and being abusive. And I think it's all also, it's only a very small part of the entire relationship.

KERNBERG: So again, you feel that I am disqualifying you as being abusive? As not being worth of having Saskia.

ALFRED: Perhaps you're not saying that, but I know what other people are thinking.

KERNBERG: Yeah, but then could it be that you believe that I think that also?

ALFRED: Yes. Are you thinking? Are you thinking that?

KERNBERG: Well, I'm raising the question with you whether you're convinced that I'm thinking that? Because it's obviously not what I've said.

ALFRED: No.

KERNBERG: So the question is, can you trust that I'm honest with you?

ALFRED: I'd like to trust you.

KERNBERG: Well, one thing is your liking to trust me. The other is whether you really can? You don't know me.

ALFRED: No.

KERNBERG: So it might be that I am also biased against you. That all therapists are together against you, so to speak. That as soon as you talk about this, automatically there is an alliance of therapists on the side of abused women as they see it. And you're put in a bad spot.

COMMENTARY: *I'm evaluating reality testing again. This time in the transference that is the relationship with me, which would be the emotionally most difficult aspect of his problem to tolerate. I suggest that*

I might be biased against him, and part of a conspiracy of therapists, thus, playing the devil's advocate. Testing whether he's able to assess that, realistically or not.

ALFRED: Yes. Because now I was thinking about you in the beginning of this session, and you were talking to a team afterwards.

KERNBERG: That's right.

ALFRED: And now I'm wondering what you are going to say to the people of the team.

KERNBERG: Yes, exactly.

ALFRED: But before that, I trusted you.

KERNBERG: Before what?

ALFRED: During the last half hour. I had the feeling I could trust you.

KERNBERG: And what changed your mind?

ALFRED: Because of them, I started to worry.

KERNBERG: I wonder what changed your mind. Was my pointing out to you that you had put Saskia as the innocent victim of those therapists who were biased against you. And I raised the question whether really she had reached the conclusion that she wanted to leave you, and that you were missing that.

ALFRED: Yes.

KERNBERG: And at that point you became very suspicious of me.

ALFRED: Yes.

KERNBERG: So you are really in a dilemma at this point, if you think of it, because there are two possibilities here.

ALFRED: Yes.

KERNBERG: One, that all of this is a terrible mistake, that really it's not your problem that she left, but it's the problem of the therapists who were kind of stirring her up against you. And that the problem is really, if you want to, the two therapists and Saskia who lets herself be dominated by them. And it's not you who should be here but she.

The other possibility is that you have a problem in being controlling, suspicious, occasionally violent, frightening the women with who you live without being aware of it. And then suddenly faced with their leaving you, because their aspects, this violence in you that you cannot accept and cannot tolerate, and that that's what you would need help with. And if that were so, that here you act suspiciously with me, seeing in me the hostility that you're trying to get away from, in yourself.

So that's one possibility, and the other is that, yes, there's a conspiracy of the therapists and me, and you're the victim. And it's not your problem at all, it's Saskia's problem for having left you. I can see these two alternatives. Do you understand what I said?

ALFRED: Yes.

KERNBERG: Because I'm aware that it's kind of complicated, and if you didn't understand what I said, please feel free to ask me.

ALFRED: Yes. I understand what you are saying. Try to realize that if Saskia had—if she had left me on her own, for her own reasons, it makes me feel very—and I see that as a possibility, then I feel very strange. When I try to look at it that way, the next moment I can't think anymore.

KERNBERG: So it's upsetting. It's disturbing, I can see that. And from that viewpoint, it's more reassuring to see me as biased against you, because then the world is in order.

COMMENTARY: *I return, again, to the relationship with me, and to his struggle around the dilemma whether I'm part of the conspiracy against him, or whether he can trust that I'm objectively trying to help him on his side, rather than against him. This reflects an implicit interpretation geared to reinforce his wishes to be treated, and to become aware of the problematic nature of his distrust. Thus, reinforcing his willingness to come to treatment, while indicating, at the same time, how his paranoid attitude may militate against his capacity to accept treatment.*

KERNBERG: So you have a dilemma then, right? Now we have to stop shortly. There are two possibilities here, really. One, that you are right in being suspicious of me, and that I'm biased of you, biased toward

you, and that it's a mistake having come here, and it's all Saskia's problem.

That's one possibility, and the other is that I may have been honest in telling you what I think without being in alliance with those therapists. And without being critical of you, without thinking that you shouldn't have stayed with Saskia. And just trying to point out to you that there may be something in you that has caused and contributed to this situation that you are afraid of looking at. And that would require further exploration of treatment. You'll have to think about these alternatives. They have different consequences.

ALFRED: Yes.

KERNBERG: Well, before we stop, is there anything else that you would like to ask me? Or you would like to tell me that you haven't had a chance to tell me? Or you think that I should have asked you and haven't asked you?

ALFRED: You told me to think about the two options, two dilemmas.

KERNBERG: Yes.

ALFRED: What would you advise me? Could you give me an advice? What choice to make?

KERNBERG: I think that's implicit in what I said, there's an advice. If you think about it, I think you'll be able to read that. What you think is implicit in what I'm saying?

ALFRED: Yes.

KERNBERG: Yes what?

ALFRED: That you are giving me advice.

KERNBERG: What do you see as my advice?

ALFRED: To take the time, and to think about it. And don't force myself into anything.

KERNBERG: There's one more thing I'd like to take up before we stop. I wonder what impression you think I have of you at this moment?

ALFRED: I don't think any—I don't feel suspicious of you. I don't

think you are—What impression do you have of me? Perhaps that you are—I don't know what you're—I don't know if it's an answer. What I thought is that you, you think that there's a chance for me. That I have a chance. I don't know how to say it.

KERNBERG: Well, what you're saying, it fits with what I'm thinking. I'll tell you what my thoughts are. I have a clear sense that you are very suspicious of these previous therapists, suspicious of me. At the same time, I can also see in you an authentic interest in hearing what I have to say, and not to dismiss it.

And after all, you were willing to come here, in spite of what you see as your bad experiences with the previous therapists. And so I see a certain contradiction between one part of you, very suspicious, and perhaps leaving here seeing me as being critical of you. And another part of you, you might be able to see that, as you said, I'm trying to be of help and think that there exists such a possibility.

So you are left with these things to think about. Let's stop here, OK?

SESSION 2

KERNBERG: I've been thinking further about the last part of our meeting. And I had a sense you were oscillating between suspicion that I was critical of you in taking the side of the other therapists. And another part of you, which was considering the possibility that I might not be critical of you, and that what I was saying that perhaps you were denying the angry and resentful feeling that Saskia herself was having.

So there was an oscillation in you. And at one point you said that you didn't distrust me anymore, and I wasn't sure whether that really was so, or not. So I saw contradictory attitudes in your relating to me. Do you understand what I'm saying?

ALFRED: Yes.

COMMENTARY: *I started this session by repeating my interpretation at the end of the last session. I had confronted the patient with the contradictory attitudes towards me. On the one hand, suspecting me of being part of the conspiracy against him. And on the other, aware that I was trying to help him deal with his difficulties. I reiterated this alternative in my comment to strengthen the realistic part of his*

assessment of the situation, while also evaluating the extent to which he might still be under the control of the paranoid distortion and the transference. The ultimate task was an effort to reinforce a willingness to enter treatment.

COMMENTARY: *Well, what's your reaction to this? What I'm saying?*

ALFRED: Whether I trust you, or not?

KERNBERG: Yes. There are moments when you were saying that you trusted me now, and I wasn't convinced of that. Whether you were saying that to be nice to me, or whether you really meant it. And there were other moments when you were talking about deep distrust, and when you didn't look so distrustful. So I found something confusing there. Are you surprised by what I'm saying?

ALFRED: Not entirely. But I realized that I, for a moment that I think I can trust you. But at the same time, I'm starting to think and have thoughts like, how long will that last?

KERNBERG: How long will what last?

ALFRED: That you can be trusted. Because sometimes I don't, I don't—I'm not always aware of whom I can trust, and whom I'm not—not. Sometimes I think people like me, and afterwards, I hear that people were scared of me. So I'm not sure. Like sometimes, I know when you explain something to me, I try to listen. Sometimes you said that, about it, you said something about Saskia leaving me on her own. Even the thought of it makes me, makes me angry.

KERNBERG: Makes you angry?

ALFRED: Yeah.

KERNBERG: Angry about what?

ALFRED: About betrayal. I see it as a betrayal.

KERNBERG: A betrayal on her part?

ALFRED: Yeah.

KERNBERG: So you are in a dilemma. If you trust me, in other words, you consider that my suggestion that she may have wanted to leave you corresponds to the truth, then you feel betrayed by her.

ALFRED: Yes.

KERNBERG: If on the other hand, it does not correspond to the truth, you're betrayed by me in that I'm suggesting something that doesn't correspond to the facts, and in which I'm simply part of the conspiracy with the other two therapists. So it's either she betraying you, or me betraying you.

ALFRED: Yes.

COMMENTARY: At this point, I was deepening my interpretation in suggesting more difficult aspects of his dilemma, namely, the alternative that either Saskia really had wanted to leave him, thus, betraying him. Or else, that the therapists had convinced her to leave him. And in my agreeing with the therapists, my becoming a co-conspirator and betraying him. Either Saskia had betrayed him as he saw it, or I was betraying him by being on the side of the therapists.

KERNBERG: What do you make of that? That you can't escape from betrayal here.

ALFRED: Now I can't think clearly anymore.

KERNBERG: So what are you thinking?

ALFRED: Maybe, I thought, maybe it's not a good idea me being here.

KERNBERG: And why that?

ALFRED: I don't see where it will bring me. I don't—perhaps it's all a mistake. This is my life, and there's no escape. That's what I'm thinking. OK, it's my choice to live, or not to live. Perhaps that's the option. That's the two options.

KERNBERG: So are you saying that one option is to jump out of life, and that it would be tempting to take your life?

COMMENTARY: Confronted with the alternative of either being betrayed by Saskia, or by me, the patient expresses the wish to get out of life, a surprising development in terms of an implicit recognition that his paranoid attitude interferes with the possibility of living. And I try to clarify this issue. In the process, I'm also assessing the risk for suicidality.

ALFRED: Yeah, sometimes I think about that. If this doesn't work—

KERNBERG: If what doesn't work?

ALFRED: I was, I would like to give myself another chance. But if it doesn't work, then I don't see any solutions.

KERNBERG: What is another chance? What's another chance mean?

ALFRED: To get my life in order. Arranged.

KERNBERG: And how would you do that?

ALFRED: Trying to understand more about what I am doing, about how my reactions are, and how other people react on me.

KERNBERG: That sounds like, meaning treatment, psychotherapy, to get to understand yourself better. Or did I not understand what you were trying to say?

COMMENTARY: *The patient shows some indication of a wish to learn more about how people react to him, and I make use of the opportunity to support an alternative way out of his dilemma. Namely, to enter a psychotherapeutic treatment.*

ALFRED: Yeah, perhaps. Perhaps yes, but at the same time, at the same time I see—I don't see how a treatment would make a difference to how it is at the moment.

KERNBERG: Yes, I can see that. After all, you have no experience with treatment, so why should you see how it could help you? At the same time, thinking about suicide came at the moment when I pointed out to the implication of your thinking, namely, that you're surrounded by betrayal. And you were ready to consider suicide at that point.

And could it be that this is one of the problems that you are avoiding to face, that there's an ongoing fear in you of betrayal. And that this is one of the problems that you have and that you're trying to escape. And that could explain why you want to stay away from other people, why you have to work at night only, so there's nobody around. Why you can't accept that Saskia could have both loving and hateful feelings toward you. And to why you are threatened here all the time, but the thought that I might hide from you critical attitudes and betrayal from me.

COMMENTARY: *I raised the question with the patient to what extent this reflected his core problem—the fear of attack and betrayal by everybody. Or the time that drove him to the idea of suicide at one point, and might be expressed also of his fear of betrayal, or attack by me.*

KERNBERG: Now what are your thoughts?

ALFRED: I had a thought. I thought why are you angry?

KERNBERG: Am I?

ALFRED: You asked for my thoughts, and that's what I thought.

KERNBERG: I understand that, and I appreciate your saying what you thought. But what makes you think that I'm angry?

ALFRED: I don't know, you're the therapist. I don't know why I'm thinking things I'm thinking. I don't know why I'm living the way I'm living. I don't know what I'm doing. I seem to hurt a lot of people.

KERNBERG: But why would I be angry with you?

ALFRED: I don't know.

KERNBERG: Well, could it be that to my insisting in finding out what you are thinking was something that was making you feel angry? And that it was hard to tolerate that anger in you, and you attributed to me the anger that you couldn't tolerate in yourself?

ALFRED: It could be. It could be.

KERNBERG: Now are you saying that trying to just be nice to me, or is that something that you are really considering?

ALFRED: If you think that's a possibility, then I—

KERNBERG: See I really can't tell, whether what you're saying is kind of submitting to my view, or whether it is something that really make sense to you.

ALFRED: I understand. I understand what you are saying. But—

COMMENTARY: *I suggested to the patient that he was afraid that I might be angry at him because he may have become angry at my inquiry about what was going on inside of him. Not being able to tolerate his own anger, and to rather attributing to me that what he could not tolerate*

in himself, carrying out the process interpretation of the mechanism of projective identification. If the patient were able to understand, and to integrate what I said, he would become aware that I really was not angry at him. And that this was one more manifestation of his fear of everybody else. And it might reinforce his wishes to be treated. The last part of the interview indicates his response to this effort.

ALFRED: I don't see, I don't see how it works. But you are saying that perhaps I am angry. I feel a little bit angry, yes.

KERNBERG: Yes, and I'm saying that, because perhaps, it's difficult for you to tolerate being angry, you tend to attribute it to me. You see me as reacting the same way that you are really reacting. That's what I was trying to say.

ALFRED: But there was a moment when you were looking at me, and I thought that I could see in your eyes that you were angry. That I was doing everything wrong again. And you are blaming me, and accusing me.

KERNBERG: And how convinced are you of that?

ALFRED: I'm very convinced that I do everything wrong in my life.

KERNBERG: You shifted what you said. I asked you how convinced you were that—

ALFRED: You were angry.

KERNBERG: Yeah.

ALFRED: Well, maybe I was thinking it. Because I don't see a way out. I don't see how a treatment—perhaps one moment I think I can trust you, and maybe a treatment will help me. And the next moment I think, why, why? I don't know.

KERNBERG: OK, well, now we do have to stop. Good.

SESSION 3

KERNBERG: Well, I understand you called and asked for another appointment. I saw you about three weeks ago. And I remember that I left it open in the sense that you should think about the possibility of treatment, and if you wish to proceed with that we could discuss it

further. You said, your memory, also, does that correspond with that?
OK.

COMMENTARY: *I try to establish a continuity with the previous session, and was keeping in mind, there had been a very strong paranoid transference. And I hoped that reduction of this in the previous session might have been one motive of getting him back into treatment.*

ALFRED: So a week ago I made the appointment for this meeting. And in between, I had already thought, well, why? Why should I do it? Because I was very much doubting about it again. But I'm here.

KERNBERG: You told whom?

ALFRED: When I made the appointment.

KERNBERG: Yes, no, did you say that you discussed it with somebody else, or did I misunderstand?

ALFRED: No, no. it was just my own thoughts. And I talked about it with my sister again, and she told me things again. I didn't agree with her, and so there was a lot of things happened in the last weeks. So I was still, this morning I thought, why should I bother to go at all? But OK, when you make an appointment, you have to keep your part of the deal, I think.

KERNBERG: Well, this brings me back to the question in our last meeting. Why are you really here? I know that your sister suggested that you come, because she was pointing out to you that you had made a mess of your life. And so in a way, it's she who sees you as having problems that require psychological treatment, psychotherapy, and not you. And now you're telling me she again, reinforced the message. So you're here because, in a way, she's sending you, and you have mixed feelings about it.

ALFRED: No, she's not sending me, because I'm my own boss, and I do what I want.

COMMENTARY: *I was trying to assess how much he felt under the pressure from his sister to come back, and how much it was his own motivation to continue the consultation. My objective was to evaluate whether, indeed, there had been an increase in his personal motivation,*

or whether, once again, he was being pushed, being nice to do what his sister wanted without any internal change regarding his attitude toward treatment.

ALFRED: So it's not her telling me what to do. Because sometimes she thinks she is in that position to tell me things to do. Because she's, in a way, she was good for me when I had a lot of problems, and I could stay in her house with her family. But that doesn't mean that she has to, that she's superior to me, because that sometimes she thinks she is. Because her life is all so well arranged, and she has a family. She has a nice husband.

And sometimes she implies that, well, you should have that, too. You could have that, too, if you really tried. So that's what I don't like. But I'm here, because I choose to be here, not because she tells me to. She's not in a position to tell me anything.

KERNBERG: So what do you see as your problems at this point? In light of what you have thought, and that's what we've talked about, what do you see as issues that warrant psychotherapeutic treatment for you?

ALFRED: I thought that, I'm not sure, I'm not sure. Because I thought the last time we met, I thought you were the one who saw some possibilities in me, because I lose it. Because afterwards I don't remember quite well what you thought were the possibilities for me. So I'm here, but in a way, I can say it's my choice to be here, but what choice, what choice do I have? It's either go on with the mess that my life is, or I must, I must give myself another chance. I want to give myself another chance, so I don't have much choice. Yet, the last weeks I thought, well, I might as well kill myself immediately then I'm rid of all the problems. And then nobody will be worried about me anymore. And then, on the other hand, I thought, "OK, I give myself another chance, one other chance. And if it doesn't work, then I can always kill myself."

KERNBERG: So the chance is for what?

ALFRED: To have a life. To have a normal human life. That's not so much to ask, I think.

KERNBERG: And what is a normal human life?

ALFRED: Like the others who can be happy, who have families, who have relationships, who can be in a relationship, or perhaps, be alone. I cannot be alone. I cannot stand to be alone. I'm living alone in the apartment where I've been living for four years with Saskia. Every little detail in the apartment reminds me of her, and it makes me mad. Sometimes I don't know where to go. I feel like banging my head on the wall, because I feel—I cannot be alone.

But in the same times I know it's not good for me to be with people, because I visited my sister a few times, and then we had a fight, because I didn't behave normally enough for her, and for the children. She told me that I was drunk. I wasn't drunk. I had something. I drank something. I wasn't drunk, but she accused me of being drunk.

KERNBERG: Disturbing her family. Have you been drinking excessively?

ALFRED: Not excessive—It's difficult for me to sleep and when I—how am I supposed to sleep? I'm drinking something, yeah, I'm drinking something just to be a little bit relaxed.

COMMENTARY: *A new symptom was emerging here. I was concerned, both over his alcohol abuse, or even dependency which might complicate the treatment indication. And about it constituting a threat to the very life of this impulsively violent and even potentially suicidal patient. And in addition, it raised further issues for me regarding the motivation for treatment. What follows are my consistent efforts, therefore, to clarify nature and severity of the alcohol abuse in the context of his paranoid attitude to me.*

ALFRED: So it's not excessively.

KERNBERG: Drinking how much? What do you drink?

ALFRED: I'm telling you, I'm not drinking excessively. And my sister's asking me the same question, how much are you drinking? And accusing me of being an alcoholic, but I'm not an alcoholic, I'm telling you.

KERNBERG: But how much do you drink every evening? One glass,

one bottle, hard liquor, wine?

ALFRED: It depends, it depends what's there. Sometimes I'm going out, and to have a good time, I need some drink, because, or else I don't have a good time. I think I have the right to have a good time now and then.

KERNBERG: I just asked you how much you had to drink, and you're not giving me a complete answer.

ALFRED: No, it's not the same. I'm not keeping a count of what I'm drinking. I don't have a note where I—so I don't know really. Sometimes I start with a few beers, and when I'm going out, maybe a little bit more.

KERNBERG: And then you lose track of what you're drinking, or how much?

ALFRED: I don't understand your question.

KERNBERG: You implied that you don't know exactly how much you may be drinking on any particular evening. So therefore, I asked you whether after a few drinks you lose a clear sense of what you're drinking, or how much, and just go on.

ALFRED: No, that's not—no, I'm not losing track. I'm just, I'm not, a grocer. I'm not keeping—I don't count what I drink.

KERNBERG: So you don't know how much you drink?

ALFRED: No, not exactly. It's not so excessive as my sister thinks it is.

KERNBERG: But enough so that you don't know how much it is exactly?

ALFRED: You are saying the same things. You are doing the same thing. And three days ago I had to—we argued, my sister and I argued about the same issue, and you're doing the same things.

KERNBERG: What does that say about me and about your sister?

ALFRED: That when I don't say I don't drink too much, I don't drink excessively, apparently it's not enough when I say things. Apparently, I'm not someone that you can trust when you say something. When I say something, well, apparently people ask questions on and on to look

if it's true. If I'm not lying, or things like that.

COMMENTARY: *I ask him repeatedly how much he drinks, to which he responds vaguely. I insist. And he now says that he experiences me the same as his sister. I point out to him that he is reacting to me as he is toward his sister, shifting from asking about how much he drinks to his paranoid attitude, in order to show him how his attitude of suspiciousness occurs in general in all relationships.*

KERNBERG: So it shows that your sister and I both distrust you.

ALFRED: Yeah, it seems like that. Because when I say I don't drink too much, I'm not drunk, maybe I'm sometimes, at some occasions, but I'm not the only one. When I'm going out, and maybe there will be some occasions, then maybe I drink too much at some occasions. But it's not that I'm drinking too much all the time. That's not true. I'm not an alcoholic.

KERNBERG: What is the difference between your drinking and an alcoholic? How do you see that?

COMMENTARY: *Here, the therapist's attitude counts. It makes a difference whether this question is posed in an accusatory or provocative style. It's an honest evaluation, technically neutral, to elicit more information.*

ALFRED: I think an alcoholic needs to drink all the time.

KERNBERG: And you don't need to drink all the time?

ALFRED: I can choose when I want to drink. And I choose to drink, because I know it helps me to relax myself, and it helps me to relax myself to have a good time.

KERNBERG: And you only drink in the evenings?

ALFRED: Yeah.

KERNBERG: Not during the day?

ALFRED: Sometimes in the afternoon, but it's not a big issue.

KERNBERG: Have you been working this week?

ALFRED: Sometimes I've been working.

KERNBERG: What are you working in.

ALFRED: My work is still, I'm still a night porter, but I had some problems with my—

KERNBERG: What are you working in?

ALFRED: A night receptionist. So I'm not, sometimes I'm working for more than a week, in the night, and then I'm a week off.

KERNBERG: And you sleep during the day?

ALFRED: When I sleep, I sleep during the day, but sometimes it's not easy for me to sleep.

KERNBERG: And you drink in the evening?

ALFRED: When I don't work, I drink in the evening. When I work, after work—it looks a little bit strange to drink in the morning, but when you work at night, it's not so strange to drink in the morning.

KERNBERG: So when you work at night, you drink in the morning, but not before work? You're not—

ALFRED: No, not before.

KERNBERG: You don't drink during work?

ALFRED: No.

KERNBERG: You don't drink before work?

ALFRED: No.

KERNBERG: Always after work?

ALFRED: No. Well, not before work, or else I cannot be there.

KERNBERG: So you're not intoxicated while you're working?

ALFRED: No, of course not.

KERNBERG: Have you ever been intoxicated while working or never?

ALFRED: No.

KERNBERG: Never. OK. And this pattern of drinking—

ALFRED: It's not a pattern of drinking.

KERNBERG: This way of drinking.

ALFRED: No, but you keep going on and on about drinking, and it gets on my nerves.

COMMENTARY: Notice that he directly challenges me, and I take this to be a good sign that he dares to speak up to me, which indicates a decrease of his suspicious, fearful attitude.

ALFRED: I don't like this. That's not why I come here. Not to be nagged.

KERNBERG: So why am I doing this? In order to nag you, or because I distrust, because I think that you are lying to me? Why do you think I'm insisting on this?

ALFRED: But you should ask yourself that question, and tell me why you're doing that.

KERNBERG: Well, I could give an answer to it, but I don't know whether it would be the same answer that you'll be giving yourself.

ALFRED: I don't know. I don't know why you do it. And maybe it's all my—it's me. I'm doing it wrong again. It's possible. It will be—my sister's doing the same things.

KERNBERG: Well, I can tell you why I'm doing this, because alcohol, drinking can complicate psychological problems. Cause them and complicate them. And from that view point for me, it is very important to know exactly how much you're drinking, for how long a time, and whether this has been increasing, or not. And I'm trying to get as exact and precise information as possible, because it is very important. And it will help me assess to what extent it might be complicating whatever your other problems are.

That's my view, but it sounds as in your view, I'm doing it because I think you are lying to me, or because I enjoy nagging you.

COMMENTARY: At this point, I felt that his fear of me had decreased sufficiently, there was less often intensity of a paranoid transference. And that it was a good moment to explain to him why I was trying to find out all the details about his alcohol intake. That it complicated the problems in his life and potentially of the treatment.

ALFRED: OK, maybe I'm drinking more than before. Maybe that's—

but I told you already, it's a way of me—I know myself a little bit. I know it's a way to relax in a normal way.

KERNBERG: Because you are talking to me as if you felt that I was accusing you, and you had to justify it. I'm just trying to find out the facts.

ALFRED: But when you go on, about how many minutes about drink, what should I think about it? We were sitting here, you start with drink, and now we're still talking about alcohol. So what else can it be? That you're accusing me of being an alcoholic.

KERNBERG: And why would I be doing that? Am I interested in accusing you, of convincing you that you're an alcoholic or—

ALFRED: Maybe it will give you an opportunity to say, "Well, then I won't treat you because you're alcoholic, and I don't treat alcoholics."

COMMENTARY: *This is a surprising development. The patient is afraid of being rejected, so he wishes to maintain a relationship with me in spite of his paranoid fears. This is a good sign.*

KERNBERG: Are you concerned that if you were an alcoholic, I wouldn't want to treat you? Is that a concern?

ALFRED: Well, its starting to—I'm starting to think about it.

KERNBERG: So if you were an alcoholic, I would end the possibility of treatment with me? Is that it?

ALFRED: My sister tells me, because before she told me, you're always welcome even in the middle of the night, you have your own key, you can come in. But not when you're drunk. Not when you drink too much. Oh, it's a way, she's finding an excuse to keep me out. To not to disturb her happy family. So she's saying with words, "You're welcome." But on the other hand, she's saying, "Piss off."

KERNBERG: So to talk about your drinking here is dangerous, because you believe that it would motivate me not wanting to see you.

ALFRED: I'm not drinking too much. I'm not drinking too much. What should I say to reassure you that I'm not drinking too much, so that we can could go on talking about things that really matter? Tell me. You're the therapist, tell me please. What should I say to make you

happy?

KERNBERG: Do you think you have to make me happy? I can see that you're very irritated with me. And you're irritated, because you see my questions about your drinking as if I were accusing you, of telling you that you're drinking too much.

ALFRED: Can we make an agreement how long we are talking about drink? Can we make an agreement about it? How long? Will it be to be all the time of the session? So then I'll go. Then I will go.

***COMMENTARY:** The patient is now trying to control the situation. This is an important development. It indicates that he's less afraid of me. And at the same time, showing another aspect of his personality. The need to control the other, to impose his thinking, which is what Saskia complained about him.*

ALFRED: So it's your choice.

KERNBERG: I see you're concerned about time. Is there any concern about the time we have about this appointment?

ALFRED: No, but at least I want to have some influence about the items we talk about. And alcohol is not the item I want to talk about.

KERNBERG: Well, I can see that it's something that you don't want to talk about at all at this point, and you're very angry with me, because I'm insisting on the issue.

ALFRED: Perhaps if we could talk about five minutes about this same issue, and then go to another.

KERNBERG: I think you ignored what I just said. Did you listen?

ALFRED: Yeah, you ignored what I said.

KERNBERG: No, no, I'm aware that you want to change the subject. And I was pointing to the fact that you want to change the subject, because you feel that I'm insisting on it, because I'm trying to accuse you of something and convince you that you're drinking too much and, therefore, are not a person who should be treated by me.

ALFRED: And that's not right, you think? That's not what you were doing.

KERNBERG: Are you convinced that that's what I was trying to do? Are you convinced of that, really?

COMMENTARY: Here and in other places of the interview, I didn't answer his questions directly. The reason is not the general principle not to answer the questions of the patient, but to respond without being derailed from the main issues. Because sometimes questions are used to shift away from what really counts at the moment. And I believe that's what's going on here.

ALFRED: That your not accusing me, or that you are accusing me?

KERNBERG: No. Are you convinced that I'm accusing you? That I want to condemn you for drinking too much and use that as a pretext, a reason for not seeing you anymore?

ALFRED: Maybe I'm not. It would be strange, it would be strange when it's like this. So maybe it's not like that, that I'm convinced that you—but it wouldn't surprise me.

KERNBERG: But then what would it say about me? It would mean that I suggested to you that you come back to see me, so I can then trap you into something that would justify my not having to see you again. So I'm using you're drinking to convince you that you're an alcoholic, you're drinking too much, and that's a reason for which I'm not going to see you again.

ALFRED: Yeah.

KERNBERG: Right?

COMMENTARY: Here I'm directly interpreting his paranoid transference, and the implications that I want to reject the patient without openly admitting that. My goal is confronting the patient with this view of me as something unrealistic to help him see how his suspiciousness tends to distort his relations and interferes with the possibility of being able to trust me or others.

KERNBERG: Why would I be doing—

ALFRED: I don't know why you would do it. But even my sister, who I trust most, can say such things. And she accused me of running away from my problems by drinking too much. And saying that, OK, you're

still my brother, I still love you, but you're not welcome in my house, in my family when you're drinking. So you're not my relatives. You're not family. Even my sister says things like that. Well, then it's easy for you to think like that.

KERNBERG: But it means that my intention is really to invite you to come here, and then to reject you. That my intention is really to tease you and mistreat you, and that's why I'm seeing you, because I want to mistreat you. And regardless of what your sister's feelings are, and attitudes are, I'm curious about your assumption that I've opened the possibility of you coming to see me again, so that I could throw you out. Isn't that strange behavior on my part? I mean what is in it for me? Why would I do that?

ALFRED: Yeah, that's—

KERNBERG: Right?

ALFRED: That's a good question.

KERNBERG: So what are your thoughts about that?

ALFRED: You must have some conditions about these sessions. About what I should do or what I shouldn't do.

KERNBERG: In other words, I have a, kind of a set of rules of how you should behave, and if you don't behave like that, I'll throw you out? Is that it?

ALFRED: Yeah, and my sister's very clear about it. But for you, I don't know. For you, I don't know what the rules are. I don't know what you think and what the rules are. What I can do, what I cannot do. What you allow, and what you don't allow.

KERNBERG: But you are implying that I have some kind of rules, things that you can do?

ALFRED: Of course you have rules, everybody has rules. Everybody has conditions. No one accepts another person totally. Everybody has conditions.

KERNBERG: Well, if you're saying that I would only treat you under certain conditions, I think that's a good point. But I have not raised any of these conditions. And your assumption is that drinking would

make me not want to treat you, and that I'm trying to trick you into telling me all about drinking, so I could justify not treating you. And you have no evidence that this is so.

ALFRED: No, I have no evidence.

KERNBERG: Is it right? And you are attributing to me that I'm looking for whatever I can not to see you again. And ignoring, at the same time, what I said, namely, that alcohol may be a complicated problem and, therefore, I'm trying to find out exactly how much you're drinking. And the fact that you can't tell me seems to me indicating either that you don't know, or that you're afraid of telling me and, therefore, are not straight with me. So we have a curious situation here.

And that you treat me as if I were dishonest with you, trying to get rid of you, under conditions whether either you are not honest with me in not telling me how much you're drinking. Or perhaps, not honest with yourself in the sense that if you really don't know how much you're drinking, you may be a victim of alcohol more than you are aware of. So we have a complicated situation here, if you think of it.

There are two ways of looking at what's going on here. One way is to think that I'm insisting here on finding out about your drinking, because I'm trying to label you as an alcoholic, which then would justify my throwing you out. And at the same time, I'm being dishonest with you, because I've suggested that you come to see me again under conditions when I was only planning to throw you out again. So there's a kind of sadistic teasing that I'm doing. That's one explanation of what's going on here.

***COMMENTARY:** Here I'm systematically clarifying and potentially resolving acute paranoid transference, and its interference with the motivation for treatment. I'm trying to reduce the manifest negative transference interpretively, and thus, indirectly stress the development of a therapeutic alliance.*

KERNBERG: And I'm exactly like your sister, and possibly everybody else is like your sister, so everybody's out to get you.

ALFRED: No, I'm not saying everybody else is like my sister. I'm not

saying you're exactly like my sister, but it's a strange coincidence that three days ago I had the same conversation with my sister.

KERNBERG: Exactly. So and by strange coincidence, I have some similarity, and the similarity is a hostile attitude toward you, complicated here with the dishonest, teasing you to come to see me to throw you out again. That's one possibility. Right? The other possibility is what I was suggesting to you. That I'm trying to find out about your drinking, because it may complicate your psychological problems. And that it's part of the assessment of what difficulties are, and not part of my intention of looking for some pretext to throwing you out.

And if that were so, then your assumption that I am being dishonest with you would be a distortion of reality, and may include a lack of honesty on your part either toward me or toward yourself.

ALFRED: Now you're implying that I'm lying.

KERNBERG: I'm saying that this is one possibility in the sense that, if you cannot tell me exactly how much you're drinking, let's assume for a moment that I was not lying. If I truthfully was trying to get that information, not because I want to throw you out, because it may be important to your treatment. So that I'm trying to get full, total information, because it's important for your treatment.

Let's assume that we are so. Let's assume in that case, you are not conveying that to me must indicate either that you're keeping that information from me. That you are deceptive with me, or else, that you don't have a full grasp of it yourself. That you don't know exactly how much you're drinking, which simply may indicate that you are hiding from yourself the fact that you are not fully in control over your drinking.

Because you're afraid that if you accept it that you might not be fully in control of what you're drinking, this would make you an alcoholic in my view. And I would throw you out, or perhaps it would make you an alcoholic in your view, and you couldn't tolerate the idea of being an alcoholic without knowing it.

So either I'm dishonest, and you are trapped here, or—

ALFRED: Or I'm a liar or an alcoholic.

KERNBERG: Or there is a lack of honesty toward me or toward yourself, as one more problem or difficulty. Do you understand what I just said?

ALFRED: Yeah.

KERNBERG: So which way is it?

ALFRED: And so I have to choose about being a liar or an alcoholic? So I can make a choice. It's no choice. I don't make the choice. And I never said I have no problem with drinking. I didn't say that. Maybe I have some problems with drinking. Maybe I have some problems.

KERNBERG: But if you have a problem with drinking, there are two kinds of problems. One, that you don't dare to tell me how serious it is. Or that you have difficulty assessing it yourself.

ALFRED: You're making it bigger than it is for me. You making it—and the longer we talk about it, the bigger issue that it gets. And I resent that, because maybe I have some problems. Maybe I should drink a little bit less. Maybe that would be good for me. I know. I can admit that. OK, I have a drinking problem. I drink too much sometimes, because I don't know what to do. Sometimes I feel so, so bad about myself, I need something.

KERNBERG: But you know, now what you're saying, maybe I drink too much, you're saying this as if you were confessing a crime.

ALFRED: But what do you want to hear? What should I admit that you are satisfied with my answer? Because you don't seem to be satisfied whatever I say. Even if I say I have no problem, it's not good. Now I admit I have, maybe I have a problem with drinking, and it's not good already. Also not good. So what should I do? What should I say?

KERNBERG: Did you have a sense that I was saying that you're admitting it was not enough? That you were not admitting it enough? That I was still being critical of you by not admitting not having a problem with alcohol? Did you have that feeling?

ALFRED: Yeah. That's the feeling that I have.

KERNBERG: Do you remember what I said? Do you remember what I said when you said, maybe I'm drinking too much? Maybe I should repeat what I said. I said you're doing it as if you were confessing a crime. So I was saying that you might be excessively critical of yourself. Maybe you have a problem with alcohol. Maybe you have a serious problem with alcohol. I don't know. But the way you were expressing it as if it were a criminal act that you had to confess and that would create a terrible situation for you and your relationship with me.

***COMMENTARY:** What I'm doing through all of this lengthy segment of the session is to clarify his impossible situation. On the one hand, to tell me about all of the issues of alcohol. Being branded by me as an alcoholic and rejected in his fantasy, or be cautious and not tell me, and then be branded as a liar. So in any case, to be suspect as a criminal, so to speak, and I'm trying to ventilate that repeatedly in order to reduce both the fear of opening up about his alcoholism, and his fear of being rejected—an unrealistic paranoid stance.*

ALFRED: But what else can I think when you go on about it? And, OK, let's talk about it. Let's speak about it. Now we are speaking about it for I don't know how long already, so what should I think about it. It feels a little bit like an interrogation, or like—I'm not sure what—should I prove—Do we need a pen and a paper, and then for every day I have to write down what I drink? I'm, I'm starting to be a little confused. I don't know what to say or what to think about.

KERNBERG: Well, it sounds to me that you are experiencing me as somebody who is really badgering you. Fair statement?

ALFRED: Normally, when you ask me something, and I say something, I would, for me, it would be enough. Because I've admitted already that I have some problems with drinking. So why don't you say, OK? You admitted something, OK, so we have a problem here. And so let's go, let's continue.

KERNBERG: Well, I do understand that we seem to be both in agreement that you seem to have a problem with alcohol, but there's another problem here. Your sense that my trying to find out about that really is a hostile act, in which I'm trying to badger you, to make you

feel bad. It's like a police interrogation, and on top of which, it may be that I'm dishonest in that I'm using such a police interrogation, because I want to get rid of you.

So apart from the alcohol, there's something else here. Your assumption that if I'm trying to find out things about you, it's because I'm trying to bother you, to attack, and get rid of you. To attack you first, and then throw you out.

ALFRED: And maybe that's too strong. The way you say it now, it's not so strong as you say it now.

KERNBERG: Well, you look pretty irritated with me.

ALFRED: I'm not irritated now. That was 10 minutes ago.

KERNBERG: Well, but still, it's an important assumption in your mind. And my question is to what extent are you convinced that I'm really trying to irritate you, or perhaps to do it, to trap and to throw you out. In contrast to simply trying to find out as much as I can about you, because the more I know about you, the more I might be of help.

ALFRED: Maybe it's easier when you tell me that you're not doing this. Maybe that's easier, instead of asking me all these questions.

KERNBERG: That I'm not doing what?

ALFRED: That you're not nagging me, that you're not testing me. Testing me to find out whether you will continue with me or not.

KERNBERG: So unless I tell you that I'm not nagging you, I'm not testing you, your assumption is that that's what I'm doing? I have to reassure you of my good intention to protect you against—

ALFRED: I have the same thing. I have to assure you about not being an alcoholic.

KERNBERG: Yes, exactly.

ALFRED: So who's doing what to whom? I don't know.

KERNBERG: So it sounds as if in your mind, I'm trying to criticize you, make you feel bad, and perhaps wanting to get rid of you.

ALFRED: You wouldn't be the first.

KERNBERG: And my question is, how convinced are you that this is my attitude?

ALFRED: I'm not convinced about it. I'm not convinced about it.

KERNBERG: What would speak against that? What's on the other side? What would speak against that conviction? Why would I not want to attack you, trap you, throw you out? Why not?

ALFRED: Maybe because you didn't tell me to go out, or—yet.

KERNBERG: Yet. So worse may come.

ALFRED: Of course.

KERNBERG: All of this reminds me of the end of our last conversation three weeks ago where we talked about your suspicion of Saskia's therapists who you thought had told her to end the relationship with you. And you were suspicious that I was trying to tell you that Saskia, herself, might have wanted to leave you, because you were physically violent with her. And she was afraid of you, and wanted to leave you.

So you felt that if that was true, Saskia would have betrayed you. And if it was not true, her therapists and I betrayed you. So that in any case, there were only traitors around you. And when I pointed this out to you, you said, well, maybe I should end my life and kill myself. Now you're coming back, and again, I'm a traitor. I'm attacking you, I'm trying to get rid of you.

ALFRED: I didn't call you a traitor.

KERNBERG: You treated me—

ALFRED: No, you're twisting my words.

KERNBERG: I'm not saying you said that, but you treated me as if I was somebody who wanted to attack you, and in a hidden way, get good reasons to throw you out, which is a betrayal of any trust you might have had that you come to see a psychiatrist as a person who supposedly is trying to help people. Me is supposedly trying to help you, and here you come, because I might help you. And at the same time you come to see somebody who is out to get you. So again, I'm one of the people who are betraying your trust. And your surrounded

by people betraying your trust.

COMMENTARY: *My point is to work through the paranoid transference in order to increase the motivation for treatment. As you have seen, this requires cycles of going through the same problem with some different entrance or focus on that. It cannot be done in one comment, or one interpretation. It is a process, but a fundamental process to increase motivation for treatment with patients whose intense negative transference dispositions interfere with that.*

KERNBERG: Saskia's therapist, your sister, perhaps Saskia herself, me.

ALFRED: If I really thought like that, I wouldn't sit here. I wouldn't be here.

KERNBERG: Well, let me remind you that 15 or 20 minutes ago, you were about to walk out. You said—

ALFRED: But I'm still here. I'm still sitting here.

KERNBERG: I'm aware of this, but I'm saying that there wasn't much missing for you, I think, to walk out. Am I wrong?

ALFRED: No, you're not wrong.

KERNBERG: OK, so that your presence here is a very frail one. A very frail one. If we assume that I might have been honest in trying to get full information about what's going on in you, if we assume I might be honest in telling you that psychotherapy is a treatment that consists in full and honest communication about everything going on in you. Then, if you would experience my trying to find out what's going on in you as attack and potential betrayal, one could see how you might be tempted to end this treatment practicality before it started.

One might even say that my asking you how much you're drinking was an innocent question to assess for myself whether you had an alcohol problem or not. Which you immediately interpret as an attack and had to run away from it. And telling me how long I should talk about what, and how long I shouldn't. So the question is to what extent you might experience any honest effort on my part to get full information as immediately an attack, betrayal and something to protect yourself, because everybody is against you.

And, of course, you already have a bad experience with the therapists of Saskia who you suspect of being the cause of having left you and your being alone.

ALFRED: Are you expecting some answer? Did you ask me a question? I understand what you're saying, and I'm saying this, because if I thought that you would betray me, I wouldn't sit here listening to you. So I'm sitting here listening to you. That proves enough, I think.

COMMENTARY: If a patient emphatically reassures me that I don't need to stress anymore on his distrust and his wishes to leave. And I answer him that I hear him, but I still stress the profound division in his self between the trusting and the distrusting part in an effort to reduce the split, and again, increase the motivation for treatment.

KERNBERG: I hear you. But I'm pointing out to you that you are divided between one part of you that trusts me enough to be here. And trusts me enough, in spite of the fact that I've been very direct with you. And another part of you that is ready to treat me as a traitor and as an enemy against whom you have to protect yourself. Fair statement?

ALFRED: Yeah. But what can we do? But do you want? But what can I do about it?

KERNBERG: There's nothing you need to do about it as long that it's clear, that in part of you, you tend to see me as an enemy, as somebody who is trying to trap you, who is dishonest. And that this may be a very important and very painful problem that we have to examine here. And that there's a certain risk that that part of you may become so powerful in a certain moment that it will motivate you to try to get away from treatment, because you'll be convinced that I'm a sadistic enemy.

ALFRED: I understand.

KERNBERG: And one could even raise the question, if it were true that I'm not a sadistic enemy, and that my intention in seeing you would honestly be of helping you, if that were true. And that you would have to accept that you erroneously tend to see me as an enemy.

Maybe you have similar problems with other people, and the world is not just being populated by your enemies. In other words, that your assumption that you're being betrayed left and right by many other people, may also be a problem of yours, rather than an objective reality.

ALFRED: Yeah, so it's all my fault. My life is a mess, and I'm the cause of it all.

COMMENTARY: I attempted to expand the interpretation of his distrustfulness toward me into his general distrustfulness of other people. But he was not able at this point to accept this interpretation.

KERNBERG: Now I'm becoming again a sadistic enemy.

ALFRED: I don't know what else you are saying. Then, OK, maybe it's not the others, maybe it's you. You're the problem. You're the one who makes a mess of your own life. Maybe I'm not, I'm not capable of living. Maybe I'm not at all capable of living. Maybe it's a waste of time that we talk, because it's been like this before, and it will be like this. And I don't see how this will end. How this will help me. And it certainly doesn't make me feel better about myself, these conversations.

KERNBERG: Yes. I'm impressed by your saying this. It reminds me, again, of the last meeting that we had, in which, when I pointed out to you that either I was betraying you, I and the therapists of Saskia, or else Saskia. In other words, that you had no escape from the fact that everybody was betraying you.

ALFRED: Yeah.

KERNBERG: That you felt confused by that. And you told me that maybe what you have to do is to kill yourself. Do you remember that? Now, you're again telling me that maybe the solution is to kill yourself. You're saying this to me at a point when I'm mentioning that you're divided between one part of you that seems to be able to trust that I might be trying to help you. And another part of you in which you are tempted again, and again to see me as an enemy.

And I pointed out that perhaps that happens to you with everybody. And that you tend to see it easily that everybody's an enemy, where

upon you immediately felt that I was accusing you that you were the problem. And again, I became an enemy. I pointed out to you, now I'm the enemy again, and you said, "OK, I'm going to kill myself." So when you are confronted with that part of you that tends to see everybody as an enemy, and that becomes very strong, and you can't escape it, then maybe you're attempting to kill yourself to avoid all these enemies from the outside and from the inside of your mind.

So either you are surrounded by enemies whom you have to defend against, or you have to kill yourself as the ultimate escape. And in the middle of this, it takes very little to interpret whatever I say as a hidden attack, or not so hidden attack.

COMMENTARY: *This somewhat lengthy statement that summarizes what has happened, in essence, in the session with particular emphasis on my interpretations of what has happened has the purpose to ascertain how much of this has been understood by the patient. How much of this is he able to capture, to retain? How much does he have to reject? And I make this interpretation sufficient time before the end of the session to be able to observe his reaction to it. And last, but not least, it's also a summary for myself to keep in mind to what point we have gotten, and to establish a continuity with the work in what follows.*

ALFRED: Well, maybe this is a problem. But it's always I'm still resenting something about it that you're saying, because I'm sitting here. I'm listening to you. And it was the same with Saskia and the therapists. They took something out and made it big. I'm still thinking you're making something very, very big. I didn't say that you are an enemy and you are betraying me. Those are your words. You're taking one thing out of my words and making it very strong.

KERNBERG: Well, I'm sharing with you the impression that you're giving me in this interview. Because you convey to me the impression that you treat me as if I were an enemy.

ALFRED: But am I treating you as an enemy now?

KERNBERG: Not at this very moment, but now you are picking out a moment from what has been going on throughout this entire session. You think that I'm exaggerating?

ALFRED: A little bit. Maybe a little bit.

KERNBERG: You think I'm exaggerating much?

ALFRED: As a matter of fact, yes, I think that you're exaggerating much. Because we are still sitting here. We are speaking, so I wouldn't be here when I thought—I wouldn't be here when I thought you were an enemy who would betray me.

KERNBERG: What do you think is my perception of you?

ALFRED: Well, what I think, I cannot answer it, because when I say something, I know already what you will ask.

KERNBERG: OK, so what is it you were going to say, and what did you think I was going to ask?

ALFRED: When I say something that it's not nice for you to hear, and you will say, "Oh, now you're treating me like an enemy again." So I will have my own thoughts, I'm sorry.

KERNBERG: So you don't dare to tell me how you think I perceive you?

ALFRED: No, maybe not.

KERNBERG: That indicates a certain fearfulness of me. Fair statement?

ALFRED: Because I know already how you ask your questions, and how you can go on and on about things. So I think I have to mind my words.

KERNBERG: I missed what you—

ALFRED: I have to mind my words.

KERNBERG: Yes, you have to be careful with me.

ALFRED: I have to be careful with my words. So I have to think a little bit longer before I say something.

KERNBERG: Yes. Do you want me to tell you my perception of you? I perceive you as very cautious, very afraid, very suspicious, potentially ready to get angry and counterattack what you experience as attack from me. So I experience that part of you that trusts that I'm trying

to help you, therefore, I have good intention, as relatively weak in contrast to that other part of you that treats me in the ways in which I told you. I'm sure you're not surprised at what I'm saying right now.

ALFRED: No.

KERNBERG: What do you make of my having this impression? Am I way out, totally wrong, or do you think that it's an accurate perception?

ALFRED: Yeah, I think you only see a part of me. You describe me, and that's not the whole truth.

KERNBERG: What am I missing?

ALFRED: The fact that I'm here, that I'm sitting here. That you don't know what it costs me to be here.

KERNBERG: OK.

ALFRED: You don't know what it costs me. Because there were several moments that I thought, I don't go there. Why should I bother to go there?

KERNBERG: I understand what you're saying, and let me remind you that I myself pointed out to you how frail I thought your presence here was. At the same time, you could look at what I'm doing in completely different ways. Shall I explain?

COMMENTARY: *I now support the trusting part of him. I acknowledge my appreciation of his capacity to tolerate listening to me, and not always distorting what I say.*

KERNBERG: I've been very direct with you. And you could take that as an indication that I trust that you are able to listen to the truth as I perceive it, rightly or wrongly.

ALFRED: Yeah, but does it mean that I have to be silent and swallow everything you say to me? I'm not allowed to react on it.

KERNBERG: Did I say that?

ALFRED: I don't know what to do. I don't know what to say. I seem to say all the wrong things, all the time.

KERNBERG: Now wait a moment. You didn't answer my question.

Did I say that? That you are not permitted to react to what I was saying? Or did I give you any indication that you're not permitted to say whatever you want to say?

ALFRED: No, when I'm saying something, you, you put your finger on it. You say, "Hey, you're treating me like an enemy." So it's making it bigger, so what can I say, what can I do?

KERNBERG: The implication is that I'm trying to make you shut up. I was pointing out to how I perceived what you were saying, and that could have been a way of trying to make you reflect on the impression that you're conveying, rather than telling you to shut up. On the other hand, one might interpret your attitude toward me as you're trying to shut me up. You certainly tried to shut me up when I asked you about your drinking. So again, could it be that you are attributing to me an attitude of trying to shut you up, because you have difficulty seeing that attitude in yourself, and are putting it into me?

COMMENTARY: *This is an interpretation of projective identification. It's part of an effort to interpret the primitive mechanisms involved in maintaining identity diffusion, and that are manifest in the transference. Projective identification consists in attributing to another person something that one is doing, but cannot tolerate, so one attributes to the other one. But at the same time, insofar as one also is doing, if one has a feeling for it. It's a complex primitive mechanism, and I'm trying to interpret here in terms of who is making whom shut up here.*

ALFRED: And maybe, maybe. But then it's only what I'm doing, and you're doing nothing to me. You just—so you're saying that I'm the one who's doing all this? So we are two persons here. You're doing something with me, too. You're asking me questions, you say your things. I'm not the only one here.

KERNBERG: So what am I doing to you? What do you think I'm putting into the situation? Distrust, hostility, depreciation of you?

ALFRED: I don't know what you're doing.

KERNBERG: What is your perception of me?

ALFRED: Sometimes I think you don't understand me. And then sometimes I'm trying to say—you're telling me something, and I think

about it, and I say something about it, and it's never enough. And then I have to prove that I don't see you as an enemy. I don't know how to prove that.

KERNBERG: I accept that in part of you, you don't, that in part of you, you trust me. You don't need to prove anything. I said that. Do you remember that?

ALFRED: No, I don't remember that.

KERNBERG: I said that in part of you, you trusted me.

ALFRED: Yeah, just a little part. And the other part is so big, and the other part is so little.

KERNBERG: That is correct. That is correct. And I see that as a problem standing in the way of the possibility of your entering treatment with me. Now it would be easy for you to interpret what I'm saying now as my not wanting to treat you. I think that if that were so, you would be attributing to me something going on you, namely, your oscillating between moments of trust and big chunks of time where it seems to me that the distrust of me, the fear of me, and the sense of my attacking you is so strong that you might be easily tempted to just leave, drop out.

ALFRED: I haven't left. I'm still here.

KERNBERG: Yes. We have only five minutes left. Let me share with you what my thoughts are, just in summary of what we've been discussing. The main subject here has not been your alcohol problem, or whatever it is. The main subject is your intense suspiciousness, I think. Of Saskia, of your therapists, of your sister, of me. Possibly of everybody else. In my perception that's a big problem that you have, that you see yourself surrounded by enemies.

And that your relationship here with me, in which I easily will become an enemy, is an illustration of that. Now that might be an opportunity and a threat. A threat in the sense that you might be ready to drop out of treatment at any moment. An opportunity in the sense that if I were right, and that is the main problem you have, your examining here with me, painful as it might be, might help you to overcome it. That's in a nutshell how I see the situation. What are your thoughts about

what I just said?

ALFRED: So you see possibilities for continuing the treatment.

COMMENTARY: Here I'm, again, summarizing briefly what we have seen in this session. But with double implication the possibility of resolving these problems with treatment. And the threat to treatment by the very activation of his suspiciousness in the context of the treatment. And the patient responds positively, both by expressing his desire for treatment, and his concern over it will be possible to get it or to keep it. And his concern over whether he will be able to get the treatment, and whether he will be able to sustain it.

KERNBERG: Yes, in the context of our examining this very problem that is so painful to you. Your distrust, your suspiciousness, your seeing yourself surround by enemies, is a difficulty to examine and to resolve.

ALFRED: But not impossible.

KERNBERG: Not impossible. Although threatened by its intensity, so you'll have more than once will be tempted to leave, or feel much better not coming to a session than coming to see me.

ALFRED: So I don't have to expect to feel better after this session?

KERNBERG: No. Did you expect to feel better after this session?

ALFRED: Yeah, I hoped that it would give me some relief.

KERNBERG: Well, as you see, to examine one's problems is not necessarily immediately relieving. That is a fair assessment on your part. So what you want to do?

ALFRED: If you say there are possibilities, then it's good to continue, I think.

KERNBERG: OK. Good. I'm willing to do that.

ALFRED: OK.

KERNBERG: We'll set up appointments. I expect to see you twice a week. I'll give you regular times for that. And all kind of details and arrangements we can discuss the next session. Before we stop, is there anything else that you would like to ask me at this point, or tell me at

this point?

ALFRED: No.

KERNBERG: OK, then let's stop.

Video Credits

Special thanks to Otto Kernberg for sharing his expertise.

Produced by: Victor Yalom, PhD and Marie-Helene Yalom, PhD

Directed by: Victor Yalom, PhD

Director of Photography: Corryn Cue

Post-Production: John Welch

Graphic Design: Julie Giles

Copyright © 2013, Psychotherapy.net, LLC

Earn Continuing Education Credits for Watching Videos

Psychotherapy.net offers continuing education credits for watching this and other training videos. It is a simple, economical way for psychotherapists—both instructors and viewers—to earn CE credits, and a wonderful opportunity to build on workshop and classroom learning experiences.

- Visit our Continuing Education section at www.psychotherapy.net to register for courses and download supplementary reading material.
- After passing a brief online post-test you will be able to access and print your **Certificate of Completion** on our website. Voilà!
- **CE Approvals:** Psychotherapy.net is approved to offer CE courses for psychologists, counselors, social workers, addiction treatment specialists, and other mental health professionals.
- **CE Available for your Organization:** Our CE courses can be used for staff training; contact us for details.

Psychotherapy.net also offers CE Credits for reading *online psychotherapy articles* and *in-depth interviews* with master psychotherapists and the leading thinkers of our times.

To find out more, visit our website, www.psychotherapy.net, and click on the *CE Credits* link. Check back often, as new courses are added frequently.

About the Contributors

VIDEO PARTICIPANTS

Otto F. Kernberg, MD, FAPA, is Director of the Personality Disorders Institute at The New York-Presbyterian Hospital, Westchester Division and Professor of Psychiatry at the Weill Cornell Medical College. Dr. Kernberg is Past-President of the International Psychoanalytic Association. He is also Training and Supervising Analyst of the Columbia University Center for Psychoanalytic Training and Research. In the past, Dr. Kernberg served as Director of the C.F. Menninger Memorial Hospital, Supervising and Training Analyst of the Topeka Institute for Psychoanalysis, and Director of the Psychotherapy Research Project of the Menninger Foundation. Later, he was Director of the General Clinical Service of the New York State Psychiatric Institute, and Professor of Clinical Psychiatry at the College of Physicians and Surgeons of Columbia University. From 1976 to 1995 he was Associate Chairman and Medical Director of The New York Hospital Cornell Medical Center, Westchester Division. Dr. Kernberg was the Book Editor of the Journal of the American Psychoanalytic Association from 1977-1993. He has received numerous awards for his excellence in Psychiatry. He is also the author of 12 books and co-author of 11 others.

Victor Yalom, PhD, Interviewer, is the founder, president, and resident cartoonist of Psychotherapy.net. He also maintains a part-time psychotherapy practice in San Francisco and Mill Valley, CA. He has conducted workshops in existential-humanistic and group therapy in the U.S., Mexico, and China, and also leads ongoing consultation group for therapists.

MANUAL AUTHOR

Shirin Shoai, MA, is a freelance writer for Psychotherapy.net as well as a Marriage and Family Therapist (MFT) intern at the Marina Counseling Center in San Francisco, CA. She holds a master's degree in integral counseling psychology from the California Institute of Integral Studies (CIIS) and has more than a decade of editorial experience at CBS Interactive, Apple, and other local companies.

More Psychotherapy.net Videos

We have videos covering a wide range of experts, approaches, therapeutic issues and populations.

We continually add new titles to our catalogue. Visit us at www.psychotherapy.net or call (800) 577-4762 for more information.

Approaches

Acceptance & Commitment Therapy (ACT)

Adlerian Therapy

Art Therapy

Body-Oriented Therapy

Brief Therapy

Child Therapy

Cognitive Behavioral Therapy

Consultation/ Supervision

Couples Therapy

Dialectical Behavior Therapy

Emotion Focused Therapy

Evidence-Based Therapies

Existential-Humanistic Therapy

Family Therapy/ Family Systems

Gestalt Therapy

Group Therapy

Integrative Therapy

Jungian Therapy

Mindfulness

Motivational Therapy

Multicultural Therapy

Narrative Therapy

Object Relations Therapy

Person-Centered Therapy

Positive Psychology

Psychodrama

Psychodynamic Therapy

REBT

Solutions-Focused Therapy

Experts

Aaron Beck

Judith Beck

Insoo Kim Berg

James Bugental

Cathy Cole

Hanna Levenson

Marsha Linehan

Rollo May

Monica McGoldrick

Donald Meichenbaum

Albert Ellis

Kenneth Hardy

Steven Hayes

James Hillman

Kay Jamison

Sue Johnson

Jon Kabat-Zinn

Otto Kernberg

Arnold Lazarus

Peter Levine

.....and more

Salvador Minuchin

William Miller

Jacob & Zerka Moreno

John Norcross

Violet Oaklander

Erving Polster

Carl Rogers

Martin Seligman

Reid Wilson

Irvin Yalom

Therapeutic Issues

ADD/ADHD

Addiction

Anger Management

Alcoholism

Anxiety

Beginning Therapists

Bipolar Disorder

Child Abuse

Culture & Diversity

Death & Dying

Depression

Dissociation

Divorce

Domestic Violence

Eating Disorders

Grief/Loss

Happiness

Healthcare/Medical

Infertility

Intellectualizing

Law & Ethics

Parenting

Personality Disorders

Practice Management

PTSD

Relationships

Sexuality

Suicidality

Trauma

Weight Management

Population

Adolescents

African-American

Asian American

Athletes

Children

Couples

Families

LGBT

Inpatient Clients

Latino/Hispanic

Men

Military/Veterans

Older Adults

Parents

Prisoners

Step Families

Therapeutic Communities

Women