WE ARE (ONLY) HUMAN – THANK GOD!

WORKING WITH SPLIT OFF MATERIAL IN PERSONALITY DISORDERS

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My experience with AI as a therapist

- It impressed me
- It scared me
- It may give a certain hope

Dr. Allen Frances:

It cannot adequately address complex psychiatric disorders – so I will focus on disorders in which the patient does not have an integrated identity

Can it deal with affective misinterpretation? (RB)

AI deals with words... what about affects?

BRIEF REFLECTIONS ON AI AND PSYCHOTHERAPY

Splitting-based defenses (dissociative defenses) that lead to

Identity pathology:

- The person's sense of self and others is fragmented, discontinuous, distorted, and superficial
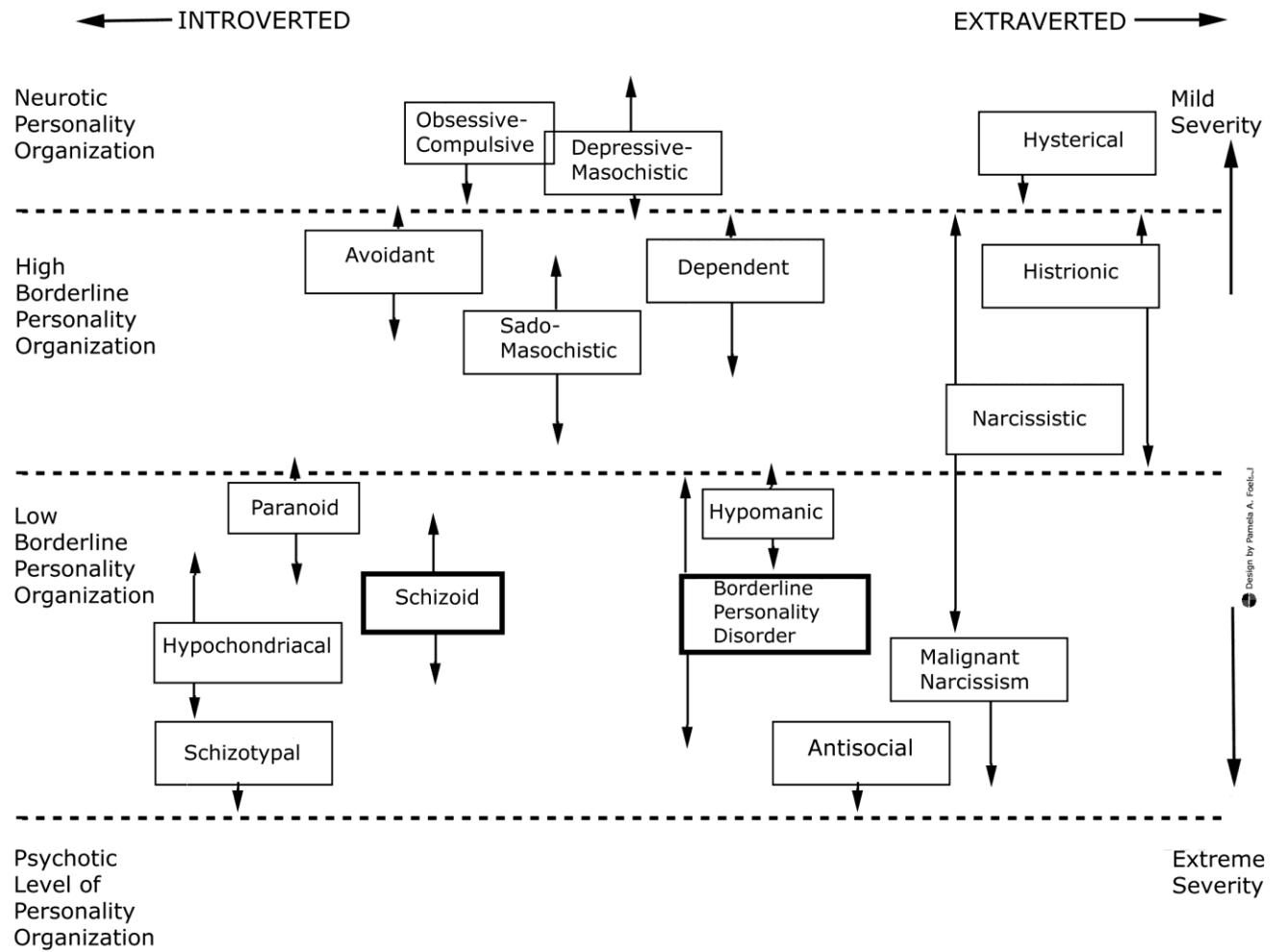
- There is difficulty "reading" others… and self

-There is a lack of a sense of continuity in time

-There are feelings of emptiness

WHAT CHARACTERIZES "BORDERLINE PERSONALITY ORGANIZATION"?

SPLITTING OF EMOTIONAL EXPERIENCE AND IDENTITY FRAGMENTATION

INTROVERTED ← → EXTRAVERTED

Neurotic Personality Organization

Obsessive-Compulsive

Depressive-Masochistic

Hysterical

Mild Severity

High Borderline Personality Organization

Avoidant

Sado-Masochistic

Dependent

Histrionic

Narcissistic

Low Borderline Personality Organization

Paranoid

Schizoid

Hypomanic

Borderline Personality Disorder

Hypochondriacal

Malignant Narcissism

Schizotypal

Antisocial

Psychotic Level of Personality Organization

Extreme Severity

Design by Pamela A. Foelsch

LEVELS OF PERSONALITY DISORDERS:

THE BROAD BORDERLINE LEVEL

THEORETICAL UNDERPINNINGS OF BORDERLINE PERSONALITY ORGANIZATION: OBJECT RELATIONS THEORY
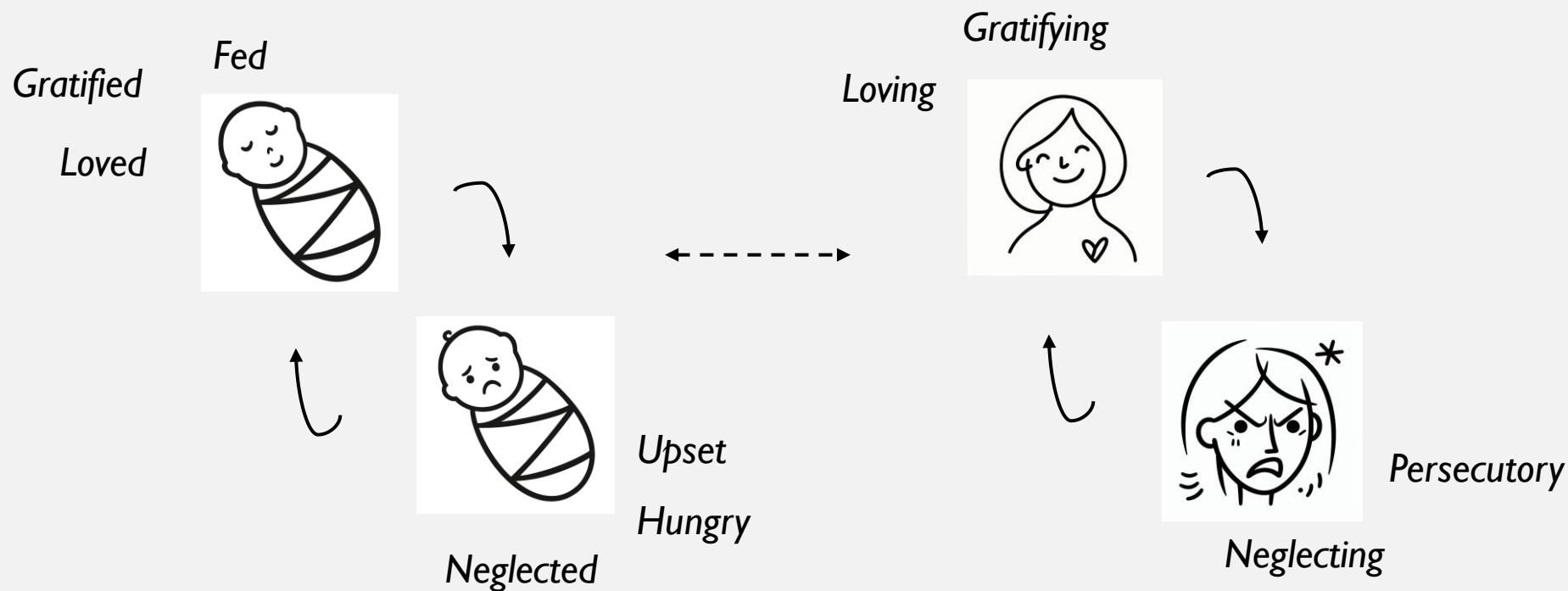
Self

Affect

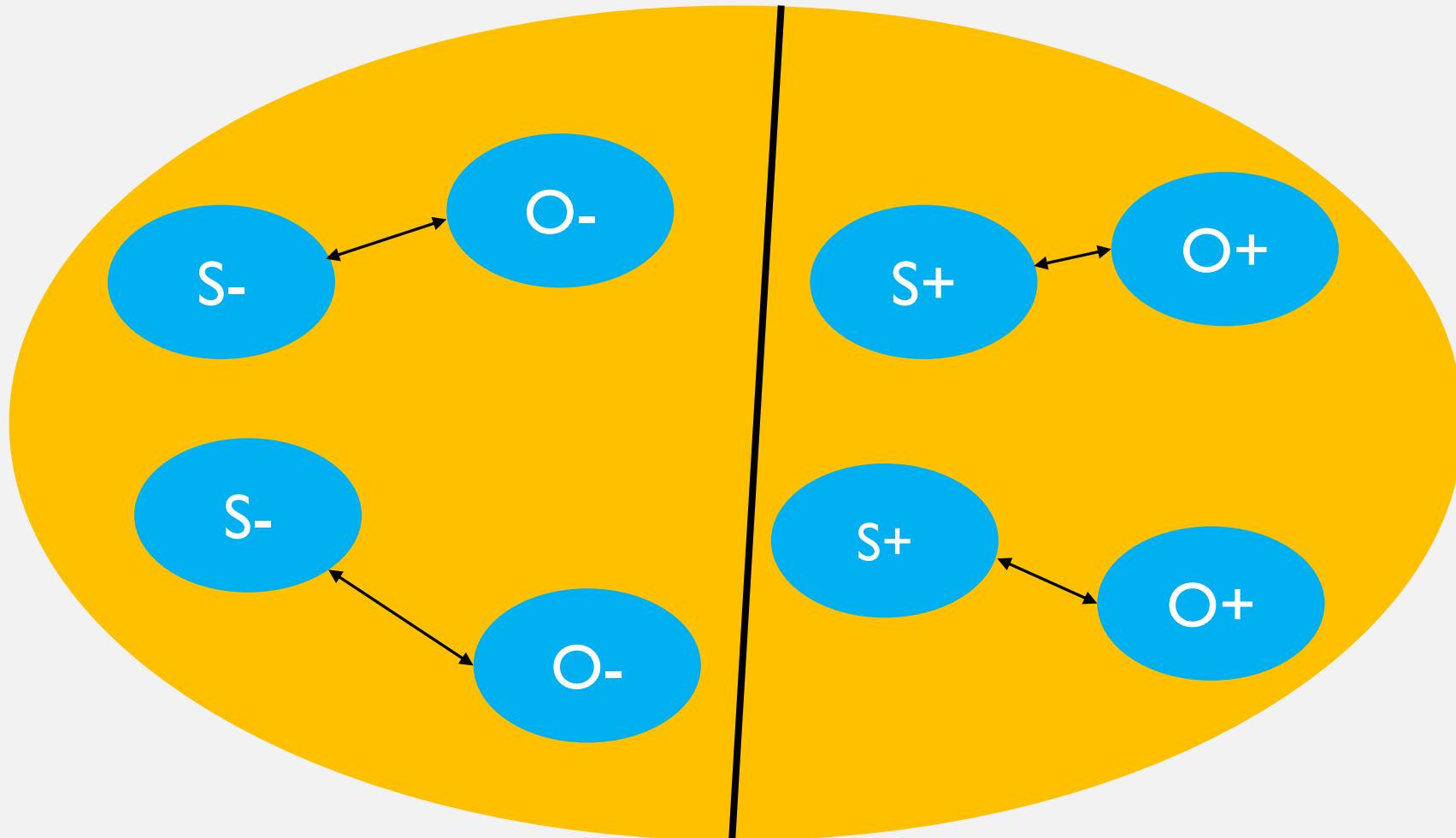Other (Object)

The Object Relations Dyad

POLARIZED EARLY EXPERIENCES
## {SLIDE FROM NICOLAS DAY, PHD)

- In her writings, Melanie Klien explored the universal conundrum of small children – how to make sense of a chaotic and unpredictable caregiver (which all are, when faced with the omnipotent dependency demands of a newborn).
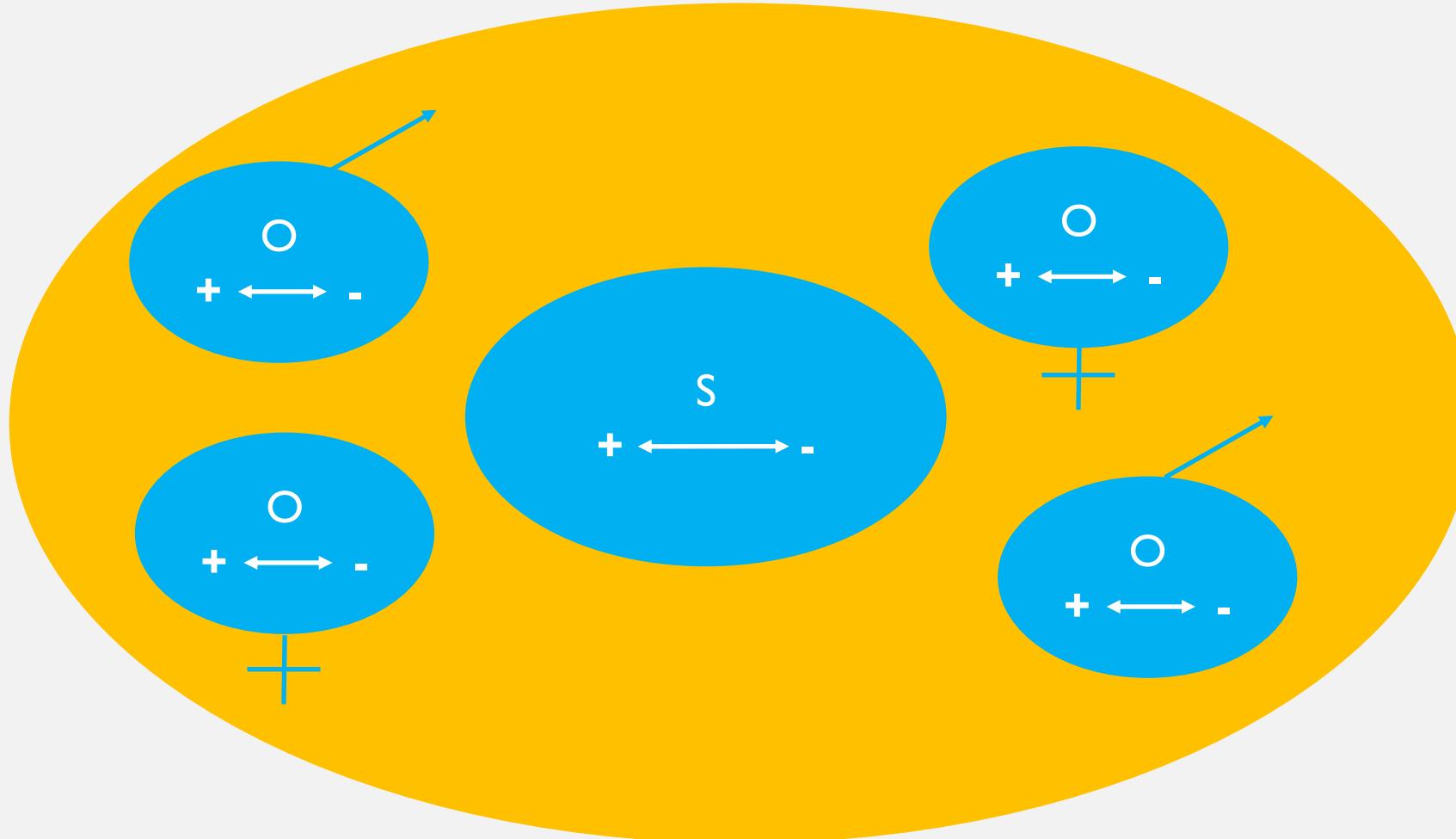

Gratified

Fed

Loved

Upset

Hungry

Neglected

Gratifying

Loving

Persecutory

Neglecting
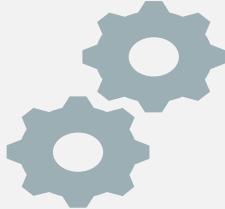
SPLIT ORGANIZATION: RELATIONS ARE PERFECT OR ALL-BAD

THE SPLIT ORGANIZATION INVOLVES THE PROJECTION OF THE NEGATIVE COMPONENT OF THE MIND
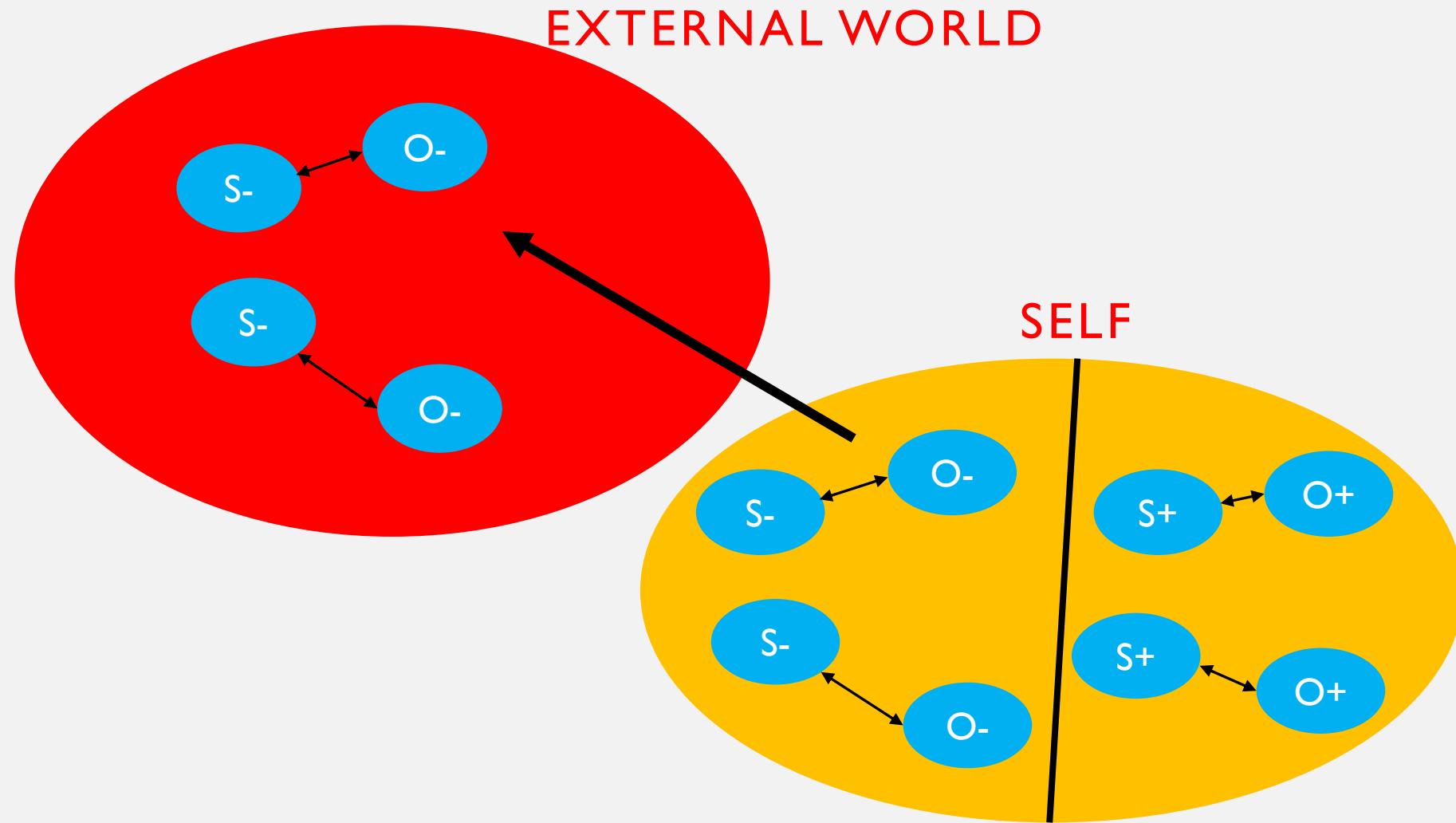
THE INTEGRATED ORGANIZATION: COMPLEXITY OF SELF AND OTHERS

THE EVOLUTION OF TREATMENT

From Splitting and fragmentation to integration of feeling states

From the projection of aggressive affects onto others to the capacity to take responsibility for them and integrate them

Change in the patient's experience of self and others and associated symptom change

BORDERLINE PERSONALITY ORGANIZATION
EXTREME AND DISCONNECTED DYADS

THE DYAD ACTIVATED BY A TRIGGER EVENT DETERMINES THE PERSON'S EXPERIENCE OF THE MOMENT

S = Self-Representation

O = Object-Representation

a = Affect

Examples

S1 = Victim

O1 = Abuser

a 1 = Fear

S2 = Childish-dependent figure

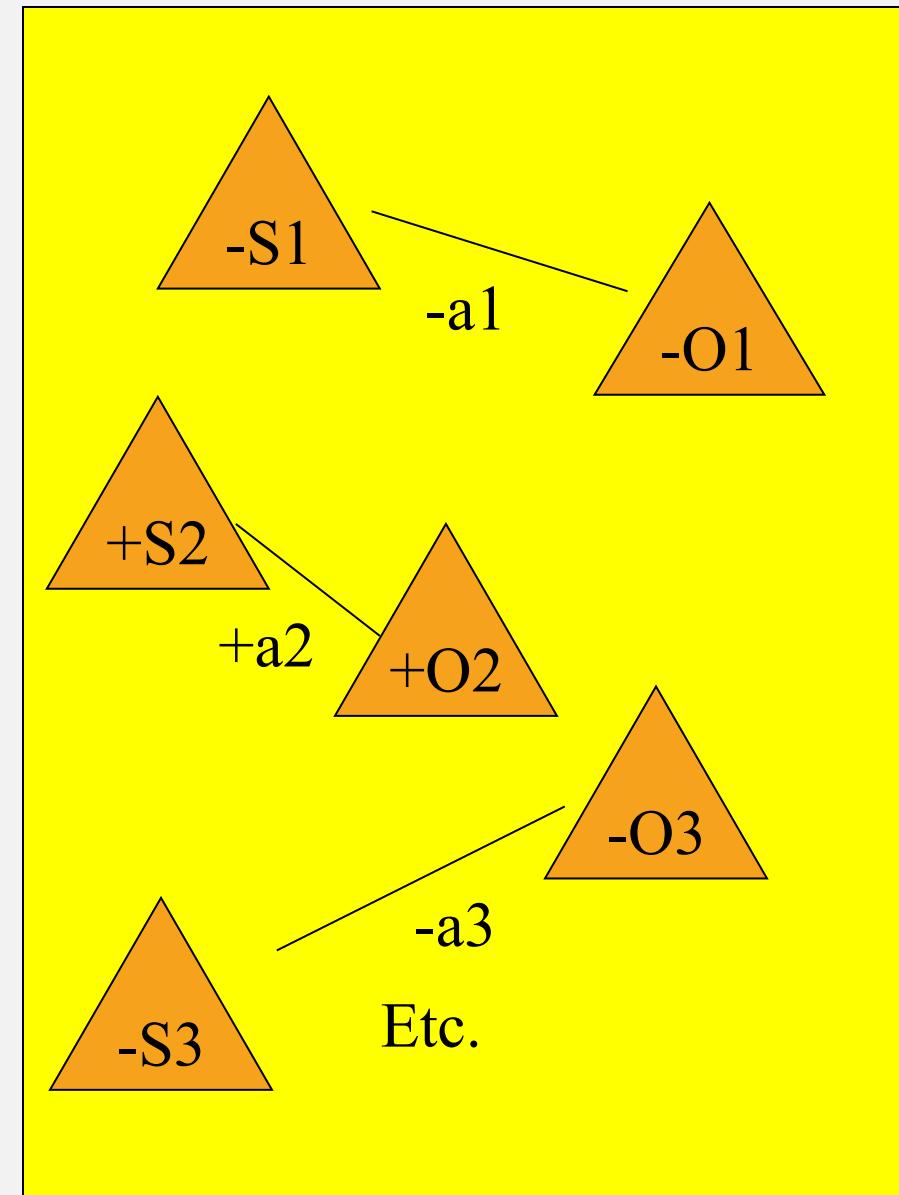O2 = Ideal, giving figure

a2 = Love

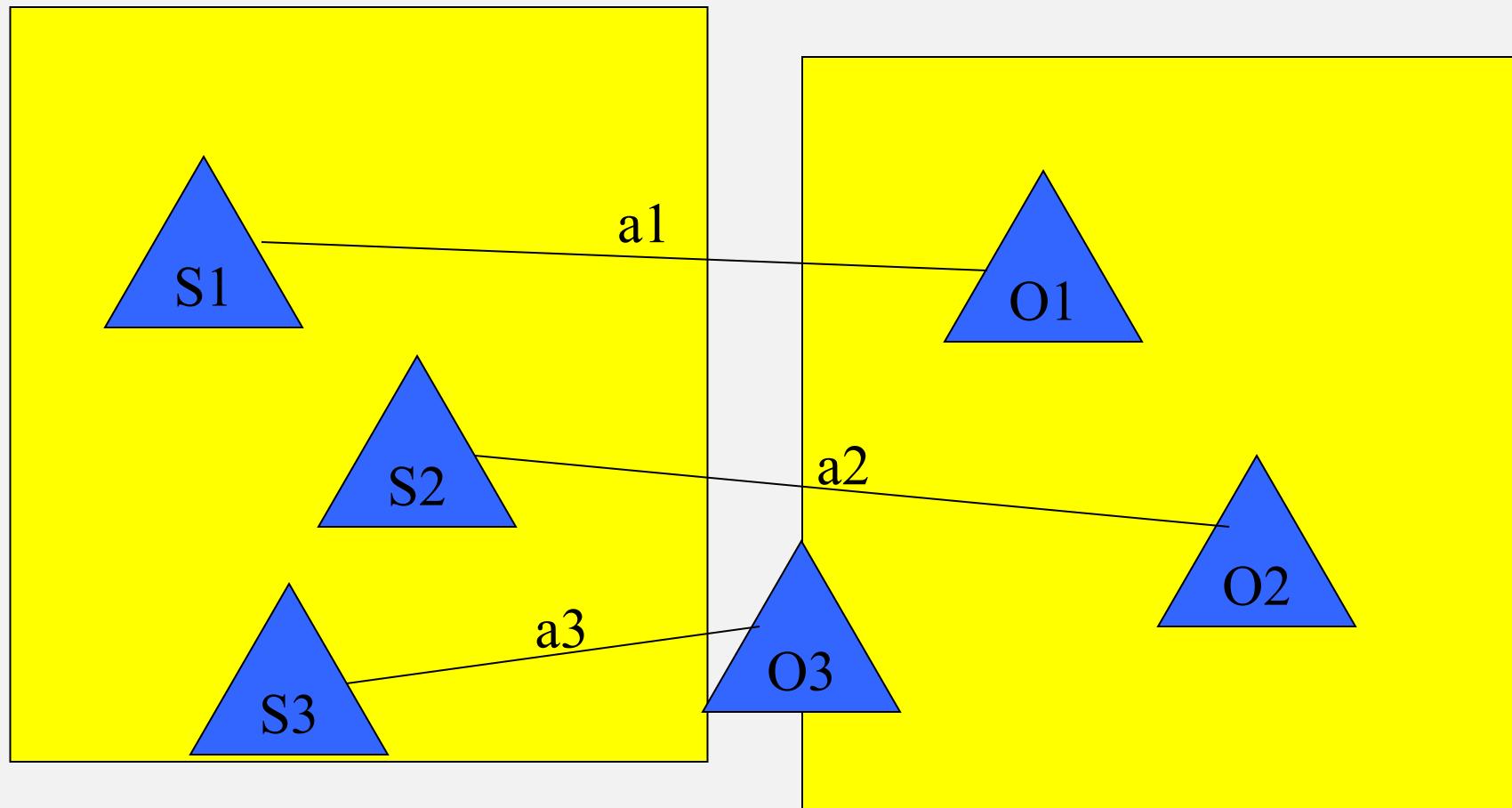S3 = Powerful, controlling figure

O3 = Weak, Slave-like figure

a3 = Wrath

STRATEGY 1 –
DESCRIBE THE OBJECT RELATIONS DYAD

Self

Affect

Other

STRAGEGY 2:
DESCRIBE THE REVERSAL OF ROLES WITHIN THE DYAD

Self-Rep   Object Rep

Fear, Suspicion, Hate

Victim   **Persecutor**

Persecutor   **Victim**

Fear, Suspicion, Hate
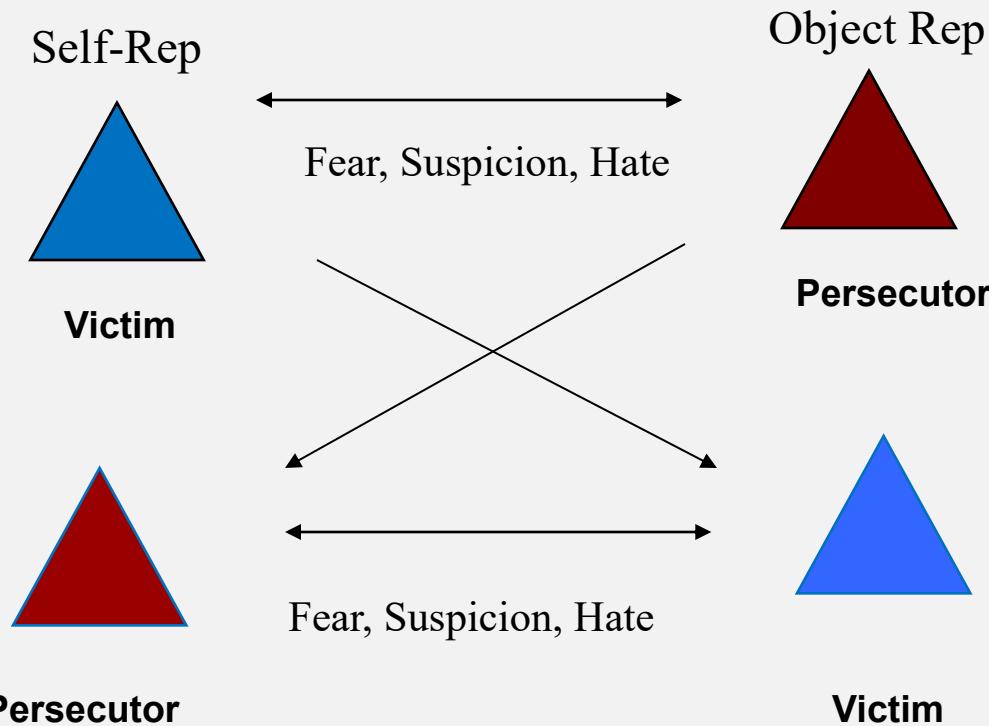
- Oscillation is usually in behavior, not in consciousness
- Accepting the central role of aggression

STRATEGY 3:
INTERPRET DYADS DEFENDING AGAINST EACH OTHER

Victim ← Fear, Suspicion, Hate → **Persecutor**

Opposites

Cared-for Child ← Longing, Love → **Perfect Provider**
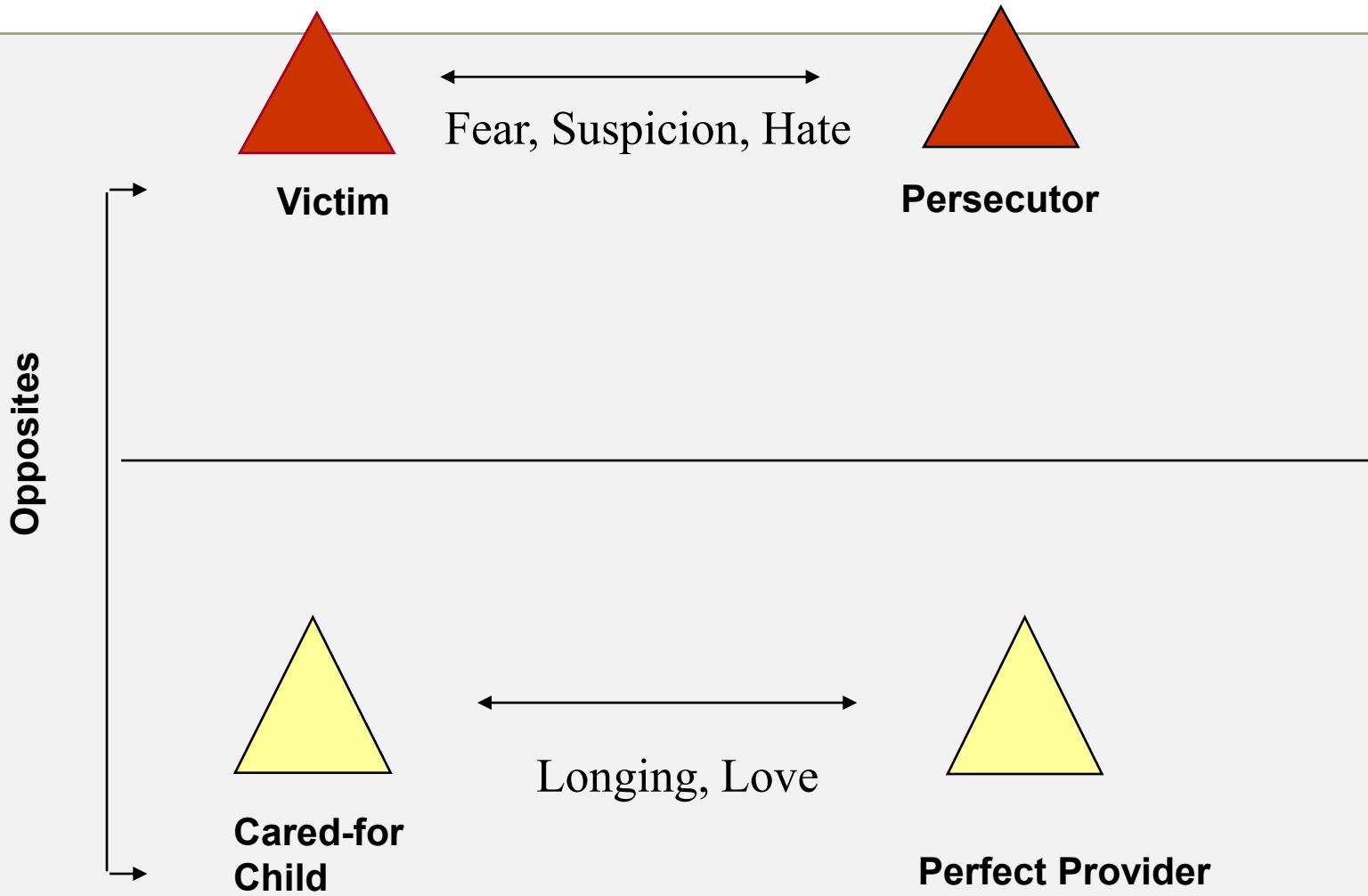
DRIVES... AFFECTS... CONFLICTS...

Psychotherapy, at least psychotherapy with Personality Disorders, has to do with the interface between the biological – affects and drives – and the psychological – symbols and meaning.

We try to help people who are slaves/prisoners of unknown parts of their brain and mind to get to know those parts and thus be able to master them with cognitive-affective control and be able to channel them into productive and satisfying actions.

DRIVES… AFFECTS… CONFLICTS… 2

- Other evidence-based models for treating BPD tend to be trauma models of personality pathology
- TFP puts more emphasis on the interaction between trauma and splitting, the identification with the aggressor, and the experience of one's own aggression
  - Why is that important?
  - Why is that so hard to accept?
    - a phase of pain for the patient
    - guilt in the therapist
    - lack of short-term narcissistic rewards for the therapist
  - Is it identification with the aggressor or linking one's own aggressive affects to the internal representation of the aggressor?
    - "I'd rather be dead than think I have anything in common with that abusive father of mine."

OTTO KERNBERG ON CONCERN AND AGGRESSION - 1975

"Concern [in therapy] involves the recognition of the seriousness of destructiveness and self-destructiveness of human beings in general and the hope, but not the certainty, that the fight against these tendencies may be successful in individual cases."

"I focus on aggression when it interferes with libidinal expression [the ability to enjoy loving feelings]"

THE BAD NEWS

Yuval Noah Harari (2025):

Bots (computer algorithms) found their "superpower": hatred.

Sigmund Freud: Civilization and its Discontents (1930):

Organized societies have developed more quickly than man's biology and neurobiology can change

SOME RISKS OF NOT ADDRESSING SPLITTING IN GENERAL AND SPLIT OFF AGGRESSION IN PARTICULAR –

- Adopting the identity of the victim
  - Adopting the identity of the BPD patient

- Not seeing aggression in indirect forms:
  - The photo of the gashes – "not aggressive" – so maybe aggression is in the eye of the beholder… or it depends on our comfort with it.

ADDRESSING AGGRESSION AND THE THERAPEUTIC ALLIANCE –

- Different Concepts of the Therapeutic Alliance
  - Contrast this with the sycophantic nature of AI

The unintegrated aggression can be acted out in many different ways (e.g., classic BPD vs. classic NPD)

The unintegrated aggression can be defended against in different ways: OCD, hypochondriasis, DID

Therefore, the underlying conflict can be manifest in many ways and be found at the core of different surface diagnoses… BPD, DID, OCD

And yet, Therapists don't like to "go there" – it makes them uncomfortable. E.g. Otto Kernberg's famous Symfora interview…..

IF PSYCHOTHERAPY WITH PERSONALITY DISORDERS CAN BE THOUGHT OF AS A BASIC CONFLICT BETWEEN LIBIDINAL AND AGGRESSIVE AFFECTS/DRIVES…

HOW TO WORK WITH SPLIT OFF STATES?

The importance of working with countertransference and projective identification

COUNTERTRANSFERENCE

- The therapist's emotions in relation to the patient
- These emotions may come from
  - Who the therapist is
  - What the patient provokes in the therapist – this part of the therapist's emotional response tells us a lot about the patient

PROJECTIVE IDENTIFICATION

A process in which the patient unconsciously induces in the patient an emotional state that the patient cannot tolerate in himself

Does this sound mystical? Let's look at some examples.

EXAMPLES

The "boy scout" who cut

The accusation of "vaporous disregard"

SOME FINAL THOUGHTS ABOUT AI

- It does not, as far as I know, die. So:

    - will the patient address issues of mortality and mourning?

    - or will the patient be introduced to a fictional world to replace the real world, with its challenges and inevitable disappointments?

    - Will the patient and, perhaps, all of us, be cut off from the tragic sense of life... and would that be bad or good?

SOME FINAL THOUGHTS ABOUT AI

- What about AI and attachment?
  - Does attachment to a "bot" lack certain aspects of human attachment?
  - Could people, or some people, evolve to prefer attachment to a bot?

- A warning: some personality types favor eliminating affect. Could they achieve more control over AI and over society?
  - HOWEVER, clinical experience and history show us that denied and suppressed affect always come out eventually, and often in dangerous form.