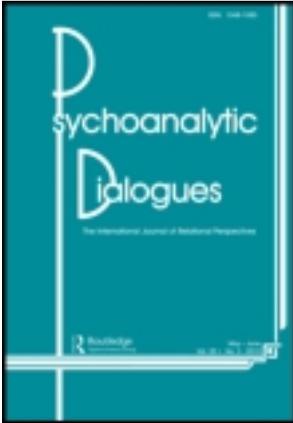


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## The Development of a Personal View of the Psychoanalytic Field

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This paper summarizes the development of my professional identity as psychoanalyst and psychiatrist. It describes the influences on my dedication to the study of severe personality disorders, namely, the training experiences I had under the guidance of Ignacio Matte-Blanco, in Chile; the research team of Jerome Franck at Johns Hopkins; the work in the Psychotherapy Research Project of the Menninger Foundation under Robert Wallerstein, my personal working relationship in New York, with Edith Jacobson, Margaret Mahler, the introduction to British Psychoanalysis by John Sutherland, and to French analysis in sabbatical times in Paris. I conclude by a brief overview of my theoretical orientation, combining ego psychological, object relations, and Kleinian approaches in the development of a synthesis that inspired my present research on the psychoanalytic psychotherapy of severe personality disorders.

I was trained in medicine and psychiatry in Santiago, Chile, under the leadership of Professor Ignacio Matte-Blanco, an outstanding psychoanalyst and psychiatrist who brought psychoanalysis to Chile, single-handedly developing a strong psychoanalytic institute and society there. As chairman of the Department of Psychiatry of the University of Chile in Santiago in the late 1940s and throughout the 1950s and 1960s, he became a pioneer there for modern psychodynamic psychiatry. It was his inspiring teaching that determined my decision to become a psychiatrist and a psychoanalyst. Matte-Blanco insisted on the need to maintain an independent, objective stance regarding scientific controversies, to not to be swayed by group pressures but remain attentive to scientific evidence. He taught us not to become imprisoned by one's own ideas and to be open at all times to challenges to those ideas.

It was at the time that I began to have some professional problems: Toward the completion of my psychiatric residency, because of my interest in the psychotherapy of psychotic patients, I had started studying the experiences of the Chestnut Lodge staff, particularly Frieda Fromm-Reichmann, and the work of Lewis Hill at Shepard Pratt, and wanted to learn more about this approach. The opportunity to obtain a Rockefeller Foundation fellowship to study psychotherapy research with Professor Jerome Frank at John Hopkins, and psychotherapy of psychosis with Professor John Whitehorn (then chairman of the John Hopkins Department of Psychiatry) evoked in me the desire to use that time in the United States to learn about alternative psychoanalytic

approaches before committing myself definitely to what I really found clinically most helpful, at that point, that is, the Kleinian approach to transference analysis. I accepted the fellowship to the United States from the Rockefeller Foundation at the John Hopkins Hospital, 1959 to 1960.

While in Baltimore, I registered as a guest student at the Baltimore Psychoanalytic Institute, a traditional ego psychological institute, in order to be able to compare and discuss the Kleinian orientation with a group having a completely different way of looking at psychoanalysis. I was impressed by the degree of estrangement—not to say antagonism—to which the enthusiastic presentation of my Kleinian knowledge was responded to by other students and teachers. I realized that, while the recent ego psychology literature had been practically ignored in Chile, the reciprocal attitude was happening in the Baltimore Institute, and, as I learned, throughout the entire United States, in completely ignoring the Kleinian literature at that time. I experienced, as part of the culture shock of my first stay in the United States, the simply astonishing barriers between different psychoanalytic approaches.

As I was establishing professional contacts with Dr. Otto Will and visited Chestnut Lodge, I also became aware of the conflicts between culturalist psychoanalysis, on one hand, and ego psychology, on the other, all of which added to my problems. I was impressed by the use of countertransference analysis as an important contribution of the Chestnut Lodge approach, in contrast to the relative neglect to that area by ego psychological authors at that time. Heinrich Racker's fundamental contributions in Argentina to countertransference in the 1950s practically only were acknowledged in American ego psychology in the 1970s; his working within a Kleinian approach clearly influenced the lateness of this integration in the United States. More generally speaking, I became aware how the rigid "parties" and division of the field prevented a cross-fertilization and progress in psychoanalysis.

On returning to Chile, in 1960, I already had become more cautious, and did not insist in convincing my Kleinian colleagues about the possibility that some aspects of ego psychology, particularly the development of character analysis, might be helpfully integrated with the Kleinian approach. I was particularly impressed by the importance of Otto Fenichel's contributions to psychoanalytic technique.

In Baltimore, I worked in the psychotherapy research project directed by Dr. Jerome Frank with a research team committed to studying specific and nonspecific factors determining outcomes of psychotherapy and the determinants of the placebo effect. This gave me a first experience regarding the possibilities of empirical research on the effectiveness of psychoanalytical psychotherapeutic interventions, and the excitement of studying the relations between psychotherapy process and outcome.

I had an invitation from the Psychotherapy Research Project of the Menninger Foundation, directed at that time by Dr. Robert Wallerstein. I decided, in 1961, to return to the United States, to go to the Menninger Foundation in order to participate in their psychotherapy research project, and to obtain further experience in depth in American ego psychology: the Menninger Foundation was one of the leading centers of American ego psychology at that time.

I began working as a hospital psychiatrist of the C.F. Menninger Memorial Hospital; participated in the evaluation of the clinical material of the psychotherapy research project; and, having graduated from the Chilean Psychoanalytic Institute in 1961 (before returning to the United States), began treating patients in analysis. I was happy to obtain further supervision by Drs. Herman van der Waals, the director of the Menninger Hospital at that time, and Dr. Ernst Ticho, the Director of the Psychotherapy Service of the Menninger Foundation, a

leading training analyst of the Topeka Psychoanalytic Institute, who was in charge of psychotherapy training for the Menninger School of Psychiatry. In fact, Ernst Ticho provided me with a knowledge of psychoanalytic psychotherapy that exceeded by far anything I had been able to learn implicitly as part of my psychoanalytic training and my psychiatric training in Chile.

I also was happy to become part of the psychotherapy research team that, under the inspired direction of Dr. Robert Wallerstein, had developed an enormous working spirit and comradery. Dr. Wallerstein was already, at that time, a leading personality in American psychoanalysis, a pioneer in empirical research on the process and outcome of psychoanalytic treatment modalities, who had been able to steer the Menninger Foundation psychotherapy research project successfully over many years. It was a gold mine of information, which permitted me to develop my work on borderline personality organization, the understanding of these patients' psychopathology, their reaction to interpretive interventions, the strategies of treatment that seemed helpful and not helpful or even potentially damaging. It determined definitely the direction of my future research work, and Robert Wallerstein's personal support was absolutely essential in this development.

Dr. Van der Waals supported my becoming the director of the C.F. Menninger Memorial Hospital, after his retirement, and I held this position from 1969 to 1973, when I departed for New York.

It was in the context of that friendship that Dr. van der Waals invited me to work with him on the issue of narcissism, to which he had already contributed significantly. It was under his stimulation that I was able to develop my own contribution to the descriptive analysis, the psychopathology, and the psychoanalytic technique with narcissistic patients.

The Menninger Foundation was led those years by the inspired but patriarchal regime of Karl Menninger. Its authoritarian quality was reflected in the fearfulness of the psychoanalytic candidates when presenting cases to their supervisors, a reluctance of students to argue with teachers during psychoanalytic seminars, and what I was later able to describe as a combination of idealization of the teachers of their own, prevalent psychoanalytic ideology with devaluation and suspiciousness of leading psychoanalysts of different theoretical orientations.

I later found out that this authoritarian tendency was not unique to the Topeka Institute for Psychoanalysis, and that, to the contrary, it was a quite prevalent characteristic of psychoanalytic institutes in all three regions of the international psychoanalytic community. Authoritarianism, I concluded, was inherent in the structure of present-day psychoanalytic education.

At the Menninger Foundation itself, a group of Argentinean psychiatrists and psychologists, who had originally trained within the Kleinian tradition, saw me as a potential "leader" to fight for their "cause," while, on the other side, the mainstream of Foundation professional staff looked at me at times as if wondering when I would start to proselytize my views.

I was able to resist those divisive pressures helped by a fortunate development, namely, the arrival as a senior consultant to the Menninger Foundation, and a frequent visiting professor since then, of Dr. John Sutherland, former director of the Tavistock Clinic and editor of the *International Journal of Psychoanalysis*, a leading representative of the British "middle" group (now "Independents"), who introduced me to the ideas of Ronald Fairbairn. Dr. Sutherland helped me to consolidate my professional identity. I felt no longer alone, in the "middle" between two major continents of psychoanalytic thinking, and, indeed, found in Fairbairn's theory of internalization of object relations a bridge to integrate much of Kleinian and ego psychological thinking.

John Sutherland also taught us psychoanalytic group psychotherapy (the Ezriel-Sutherland approach). Through him I became aware of the exciting possibilities of applying psychoanalytic theory and technique to modified psychotherapeutic treatments, such as the couples therapy approach of Henry Dicks that had been developed at the Tavistock Clinic.

In the same years that Sutherland came to Topeka, we also had Margaret Mahler and Edith Jacobson as consultants, particularly Edith Jacobson, whose book *The Self and the Object World* provided me with still another bridge between British object relations theories and ego psychology. My developing professional relations and interactions with Edith Jacobson and Margaret Mahler permitted me to become aware and appreciative of the object relations approach within American ego psychology that had been initiated by Erik Erickson's work. I began to find ways to connecting harmoniously these various approaches in both their theoretical implications and clinical usefulness.

But this brings me back to one inspiring moment, much earlier, in 1959, during the year in Baltimore, when I attended a lecture by Talcott Parsons at the Department of Psychiatry of the University of Maryland. Talcott Parsons stated, just in between many other things, the following: "What we internalize in identifications is not our identification with an object, but with a relationship between the object and the self." That comment struck me as a key to the clarification of the buildup of the internal world of object relations, and its gradual crystallization into the tripartite intrapsychic structure. The contributions by Joseph Sandler, himself also inspired by Edith Jacobson, to the concept of the "representational world"; Fairbairn's and Jacobson's theories; and Mahler's application of Jacobson's theories to the study of separation and individuation all could be integrated by the application of Talcott Parsons's concept. John Sutherland contributed to this concept of dyadic internalizations of self and object representations, with his proposal that those internalized relations occur under the impact or within the frame of a powerful affect. I was able to conclude, on that basis, that self-representation, object representation, and an affect linking them are the basic dyadic units representing the building blocks of the psychic apparatus. I was able, in short, by such open-minded, gifted, generous teachers to reformulate apparently incompatible theories and to integrate them into a new, inclusive theoretical system, rather than being seduced into the "culture war" between the then opposed psychoanalytic tendencies—ego psychology, Kleinians and middle group.

In 1973, I was offered a Professorship at the Department of Psychiatry of the Columbia University College of Physicians and Surgeons, and to take the Directorship of the General Clinical Services of the New York State Psychiatric Institute, which was part of that Department of Psychiatry. It was as a consequence of my move to New York that I decided to become part of both the Columbia University Psychoanalytic Center for Training and Research and the New York Psychoanalytic Institute and Society.

It needs to be said that in those years, those two psychoanalytic institutions were sharply different from each other. The Columbia Psychoanalytic Institute, functioning within a department of psychiatry, had academic interests; it had a tradition of attempting to integrate psychoanalysis within psychiatry, and to develop psychoanalytic psychotherapy as one of its contributions to that field. It also was interested in the application of psychoanalytic theory to the study of psychosocial phenomena, and in developing the application of psychoanalytic technique to modified psychotherapies. The New York Psychoanalytic Institute, in contrast, was and still is a freestanding psychoanalytic institute that prides itself on its classical ego psychology approach and interest in a high-level, "pure" psychoanalysis. Its members had included, in the past, the Hartmann, Kris,

and Loewenstein group, fundamental contributors to American ego psychological psychoanalysis. Presently, it included a large number of distinguished psychoanalysts, such as Jacob Arlow and Charles Brenner, who had developed the structural theory of psychoanalysis, and, last but not least, Edith Jacobson and Margaret Mahler.

These professional relationships attracted me to the New York Psychoanalytic Institute; the fact that I was a professor at Columbia, and interested in research and academic development, attracted me to the Columbia institute.

The New York Psychoanalytic Institute today is different from what it was almost forty years ago, that is, in 1973 as compared to 2012. It evinced, at that time, the same authoritarian features that I had already discovered at the Topeka Institute at my arrival in the United States, in 1961, and that were quite prevalent, as I had found out gradually, in psychoanalytic institutes throughout the world. At the New York Psychoanalytic Institute and Society, I learned that the institute was divided between “insiders” who exerted the institutional power, and “outsiders,” and was shocked to learn that those “outsiders” included Charles Brenner and Jacob Arlow, who were generally, and rightly, I think, considered the main intellectual power of the institute at that time, while most of the “insiders” had been unknown to me before I came to New York. Even more shocking was the fact that, undoubtedly, Margaret Mahler and Edith Jacobson were of only peripheral influence in that institute at that time, so that a strange dissociation between institutional power and intellectual power was taking place.

In this context, I believe it is not a coincidence that the Columbia University Center for Psychoanalytic Training and Research should now have the reputation as one of the best institutes throughout the United States. It has maintained an open, scientific attitude, within which all psychoanalytic approaches are being taught and explored, in which research is fostered and supported, and it has its own department of research that has already produced significant contributions to research on psychoanalytic education.

But my problems were not over within the psychoanalytic community. In the context of the development of my ideas within the scientific and professional realm of the American Psychoanalytic Association, it was unavoidable that my efforts to integrate British and American object relations theories should be perceived by some as a threat to the ego psychological approach.

This institutional situation eventually changed in my favor, by virtue of a completely new development. Heinz Kohut replaced me as “enfant terrible.” In fact, I owe it to him that I was no longer considered a dangerous challenger who would bring Kleinian teaching to the United States, but now became a perhaps somewhat “outlying” member of the American Psychoanalytic establishment. This change was due to the emergence of Heinz Kohut’s Self Psychology, a truly major challenge to traditional ego psychological metapsychology that rapidly gained adherents and became quite influential throughout the United States. Kohut expanded his metapsychological analysis of narcissistic character pathology into a general reformulation regarding the normal role of the development of the archaic grandiose self, and questioned the importance of drive-determined unconscious conflicts as primary motivators of psychological structures and functions. This development was perceived as a real threat to traditional ego psychology, intensified by the fact that his technical approach to narcissistic patients was gradually expanded by Kohut as a more general psychoanalytic technique applied to the treatment of a broad spectrum of patients, and was perceived as a fundamental modification of psychoanalytic technique in general.

Insofar as my own contributions to pathological narcissism clearly were in the line of Jacobson's and Mahler's thinking—over the years, the influence of Edith Jacobson on my theoretical and technical approach became even stronger—I no longer represented anything like the challenge of self psychology.

I must confess that, while I developed and continue to have serious questions about self psychology, I believe that the opening up to new vistas that self psychology represented, and the fact that it was able to remain as part of the American Psychoanalytic Association, instead of leading to one more of those historical splits that have plagued psychoanalysis in the past, has been a most positive development. It signaled a general opening up to internal discussions and debate, and it initiated a more general opening up of a collaborative dialogue between Kleinians, Independents, and ego psychologists in Great Britain and throughout the international psychoanalytic community. And, as I mentioned before, I was the first one to benefit from it.

In my role as book editor for the *Journal of the American Psychoanalytic Association*, from 1977 to 1993, I had come across impressive contributions from French psychoanalysis and had studied the work of Laplanche, Anzieu, Chasseguet-Smirgel, Joyce McDougall, and more recently the work of André Green. André Green's contributions to the study of borderline patients and to narcissistic pathology, his analysis of negative narcissism, deobjectalization, the dynamics of the "dead mother," the intolerance of affective representation, and the displacement of affects toward acting out and sommatization impressed me as important contributions to the field of severe personality disorders that I was involved in. I was successful in efforts to bring to the awareness of the American Psychoanalytic community some of the translated texts by all these authors, particularly Chasseguet-Smirgel, Joyce McDougall, and André Green. During two sabbatical periods in Paris, I was able to establish a more personal contact with French psychoanalysts and get better acquainted with their work.

In this area again, the tendency of mutual ignorance between the Anglo-Saxon and the French psychoanalytic community is a problem that, I believe, needs further exploration and resolution. I experienced personally French colleagues questioning my "American" tendency to see my psychoanalytic identity and my psychiatric identity as completely harmonious and integrated: in the French Psychoanalytic world, in contrast, there exists a great antinomy between psychiatry and psychoanalysis. French psychoanalysts tend to see psychiatric approaches, with their descriptive and behavioral methodology, as totally divorced from the psychoanalytic approach to the dynamic unconscious, and as threatening to dilute a psychoanalytic approach proper. In this regard, in fact, there are some similarities between French and British psychoanalysts' attitudes, in contrast to the Americans.

There has been a decrease of this dichotomy in most recent times, and I believe that there is a recognition, perhaps under the influence of the challenges that psychoanalysis is undergoing at this time, that we need to move on a broad research front that goes from hermeneutic and naturalistic research to empirical research proper, but there are still very sharp disagreements and controversies regarding this issue within the psychoanalytic community.

There are two major areas that have occupied by professional interests in recent years, and influenced the strategic approach that I pursued in my role as president of the International Psychoanalytic Association from 1997 to 2001. These two areas involve psychoanalytic education and psychoanalytic research. In the briefest summary possible, I may describe my overall strategy as president of the IPA as geared to deal with the severe challenges to psychoanalysis at this time, derived from competing treatment methods in cognitive-behavioral psychology and

psychopharmacology, and from the dramatic increase of knowledge in the neurosciences, that challenge some traditional psychoanalytic assumptions about the nature of unconscious motivation and psychological development. In addition, the reduction of resources for mental health, for payment of long-term psychotherapeutic treatment, the cultural demands for evidence-based treatments, combined with the loss of prestige of psychoanalysis in the university and in the culture, have contributed to the reduction in the number of patients, and of highly qualified candidates for psychoanalytic training, and brought about a gradual aging of the membership of our societies.

These negative trends, I believe, can be reversed by active, energetic initiatives of the psychoanalytic community that should include, first, outreach efforts for immediate improvement in the relationship with culture, academia, the media, and university settings, with whom joined research efforts may evolve. Second, I believe we need massive development of research that relates new findings within the psychoanalytic realm with those of boundaries sciences, in neurobiology and social psychology. Major research should also involve the study of the effectiveness of psychoanalytic treatment and of treatment modalities derived from psychoanalysis proper. I am personally involved in such studies dealing with the psychoanalytic psychotherapy of severe personality disorders. Third, psychoanalytic institutes should become major centers, not only of transmission of psychoanalytic knowledge but of development of new psychoanalytic knowledge, stimulating candidates to become interested in research and developing joint research programs with university settings, and stimulating their corresponding societies also to set up such collaborative efforts. Here, my own experiences with psychoanalytic education over the years have influenced my concerns and stimulated me to publish analyses and recommendations in this area.

I was able to initiate, as part of my functions as president of the IPA, a major initiative in psychoanalytic research, providing significant funds as seed money for psychoanalytic research, and setting up a corresponding Research Advisory Board of the International Psychoanalytic Association. However, while the need for outreach has been generally accepted and is being implemented strongly by the present IPA administration, there continues to be strong resistances to research with the psychoanalytic community, and serious controversies in this area represent major challenges at this time.

And even more of a difficulty, I dare say, is to look at the problems of psychoanalytic education: what needs to be done, and what can be done, to energize psychoanalytic institutes, to transform them into a major focus of intellectual, scientific, and professional interest, not only for the psychoanalytic community but for all those interested in the broad area of the mind–body relationship, and the relationship between individual psychopathology and social conflicts. I continue to write critical analyses of psychoanalytic education, proposals for change, and expect that the exciting potential given by psychoanalytic theory, treatment methods, and societal applications will help to win the day.

As I mentioned before, the gradual coming together, in recent years, of psychoanalytic theories and technical approaches regarding the treatment of severe personality disorders, involving ego psychology, the British Schools, and even the French mainstream represented, for me, a very congenial evolution in relation to my own theoretical and clinical thinking. I found the work of Kleinian authors, such as Herbert Rosenfeld, John Steiner, Betty Joseph, and Ronald Britton, and French contributions, particularly André Green's work, consonant and very helpful in the approach to severely regressed borderline and narcissistic patients. At the same time, however, I have become concerned over divergent trends evolving in the Neo-Bionian approach of the

late Bion, Ogden, and Ferro, on one hand, and the Relational Psychoanalytic approach, Mitchell, Bromberg, Aaron, Benjamin, on the other. I share the critique raised by London Kleinians regarding the mystifying aspects of Bion's concept of "O," and the overgeneralized use of his concepts of  $\alpha$  and  $\beta$  elements. I also am concerned over neglect, within the Neo-Bionian psychoanalytic current, of character analysis and direct transference interpretation. But, while Kleinians and Neo-Bionians rightly, I believe, maintain the emphasis on the deepest layers of the mind, on infantile sexuality and sado-masochism, the Relational School, at the other extreme, in rejecting Freud's dual drive theory, tends to neglect these deeper layers of the Dynamic Unconscious—infantile sexuality and aggression—and problematically privileges the conscious and preconscious intersubjective aspects of the transference. And while I have attempted to relate Freud's dual drive theory to underlying genetically determined affective systems, I find myself in agreement with André Green's description of the "Negative" and Negative Narcissism as essential manifestations of the Death Drive.

My concern, theoretically and clinically, with affect theory has drawn my interest to Winnicott and the British Independents, but also to the neurobiological basis of psychic functioning. In contrast to radical neurobiological reductionism that tends to relate psychic structures and functions to a direct "linear" expression of underlying neurobiological structures, and in contrast to a radical psychodynamic reductionism that relates psychic structures and functions exclusively to intrapsychic dynamics, I have come to believe that neurobiological functions are organized into hierarchically overarching integrated structures, that, in turn, constitute neuro-psychological substructures of hierarchically overarching integrated, psychic structures. In other words, I believe an open system model of an integrated layering of neurobiological, and symbolic—experiential and motivational—structures provides an optimal path to the study of the mind-brain boundary.

Regarding my approach to clinical psychoanalysis, I identify myself with contemporary psychoanalytic object relations theory, the assumption that basic, dyadic units of self-representations and object representations within the frame of a positive or negative peak affect state constitute the "building blocks" of the psychic structures of ego, superego, and id. I have attempted in this regard to integrate the concepts of Edith Jacobson, Ronald Fairbairn, Erik Erikson, Donald Winnicott, and Melanie Klein. My technical approach, based on that theoretical frame, is inspired by Otto Fenichel, Edith Jacobson, Ronald Fairbairn, Hanna Segal, Betty Joseph, Herbert Rosenfeld, Wilfred Bion, and André Green. The French model of archaic oedipal structures, the consideration of severe aggression as a major etiological feature of severe narcissistic and borderline patients that infiltrates and dominates such archaic oedipal developments, and the need to integrate interpretively both deep levels of early instinctual conflicts, their expression in transference-countertransference formations, somatization, and acting out, and in the interaction between characterological defenses and environmental trauma, determine the "selected facts" of the psychoanalytic situation.

Countertransference understanding becomes quite central in the treatment of severe psychopathology and regression, but I reject countertransference communication to patients, stress technical neutrality and center my approach on systematic transference analysis in both standard psychoanalysis and in transference-focused psychotherapy (TFP), the application of psychoanalysis to the treatment of severe borderline pathology that I have developed with my colleagues of the Personality Disorders Institute at Weill Cornell Medical College. I maintain an objectivist—in contrast to a constructivist—view of transference and countertransference. I believe that a sophisticated, psychoanalytic diagnostic evaluation of patients geared to assess their dominant structural

intrapsychic and characterological features permits an optimal indication for the broad, presently available range of psychoanalytic treatments, including standard psychoanalysis, psychoanalytic psychotherapies (including TFP), and supportive psychotherapy based on psychoanalytic theory and clinical understanding. I am interested in further developing the technical aspects of all these psychoanalytic modalities, working particularly in the areas of narcissistic and borderline pathology.

In recent years, in my functions as the director of the Personality Disorders Institute at Weill Cornell Medical College, I have developed new studies on the psychotherapy and treatment of severe personality disorders, and, with our research faculty, carried out empirical research on a specific psychoanalytic psychotherapy for these disorders, TFP.

TFP is a manualized, empirically validated psychoanalytic psychotherapy derived from the combined application of contemporary psychoanalytic object relations theory and modification of psychoanalytic technique adapted to the treatment of patients whose severity of illness contraindicates the application of standard psychoanalysis (Clarkin, Levy, Lenzenweger, & Kernberg, 2007; Clarkin, Yeomans, & Kernberg, 2006; Doering et al., 2010; Kernberg, Yeomans, Clarkin, & Levy, 2008). The specific objective of TFP is the modification of the personality structure of patients with severe personality disorders, including, particularly, borderline personality disorder, but very centrally as well narcissistic personality disorder, paranoid personality disorder, personality disorders with significant antisocial behavior (but not the antisocial personality proper), schizoid and schizotypal personality disorders, and patients with milder borderline features—the infantile or histrionic personalities, and, finally, patients with a specific hypochondriacal syndrome. TFP is focused not only on reducing the symptoms typically seen in severe personality disorders, chronic suicidal behavior, antisocial behavior, substance abuse, and eating disorders (Zanarini, Frankenberg, Reich, & Fitzmaurice, 2010a, 2010b, 2012), but has as well the ambitious goal of modifying the personality structure of the patient sufficiently to meaningfully influence a patient's capacity for improved functioning in work, studies, and profession; to improve the capacity for a full love life in which emotional commitment, sexual freedom, and tenderness are integrated; and the capability for a rich, intense social life implying friendship as well as creativity (Clarkin et al., 2006).

The treatment techniques corresponding to this therapeutic goal are definitely more complex, require more time to be understood, learned, and competently applied than probably would be true for other psychotherapeutic approaches dealing with this population of severe personality disorders. We assume, however, that the long-range effectiveness in obtaining the objectives mentioned justify the efforts involved in developing and carrying out this particular treatment. We believe that the long-term improvements in love, work, social life, and creativity resolve the challenging problem of typical long-range follow-up findings regarding the treatment of personality disorders, which suggests that the symptomatic picture has shifted sufficiently to consider these patients as no longer justifying the diagnosis of personality disorder according to *Diagnostic and Statistical Manual of Mental Disorders* (4th ed.; American Psychiatric Association, 1994) or ICD 10 criteria but as still presenting significant impoverishment of their social life, their capacity for intimacy, and their commitment to stable, satisfactory love relation, and a lack of commitment, success, and promotion in the areas of their profession, work, or studies.

Abundant clinical evidence of positive developments in fundamental personality change is available by now, and justifies, we believe, focused research efforts to study empirically these effects in long-term follow-up studies.

TFP derives from psychoanalysis. Specifically, it is based upon systematic interpretation of the primitive transferences and corresponding regression of borderline patients, technical neutrality, and countertransference utilization but applies these technical instruments in specifically modified ways. It broadens the application of psychoanalytic technique to those severe conditions that usually cannot be helped with standard psychoanalysis. This patient population also includes severely regressed narcissistic personality disorders. In the course of my psychoanalytic work with pathological narcissism, I have developed new technical approaches to these patients that apply to both psychoanalysis proper and TFP.

All this recent work, I trust, illustrates my commitment to contribute to the development and application of psychoanalytic theory and treatment, to research in this field, and to strengthen the relationship of psychoanalysis with psychiatry, clinical psychology, and the university at large.

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