Treatment of Personality Disorders – The conversational model by Russell Meares
Outcome Variance in Psychotherapy

<table>
<thead>
<tr>
<th>Factor</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unexplained variance</td>
<td>40%</td>
</tr>
<tr>
<td>Patient’s contribution</td>
<td>30%</td>
</tr>
<tr>
<td>Treatment method</td>
<td>8%</td>
</tr>
<tr>
<td>Therapy relationship</td>
<td>12%</td>
</tr>
<tr>
<td>Individual therapist</td>
<td>7%</td>
</tr>
<tr>
<td>Other</td>
<td>3%</td>
</tr>
</tbody>
</table>

("Psychotherapy that works" by John Norcross)
Frequent appearance of double peak P3 complexes in individual subject average ERPs of BPD patients

A smell, say, of roses I now have
makes me think of a room
where I passed much
of my time as a child.

—John Hughlings Jackson
# Hierarchy of Memory

## Memory Type

<table>
<thead>
<tr>
<th>Memory Type</th>
<th>Age of Acquisition</th>
<th>Past</th>
<th>Self</th>
<th>Future</th>
</tr>
</thead>
<tbody>
<tr>
<td>Episodic</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Remote episodic or Autobiographical</td>
<td>4 Years</td>
<td></td>
<td>Will</td>
<td></td>
</tr>
<tr>
<td>Recent episodic</td>
<td>2-3 years</td>
<td></td>
<td>Automatism</td>
<td></td>
</tr>
<tr>
<td>Facts</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Semantic</td>
<td>&lt; 1 year</td>
<td></td>
<td>Reflex</td>
<td></td>
</tr>
<tr>
<td>Movements</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Procedural</td>
<td>Early</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sensations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Perceptual Representation</td>
<td>Birth Intra-uterine</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(From Jackson)
Two Kinds of Consciousness

- Subject and object consciousness
- Object consciousness identifies but is not the same as self
- “It is impossible to speak of objective states without implying subject consciousness”....”symbolized by I”
- “Ideas come out of subject consciousness and then constitute object consciousness.”

(Jackson, 1958, II, p.92.94)
Subject Consciousness

- Subject consciousness “is us in an emphatic sense”
- It is “constant to object consciousness which is continually changing” (p.96)
Default Mode Network

• Non task related
• Cortical midline structure
• Two main nodes” dorsomedial prefrontal cortex and posterior cingulate
Janet – Baldwin principle

• Taken up by Vygotsky

• Those higher order functions which are, in adult life, sense as inner had their first forms in the outer world as activities, shared by two people. This activity “mirrors” the form of the function.
Analogical Relatedness

• An analogue is a thing which resembles, but does not copy, another thing. It shows its “shape,” or proportions.

• In analogical relatedness, the other provides for the subject a resemblance of an immediate experiential state.

• It creates a feeling of “fit,” or connectedness.
### Developmental Schema of “Doubling in Play”

<table>
<thead>
<tr>
<th>Age</th>
<th>Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Birth</td>
<td>Conversational play</td>
<td>Mother doubles as the child</td>
</tr>
<tr>
<td>2-3 months</td>
<td>Proto-conversation</td>
<td>Mother (i.e. Caregiver) as the other Who is a double (self-object)</td>
</tr>
<tr>
<td>10-12 Months</td>
<td>Imitation</td>
<td>Child now creates the double by means of the body</td>
</tr>
<tr>
<td>18Mths - 4/5 Yrs</td>
<td>Symbolic play</td>
<td>Child creates an abstract or illusory double to whom he/she talk (Condensation of experience of the other as double and projection of the child himself or herself)</td>
</tr>
<tr>
<td>4-5 Years</td>
<td>Inner conversation</td>
<td></td>
</tr>
</tbody>
</table>
Right Hemisphere

- Shaping function
- Emotional
- Facial recognition (Kim et al, 1999)
- Emotional (Tamietto et al, 2006)
- Musicality (Trevarthen & Malloch, 2009)
- A particular language (Vygotsky, 1962)
Objective indices of discoordination (Hypothesis 1)

1. Significant increase of the P3a peak amplitude.
2. Loss of synchronicity between P3a and P3b in BPD patients.

(Correlation between onset times of single-trial P3a and P3b in BPD patients is statistically insignificant).
Right Hemisphere Deficit in Borderline Personality

Figure illustrates lateralization of P3a amplitudes in borderline patients. The error bars show the mean differences in P3a amplitudes in left and right hemispheres.

Coupling, Amplification and Representation

Carol
1. Not much change really er

Therapist
2. Not much really.

3. Well except I – I’m getting angry with Sam I think – guess there’s a bit of a change there.

Therapist
4. Aha! That – that seems a good thing.
Coupling, Amplification and Representation

Carol

5. Well, it's not being objective, but it's a good thing for me because I don't think it helps to be hounded like that. Even though I understand his position and you know where he's coming from but [sigh] mm
Coupling, Amplification and Representation

6. Aha. You – you understand how he might be but it’s still, not good for you and so..
Coupling, Amplification and Representation

Carol

7. Well, he was like acid eating away at me y’know with his sort of demolishing me real/ th: hmmm/ so

Therapist

8. Yes, an acid eating away at you is unreasonable?
Carol
9. Yeah, well, it’s not helpful to the situation at all. Erm and even as I say it now, I think, y’know I’ve been over equally intolerable with my own children this morning and I erupted y’know because Anna came over and looked at the lunch I was making and then said: ‘I don’t want to eat that, dog food bread,’ y’know what I mean – it’s perfectly good wholemeal bread. Y’know I mean they’re lucky to get it <ha ha and I was> and they had – y’know I make them nice, nutritious lunches – they don’t have jam and y’know – stuff like that.

Therapist
10. Right – you’re doing good things.
Carol
11. Oh, they get top q—they don’t get sweet rubbish but they get—y’know they’re always complaining that I don’t give them that but what I meant is I they get the—the best really in terms of nutrition and what-not and there she was and I just—and I mean they often say it: ‘all you give is dog food y’know, ha ha and I don’t know, let it by—past this time I thought: oh crikey, y’know Y’know I did the whole guilt bit like: ‘those poor African kids don’t get—kids anywhere y’know, all over the world that don’t have food and you’re lucky to get it and you ought to say thank you, y’know and I was ha ha

Therapist
12. But that’s what you really think
The action of telling a story moreover, is capable of being perfected in various ways. The teller must not only know how to do it but must also know how to associate the happening with the other events of his life, how to put it in its place in that life history which each one of us is perpetually building up and which for each of us is an essential element of his personality. A situation has not been satisfactorily liquidated, has not been fully assimilated, until we have achieved, not merely an outward reaction through our movements, but also an inward reaction through the words we address to ourselves, through the organization of the recital of the event to others and to ourselves, and through the putting of this recital in its place as one of the chapters in our personal history. (Janet, 1925, I, p.662).

Transformational Narrative
The Session Begins

• Margaret: “There’s more to a living environment than utility….I mean, here we are in a huge land not all of it can be used, but we’re cramped…into little boxes.”

• Therapist: “Not to have that freedom to sort of soar up and out.”

• Margaret: “Oh yes. It’s lovely to be in a spacious place.”
The links are as follows:

1. personal space – general (the cramped environment)
2. personal space (the clinic building)
3. a particular space (University building)
4. room in that space (pathology)
5. spaces in the room (display cases)
6. spaces in these spaces (fetuses in bottles)
7. abstract spaces (where to their souls go)
8. larger abstract spaces (the mystery of planets)
9. vaster space (the notion of the spirit)
10. embodiment of this space (the guru in the tower)
11. a personal space (the pursuit of the spirit)
12. the therapeutic space (music)

The therapist’s role is linking these episodes is largely but not entirely analogical. Much that is analogical is created through the contour of the voice, in brief vocalization.
Link between episodes 7 and 8 goes as follows:

- Margaret: I wondered as I came through school and we had all of this hard religious instruction, what then happens to the soul of the aborted foetus or the, um, or one who hasn’t made it?
- Therapist: Mmm.
- Margaret: There would have been a soul.
- Therapist: Mmm, there would have been.
- Margaret: Yeah. Anyway, well that’s a big one.
- Therapist: Yeah.
- Margaret: Yes so all of this, the windows, the curtains, it’s very much the... very similar
- Therapist: It’s kind of unnerving isn’t it to wonder what happened to those babies’ souls I guess ‘cause they’re so helpless aren’t they?
- Margaret: Yeah, so it would not be of their making. Um, there must be, um, I’d imagine they’d be ... Oh then but if I'm right about the, um, everything, the whole concept being thought out way beyond where we’re at... Remember when I said about the planets kind of spilling out of the... and it’s all in, in, ah, [pause] it’s all been planned? So that, that would have been planned for too wouldn’t it? The soul of the...ah...
Margaret: I find if I’m with somebody at a concert, somebody whom I know is enjoying it as much as I am…

It is, 50 to 100% more enjoyable, I’m sure…. Yeah. Well you look at the face of someone who’s into it, and you pick up, you pick up, ah what do you pick up? [pause] You pick up their enjoyment, you pick up what they’re experiencing. Yeah...

You can see the inspiration on the face and you know that they’re getting out of it what you… different if you’re with somebody whose come along just for company, forget it.