

New Approaches to Marital Conflict

The Dance, the Bond, the Drama



Joan Jutta Lachkar, Ph.D.

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To My Loving Fiancé Richard
To My Daughters and Grandchildren
To My Dear Friend Nancy Hartevelt Kobrin

ABSTRACT

This ebook is based on my first book *The Narcissistic/Borderline Couple* (Lachkar, 2004), and draws from numerous articles and books written subsequently including materials from my forthcoming book, *How to Talk to a Narcissist* (2nd Edition. New York. Taylor and Francis). It defines a beleaguered type of relationship between two developmentally arrested people who consciously and unconsciously stir up highly charged feelings that fulfill many early unresolved conflicts characterized by their painful interactions. Together they enter into a psychological drama that I refer to as “the dance,” a folie à deux or “madness-in-twoness.” These are interactions that are painful, on-going, circular, never-ending that go on and on without reaching conflict resolution. The revelation is that each partner needs the other

to play out his or her own personal drama embedded in old sentiments projected into their current relationship. The concept of the "V-spot" (Lachkar (2008), is introduced dominated by feelings of vulnerability, an accumulation of old archaic injuries, which lies at the very core of the human spirit crippling the capacity to love. The complexities of these relationships and the potential are also expanded to many other types of relationships e.g., what happens when an obsessive compulsive hooks up with a histrionic personality type. The psychodynamics of the couple along with three phases of treatment are integrated to an effective approach in the conjoint treatment of marital pathology. Living in an ever changing world this revision would not be complete without addressing cross-cultural relationships, dealing with high conflict disordered couples in the court system, and of

course the defenses that keep couples away from love, intimacy and romance.

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Introduction

Beginning with my first published book, *The Narcissistic/Borderline Couple* (Lachkar, 2004), I define two personality types who form a psychological bond or “bind” where either consciously or unconsciously they stir up highly charged feelings that fulfill many early unresolved conflicts. The revelation is that each partner needs the other to play out his or her own personal drama embedded in old sentiments projected into their current relationship. Within these beleaguered relations are two developmentally arrested people who bring archaic injuries or what I refer to as “The V-Spot,” feelings of vulnerability an accumulation of old archaic injuries which lie at the very core of the human spirit crippling the capacity to love. For example, the narcissist’s V-spot might be when not properly mirrored or

treated as special. For the borderline it might be whenever issues around betrayal or abandonment are stirred. These are interactions that are destructive, painful, and repetitive going on and on without ever reaching conflict resolution," or what I refer to as "the dance."

Ventured Into Other Disorders

Narcissistic/borderline states, traits and characteristics are not clear and concise entities, they do tend to overlap into other disorders; as a couple therapist, I began to see there are more than a few types of narcissists and borderlines. Extrapolating from these two personality types I ventured to go beyond these types to introduce eight different kinds of narcissists and eight different kinds of borderline based on the bonds they form. The narcissist does not live in a vacuum; the grandiose self does tend to seep over

into other types of disorders. For example, there can be an obsessive compulsive narcissist, malignant narcissist, a malignant borderline, a cross cultural narcissist or borderline. I also began to see there are different types of love bonds that go beyond narcissistic/borderline relations.

Drawing from many theoretical perspectives including classical psychoanalysis, self-psychology, ego psychology, object relations, attachment theory, and more contemporary theorists, Without sounding too narcissistic myself, I have taken the liberty of introducing two languages I invented to make communication more “user friendly” (Lachkar, 2008). Inspired by Heinz Kohut’s theory of self-psychology, I invented the "Language of Empathology" to meet the mirroring and empathy needs of the narcissist and inspired by the works of Wilfred Bion (1959, 1970) and Marsha Linehan (1993), I invented the

"Language of Dialectics, "to employ the splitting mechanisms of the borderline. I remain grateful to Melanie Klein who offers us the introjective projective concept or what I conceptualize as dual projective identification; a dynamic that has movement to and fro or what I refer to as "the dance." This article also integrates material from my forthcoming book, *How to Talk to a Narcissist* (2nd Edition, 2009).

For example, what happens when an obsessive-compulsive hooks up with a histrionic (Arthur Miller and Marilyn Monroe), a passive-aggressive with a perfectionist/caretaking type of personality, a schizoid with a borderline/dependent/histrionic. (Lachkar,1992, 1998, 2004, 2008, 2009, 2012, 2014. Vakim 2007).

Living in the hubbub of the entertainment field, Los Angeles, and within an ever-changing world of

immigrants, violence, terrorism, and domestic abuse, I introduced into our clinical world the "Narcissist the Artist" and the "Cross-cultural Narcissist," as well as the "Cultural Borderline" (Lachkar, 2008, 2009 2012). Even though many borderlines we see in clinical practices are not terrorists, they share the same inherent attributes of aggression I refer to as "household terrorists" (Kobrin, 2005, 2016, Lachkar, 2008).

Where I come from in our culture women are to obey their husbands!

Theoretical Implications

In revisiting many themes from previous publication, again I pay homage to the works of Melanie Klein, mainly her most invaluable tool for couples therapy-introjective/projective process (projective identification), how one partner projects a negative part of themselves and how the

other than to identify or over identify with that which is being projected. Her approach is invaluable for couple's therapy. As a classically trained dancer I appreciate its psychodynamic proponents—movements that flow back and forth, a dance that goes on and round and round without ever reaching conflict resolution.

You speak an infinite deal of nothing

...William Shakespeare

This ebook also attempts to organize and integrate theorists with oppositional views. For example, Kohut's empathic stance and self-object needs often interpreted as indulging the patient's 'grandiose self' as opposed to Kernberg who confronts the patient's defenses and aggression.

What you call your wife's abuse may be her attempt to establish boundaries.

As opposed to Kohut's empathic stance.

*It must be difficult to have your wife
constantly attack you.*

Wilfred Bion

*We know what we are but not what we may
be*

...William Shakespeare

Wilfred Bion (1959, 1970), a follower of Melanie Klein helps us see how projective identification and other primitive defenses play a fundamental role in the treatment of marital conflict especially when partners engage in. Simply speaking, Bion more than anyone helps us understand the “nonsense” that couples speak. Meaningless arguments and statements that simply do not make sense. Bion attempts to find meaning out of the meaningless and does not see the patient's negative projections as destructive but rather as a form of undigested thoughts. Ironically one may speculate that Marsha Linehan

“high jacked Bion’s “experience of ‘O’ to the “State of Mindfulness,” or on a simpler note what every yoga teacher advocates to “Let yourself just be!” For Bion the biggest offense is to avoid truth when the patient goes into –K-Link, avoids Knowledge-thinking or “thoughts without a thinker.” What is essential for Bion is to live in the state of “O,” the tolerance for the unknown or in more contemporary referred to as “living in the here and now” letting go “old baggage.” Bion helps us understand why people become verbal contortionists. For Bion there can be no thinking from the past or future, but only from the moment and living and being in the experience within that moment. This is where truth lies.

Whatever she does wrong, she says I do wrong!

What follows is an example of the unmentalized experience. One partner speaks the

language of logic while the other the language of splitting.

The reason your wife gets confused is because there are two you. One you that wants to stay married and the other that wants a divorce. These two Mr. Ws. are constantly battling one another.

The Dance, The Bond, The Drama (Pain) Why Do People Stay in Painful Conflictual Relations

As bad as the pain is it is still better than living in the black hole, the abyss

There are those individuals who confuse love with pain and cannot feel a semblance of aliveness unless they are fused in a dysfunctional destructive attachment. Together they repeat the same drama over and over again, without ever learning from experience (sabotage when happy). The most pervasive feature is that they are more bonded to pain than to pleasure, and will repeat the same traumatic experience again. Why is it

that partners involved in primitive bonds cannot take heed to our “good advice?” Why is it that is even after a divorce or separation these individuals maintain a bond, albeit a destructive one? Are they crazy, perverse, and sadomasochistic? As Grotstein (1987a) has illustrated, any attachment is better than no attachment. Pain stirs up an amalgam of unresolved developmental issues as each seeks out the other to play out their internal drama). As bad as the pain is, it is linked to the love object, it becomes highly charged and eroticized. This is referred to as “traumatic bonding. Anything is better than the emptiness. “At least I feel alive! I know I exist!” W. R. Fairbairn more than anyone helps us understand why people stay attached to bad internal objects.

Fairbairn’s (1952) contribution has significance in understanding how and why people

stay in painful conflictual relationships and stay forever attached to a painful bad internal object (rejecting, insatiable, unavailable). He extends beyond Klein's good and bad breast theory to the notion that people do not split into two parts (good and bad objects), but into multitudinous ones, the attacking object, the unavailable object, the suffocating object, the abusive object, the rejecting object and how one will relentlessly remain attached. As bad as the pain is, it is familiar and preferable to facing feelings of emptiness, the black hole. Because pain is linked to the love object; it becomes extremely charged and eroticized "*traumatic bonding*" (Lachkar 1998a). Such bonding creates ambivalence and confusion because the one who threatens and torments can be loving and kind.

There can always be someone who abuses you, rejects, betrays you, but there can also be a part of yourself that mistreats, neglects and

abuses you.

Attachments to Bad Internal Objects

Better to stay attached to a bad object than no object, at least it is familiar

In treatment it is our job to gradually wean the patient away from external old/bad object to getting them to face their internal ones.

Why do I stay with a woman who belittles, attacks me, abuses me?. Why can't I get rid of her? She is like an albatross around my neck.

"I don't feel the same excitement as before. I need a woman who excites me!"

Fairbairn: Attachments to Internal/External Objects

Bad Internal Objects

- The Wronged Self
- The Insatiable Self
- The Craving Self
- The Lost Self
- The Betrayed Self
- The Rejecting Self
- The Abandoning Self

Bad External Objects

- Rejecting Object
- The Abandoning Object
- The Betraying Object
- The Depriving Object

Depriving Object

- Unavailable Object
- Withholding Object
- Painful Object (The Mother of Pain)
- Idealized Object
- Sadistic Object

Understanding the attachments to “bad” objects helps answer such puzzling questions as:

- Why am I always being rejected (rejecting object)?
- Why am I always being abandoned?
- Why am I always getting involved with unavailable men (unavailable object?)
- Why am I always getting betrayed (betraying object)?
- Whatever I get it is never enough (insatiable object)

- How come everyone else gets more than I do (the envious object)

Defining the Ego the Capacity to Think (Kernberg)

For Kernberg the ego is everything. Freud defines the ego as a mediator between id and superego. Freud's ego is an intrapsychic one, mainly an instinctual drive theory between death and life instincts. His major contribution is aggression, how the main focus is to tame the id and channel the destructive impulses channeling aggression into more constructive and creative outlets. It's applicability to love relations has great value particularly in addressing aggression in couples which according to his biographer, Peter Gay, firmly states: aggression must be nipped in the bud. Everyone knows what the ego is, but it is a slippery concept. Even well-seasoned mental health professionals lose sight of the importance of the ego's function. The ego is an amazing

apparatus, often not user friendly, often resists what it “knows.” It is astonishing how thinking, judgment, perception, memory, functioning and reality become distorted when the “V-spot has been activated. It helps us understand why people fabricate all kinds of preposterous stories to the exclusion of reality and to the belief that their “lies” are the truth.

It has its own internal agent with the capacity to seek out the real from the not real through the process of reality testing. In short, it is the seat of consciousness, the superior agent responsible for memory, thinking, judgment, attention, perception, and the capacity for reality testing. It is the superior agent that provides entree to the unconscious. Couples can be so riddled with defenses that they can't decide how to move forward.

I don't know what to do if we should stay

together or get a divorce?

Th: While all these primitive defenses are operative (shame/blame/attack), it is hard to know what to do or to see what's real and not real let alone make a major decision.

The function of the ego is to see the world in reality by eliminating old memory traces left by unresolved early childhood conflicts or traumatic experience.

The V-Spot

The V-Spot is a term I devised to describe the most sensitive area of emotional vulnerability that gets aroused when one's partner hits an emotional raw spot in the object. It is the emotional counterpart to the physical G-spot." The V-spot is the heart of our most fragile area of emotional sensitivity, known in the literature as the archaic injury, a product of early trauma that one holds onto. With arousal of the V-spot comes the loss of

sense and sensibility; everything shakes and shifts like an earthquake (memory, perception, judgment, reality). It is a way of meticulously pinpointing the exact affective experience (rivalry, envy, jealousy, betrayal).

Don't you dare talk about your ex-girlfriend!

**Two Special Languages:
The Language of Empathology and the Language of
Dialectics**

An abundant amount of material has been written on narcissistic and borderline disorders, but as far as I know, little attention has been paid to how to communicate let alone “listen” to one. Here I had all these narcissists, all these borderlines, all these couples and had to decide what to do with them. They certainly don't know how to communicate with each other. Do I just throw them into a chapter and let them fight among themselves? I had to find a way to

communicate, listen to them and empathize with them. In subsequent books, *How to Talk to a Narcissist* (2008) and *How to Talk to a Borderline* (2009), a lead-in to communication I employed two special languages, "The Language of Empathology" and "The Language of Dialectics," both derived from analytic literature to make communication more "user friendly" (Lachkar, 2014). The language of empathology, I abstracted from Heinz Kohut's theory of self-psychology as more suitable for the narcissistic personality disorder, and the language of dialectics, I abstracted from the works of Melanie Klein, Wilfred Bion and Marsha Linehan, which I found more suitable to employ the splitting mechanisms within the structure of the borderline. I also introduced the concept of the "V-spot" for feelings of vulnerability, an accumulation of old archaic injuries which lie at the very core of the human

spirit the capacity to love.

Case of Briana and David

Mr. And Mrs. B., (Briana and David), a young couple in their early 30's have three small children, the youngest a newborn. The mother is a stay at home mom and the father works full time at a storage company. Mrs. B. came into treatment initially complaining that her husband was careless, irresponsible, critical and attacking. In this session Mrs. B. was able to bring Mr. B. back for another session. He reluctantly came in. Instead of empathically understanding how and why Mr. B. "lives in his own world," the therapists confronts him.

Therapist (Th): Welcome back!

Mrs. B. and Mr. B: Hi!

Th: David glad to see you decided to come back.

D: Yeh, but I really don't want to be here.

Th: But you are here so let us start as we usually begin. Each one of you present your issue or whatever you want to talk about and of course the other listens.

B: It's the same thing. Things go really well for a while, and then he sabotages our good time. Then we end up fighting and fighting!

D: I have nothing to say. I can't relate to these sessions. To me it all sounds like a bunch of crap.

B: This is what he always says about therapy and said the same thing with our last therapist.

D: I'm just in a different world than you. I can't relate to anything you say.

Th: (Th: preparing to do some dialectic communication). David I feel the same way about your world. I can't relate either.

D: (Has a look of surprise).

Th: I don't even know if I would want to be in your world. At least in my world of psychotherapy we don't have fights, we communicate, we talk about our feelings we don't attack, shame, or blame.

D: (Looks shocked).

Th: So since you are here let's join my world for a while. Briana can you think of an example of what prompted the last fight?

B: Yes, in fact it just happened this morning. I got up early to nurse the baby and prepare breakfast for everyone. Then I heard David shout out. "Damn it! Why do I have to wake up to dirty dishes? Couldn't you at least have turned on the dishwasher?"

B: This is where I lost it got really mad. I screamed at him "Don't you see how much work I do, and I do one thing wrong and you get mad?"

Th: So you felt unappreciated, became enraged and then you joined him in the fight? I have noticed you do get somewhat snippy sometimes and it is hard to control your anger and frustration. In fact a few times you got snippy with me (leading in to the "couple transference").

B: I know that is a problem I had my whole life.

Th: So we have here Miss "Snippy," and Mr. "Saboteur." You can't control your anger when you feel unvalued and unappreciated

and you, David, can't tolerate the good times and have to destroy by finding something to complain about.

Th: Okay let's role play this. (Roles go back and forth).

B: (playing David). "Damn it Briana why do I have to wake up to dirty dishes, couldn't you at least have turned on the dishwasher?"

Th: (Playing Briana in soft voice not snippy). "I can see it really bothers you to wake up to dirty dishes, but you don't have to attack me, I feel as though you don't appreciate everything I do!"

B:" But why do you always have to pick on something and ruin our good times?"

Th: (Playing David). Look honey you know I love you and think you are a great Mom and run an amazing home, but it just bothers me to wake up to dirty dishes.

D: (Blurts out). I can't do that it sounds phony. Besides I know what she's going to say. She'll say, "Oh now you're placating me and sounding sarcastic.

Th: (Excitedly).So now you feel attacked for sounding

sarcastic. But even if you are you can respond, “So now you’re saying I sound sarcastic (mirroring rather than defending)!!

D: That’s bullshit!

Th: Maybe its bullshit but still better than getting in a fight. ANYTHING is better than a fight (transforming the negative projections).

D: Briana, if you want to fight than fight with yourself. I’m done. Never will I get into a fight with you! I’m done! I’ve had it!

Th: Very good! This is a real start. Next week we will work more on communication skills learning a new language and David thank you for coming here and experiencing my world a bit.

D: Yeh, cool!

B: This is good I really want to work more on this.

Th: I guess you both feel that we are cleaning up the “dirty dishes” here (using the metaphor/theme of the session). See you both next week.

Discussion

In this case the therapist uses the *language of*

dialectics with the partner that seemed more borderline, David, the one blaming, attacking and shaming (splitting between two worlds). Conversely the therapist used the *language of empathy* for Briana the one that needed more empathic attunement and mirroring.

Narcissism

Defining the Narcissistic/Borderline Couple

Let me begin by defining a narcissistic/borderline couple followed by describing various types of narcissists and borderlines. These two personality types who form together a psychological bond or should I say a "bind!" Together they enter into what I call a psychological "dance" who either consciously or unconsciously stir up highly charged feelings that fulfill many early unresolved conflicts. The revelation is that each partner needs the other to

play out his or hers own personal relational drama. Within these beleaguered relationships are two developmentally arrested people who coerce each other into playing out certain roles. Together they bring archaic experiences embedded in old sentiments into their current relationship (also known as “The V-Spot.” In the “dance” these are interactions that are repetitive, on-going, circular, never ending that go on and on; each one stirs up each other’s painful injuries without ever reaching any conflict resolution.

Defining the Narcissist

*You know you are in a room with one because
all they do is talk about themselves*

You know when you are around one because all they talk about is themselves in the narcissistic spotlight. They are dominated by a grandiose and exaggerated sense of self, believe the world owes them something, have excessive entitlement

fantasies a sense they are superior to others and when they run out of narcissistic supplies will continue on the search for more mirroring self-objects. They value such things as success, fame, physical beauty, wealth, material possessions, and power. The narcissist cannot tolerate their own dependency needs and unwittingly project their needy selves into the borderline. When narcissistically injured or not properly mirrored they withdraw. In court custody cases they are the ones who feel entitled, want all the custody, the money, all the furniture making compromise or resolution virtually impossible. Narcissism is not a clear and succinct entity for the grandiose and entitlement fantasies seep over into many disorders. The narcissist cannot tolerate having needs so they project their needy selves onto someone like a borderline who already has a thwarted sense of self.

Whenever I get needy he gets anxious and starts to attack me. He interprets even a question like a bomb hit him. "Honey did you lock the door?" "Of course I did what do you think I'm stupid? It is always puzzling why he even interprets a simple question as a complaint.

Different Kinds of Narcissists

We now move on to different kinds of narcissists. The descriptive titles outlined are in no way intended to be pejorative, for people cannot be labeled, they are merely intended to offer some guidelines and treatment suggestions for the therapists who treat these patients and the partners who live with them.

The Pathological Narcissist

The Malignant Narcissist

The Obsessive-Compulsive Narcissist (See Case The Maven)

The Disappearing Male

The Antisocial Narcissist

The Depressive Narcissist

The Cultural Narcissist

The Narcissist The Artist

What follows is a case of an Obsessive Compulsive
and Histrionic Narcissist

Mr. and Mrs. R. The Robotic Male The Maven

This case is an illustration of what happens when an obsessive-compulsive narcissist and a borderline histrionic wife get together and how their primitive defenses get in the way of romantic love. In the “dance” they each project some unresolved developmental parts of themselves. Mrs. R. entered treatment feeling vastly frustrated regarding her husband’s preoccupation with cleanliness, perfectionism, and inability to be intimate let alone romantic and sexual. (The inspiration to write this case came after reading an article regarding NASA’s new solar mission—an orbiter called MAVEN).

Therapist: Greetings! So who would like to start?

Mrs. R: I would. My husband is a well-known renowned scientist in the field of space exploration, As much as I love and respect him, I am contemplating getting a divorce.

Th: (Listening: already getting the sense that her husband may be OCD but trying to listen without preconception).

Mrs .R. He never expresses any emotion. He is not romantic and is very fuzzy when we finally do have sex. He accuses me of being too needy, being a nag, and too emotional.

Mr. R: She is too emotional. Her emotions kill me. Why can't she just talk like a normal person? She whines, she weeps, she yells, and complains I never listen to her.

Mrs. R. When we have sex he just sticks it in, comes and then and in some perfunctory way plays with me, but I am always left frustrated.

Th: So you are here because you are saying you would like more intimacy.

Mrs. R. (Annoyed with therapist's remark). Of course, I would like that why do you think I'm here?

Th: You feel your husband has been a good provider, a good dad, you respect his brilliance and

accomplishments as a scientist and aerospace engineer, but lacking in romance and passion.

Mrs. R. That's the point. I do love and respect him, but I am always left feeling frustrated.

Mr. R. And complaining, bitching; I can't stand her overreactions and hysterical outbursts.

Th: Actually, your wife is not really complaining although it sounds that way because for so many years you have not listened to her. What you call complaining, I call needs!

Mr. R. Needs! That's for people who are sick. Needy people make me sick!

Th: Of course, that is why you are so obsessed with cleanliness. You feel needs are dirty and must be eradicated. Tell us more about the space mission.

Mr. R: (Suddenly comes to life). Oh yes, I am so impressed how these men working on the project scrub and scrub. Cleanliness is crucial to avoid contaminating other worlds; contaminations from Earth could kill life forms on other planets which would ruin any discovery. This is a space project designed to search for life beyond earth which requires

unadulterated scrubbed robots to go into space. There should be no contaminants from earth of water and heat if they are to go to another planet which is cold and dry. (Therapist cannot help thinking this is his own internal heat of passion and emotions which must be obliterated).

Th: (Intensely listening to the words). So you are really telling us how you feel about having emotions, that you experience them as dirty dirt that must be eradicated. You would like to have a perfect internal spaceship that is totally “germ free.” You also worry if you allow yourself the emotions an intimate relationship requires you will sound like a histrionic manic!

Mr. R. (Squirming obviously with discomfort). That is a bunch of nonsense.

Th: But as the brilliant scientist, I thought you would be open to new ideas, and of course it sounds like nonsense because these feelings are unconscious.

Mrs. R. See now he puts you down the same way he does with me.

Th: Yes, but I don't make demands or complain. I am

trying to explain how my idea may be something new, an idea that could be experienced as a germ if he gives it serious thought so it's easier to get rid of it.

Mr. R. I like the fact that you value and appreciate me.
I wish my wife would react like that.

Th: Sounds like you are already making progress, you just expressed a real need, how you would like your wife to express more appreciation for you.

Mrs R.. I can do that!

Th: Great well I see we have a lot of scrubbing and analytic cleaning up to do here, but in order to do it we have to stay on earth. See you next week.

Both: We will be here.

Mrs. R: From Mars to Earth.

Th: (Both chuckle)! See you both then.

Discussion

Using the language of empathy by not responding to his attacks turns to a new “space,”

and appreciating his scientific mind, with the speed of a laser, the therapist moves from confrontation regarding his preoccupation with cleanliness to an appreciation of his work. “Tell us more about the spacecraft” (mirroring and providing the narcissists with self-object needs). After gratifying his narcissism, the therapist was then in a position to address how his fear of germs parallels his fear of emotions and passion. In terms of technique, note the therapist repeatedly refers to the thematic motif of “space” to bring him into the transitional world of the therapeutic space.

Borderlines

Defining the Borderline

The borderline has a defective sense of self, early trauma in the maternal attachment bond and suffers from severe abandonment anxiety, a product of early abandonment often by parents

who were absent, alcoholic, abusive, or physically or emotionally unavailable. They frequently perpetuate the cycle by staying in abusive, addictive or obsessive relationships enacting the victim role (bonding through pain either self-inflicted or other inflicted). They are victims, the scapegoats, and when betrayed will spend the rest of their lives getting back, getting even, even at the expense of self, will sacrifice themselves, children, families. This makes them easy prey to the seduction of narcissists, who thrive on power and success.

Different Kinds of Borderlines

Histrionic Borderline

Passive Aggressive Borderline

The Obsessive-Compulsive Borderline
(Pack Rat)

The Cultural Borderline

The Obsessive-Compulsive Borderline

The Schizoid Borderline

The Paranoid Borderline
The Disappearing Borderline
Antisocial/Sociopath/Psychopath
The Cross-Cultural Borderline

Treatment Approach and Techniques

Therapeutic Functions

- Empathy
- Listening
- Understanding (Objective/Subjective)
- Introspection
- Therapist as the Mirroring Object
- Therapist as Self Object
- Therapist as Container (Hard Object)
- Therapist as the Bonding/Weaning/Mommy
- Therapist as the Transitional Object, the Bonding/Weaning
- Therapist as the Holding and Environmental/Mommy
- Therapist as the "Being" vs. "Doing" Mommy (remembering the patient's experiences and affects)

- Therapist as Interpreter

Suggestions for the Therapist

1. Don't be afraid to confront the aggression. Speak directly to the aggression with technical neutrality, by making clear, definitive statements. Be empathic toward the pain and the patient's vulnerabilities, but avoid getting drawn into the couple's battle.
2. Eye Contact
3. Awareness of individual distinctions (You feel shame, you feel guilt)
4. Summarize the session ask each what was meaningful
5. Continually reevaluate the treatment goals (why they came in the first place!).
6. Avoid asking too many questions (interrogation and obtaining lengthy histories). Don't waste time. Start right in. The history and background information will automatically unfold within the context of the therapeutic experience and the transference.
7. Avoid self-disclosure, touching or consoling the patient, making unyielding concessions.

8. Listen and be attentive. Maintain good eye contact, speak with meaning and conviction. Talk directly to the issues.
9. Don't talk too much! Use short clear sentences, keep responses direct, mirror and reflect sentiments with simple responses and few questions.
10. Keep in mind a "normal couple" or "ideal couple." This image will sharpen your focus and safeguard from getting lost within the couple's psychological "dance."
11. Explain how one may project a negative feeling into the other, but try and understand why the other identifies with what is being projected (dual projective identification).
12. Listen for the theme. Be aware of repetitive themes. The subject and feelings may change, but the theme is pervasive (betrayal, abandonment, rejection fantasies).
13. Help the couple recognize "normal" and healthy dependency needs.
14. Get into the "dance" with the couple; role play.
15. Recap the dynamics at end of each session aware of the qualitative differences.

16. Avoid generalizing the couple's feelings:
"You both feel betrayed, you both feel abandoned you both feel anxious."
Prefer:
"You (A) feel anxious whenever your sense of specialness is threatened and you (B) feel anxious whenever you feel a threat of abandonment or betrayal."

Three Phases of Treatment

Phase One The Phase of Darkness: A State of Oneness (Fusion/Collusion)

We now move into therapeutic approaches and techniques starting with three phases of treatment (Lachkar, 1992, 1998, 2004, 2008, 2009, 2012, 2014). These include three phases of treatment, therapeutic functions, different ways of listening, (Lachkar, (Akhtar, 2013, 2017, in progress), Common Complaints in Couple Therapy (Lachkar, 2014). These three phases are based on the theoretical constructs of Melanie Klein (1967) in which I describe three stages of development

primarily designed to show how couples move from one developmental phase to the next. Within these three positions, there is continual movement back and forth from states of fragmentation to that of wholeness and integration. In couple therapy, the therapeutic task is to gradually move “wean” the couple away from “the relationship” (such primitive defenses as shame/blame, envy/jealousy, domination/control) to that of self-development and responsibility. During the initial phase of treatment the couple lives psychically “inside” the emotional space of the other. It is a state of “oneness,” fusion/collusion with the other whereby one lives emotionally “inside” the mental state of the other. It is a shame/blame phase, each one blaming the other for all the shortcomings in the relationship (who is right/who is wrong, finding fault, getting even, and retaliation). There is much stonewalling, blaming and shaming. Each

partner shows little awareness of the inner forces that invade the psyche. Instead, there is a preponderance of primitive defenses such as splitting, projection and projective identification. As mentioned earlier when these primitive defenses are operative it is not the time to make any major decisions.

As Goethe once said,

It's difficult to know what to do especially when there is so much blaming and attacking going on!

Phase Two a State of Twoness (Transitional Space)

This second phase marks the emergence of “twoness,” a glimmer of awareness of two separate emotional states, a sense that the therapist/mediator can be useful. There is more tolerance for ambiguity, budding insights into unconscious motivations (internal objects), ability

to see someone who is helpful and not the enemy. It is the beginning of bonding with the therapist and a "weaning" away from living emotionally "inside" the object toward mutual interdependence.

I am beginning to see my therapist as not an accuser/abuser/user like my wife, but someone that can be loving and kind.

Phase Three, a State of Reason, Awareness of Two Emerging Separate Mental States (Dependent and Interdependent)

This phase marks the beginning of the depressive position, the ability and willingness to feel sad, express remorse, and for reparation to occur. Salman Akhtar's new book on regret (2016), explains how people obsess about their past wrongdoings. The desire to "repair" the damage, to embrace guilt, mourn, and to take responsibility for all the transgressions. The therapist is able to reach a compromising position.

The couple is able to deal significantly with loss, mourning and grief and the ability to tolerate past transgressions. It is a time when each partner comes to terms with uncertainty, ambiguity, and healthy dependency needs. It is a time to heal and listen non-defensively to one another's hurts as well as diminishment of repetitive negative projections.

Psychodynamics of the Couple

Not only is there a dance between the couple, there is also a dance between their psychodynamics (between guilt/shame, envy/jealousy, domination/submission control/dependency, fusion/withdrawal, oedipal rivals). Below is an example of the dance between guilt and shame.

A narcissistic husband projects a feeling into his borderline wife that she is worthless, non-

deserving, and not entitled to anything and should not need or want anything. Because the narcissist doesn't allow himself to have needs. "Me I'm the narcissist I don't need anything! You are the needy one! All you do is nag, nag, nag. I nag because you never listen to me!" Not knowing how to legitimately express her real needs, the borderline wife nags even more. The more she nags, the more he withdraws, as he withdraws she attacks. You're just a pompous narcissist. You only think about yourself. I am simply asking for time and attention from you! As she attacks, she hooks into his harsh punitive internalized superego (guilt). He ends up feeling guilt and she shame. Thus, it becomes a dance between guilt and shame.

1. Shame vs. Guilt
2. Envy vs. Jealousy
3. Splitting/Projective Identification and Dual Projective Identification (see glossary).

4. Dependency vs. Omnipotence
5. Control/Domination/Victimization
6. Fusion/Withdrawal
7. Competition/Rivalry (unresolved oedipal conflicts)
8. Reality vs. Magical Thinking
9. Cross-Cultural Psychodynamics

Different Ways of Listening

Since writing the first edition, I realized that *“How to Talk to a Narcissist”* is not enough. Someone has to listen to them let alone find various ways of “listening.” I therefore abstracted concepts from my latest book, *Common Complaints in Couple Therapy* (Lachkar, 2014) to encompass various listening (including my own). So how do we “listen” to a narcissist or not listen? Abstracting from Salman Akhtar’s book, *Psychoanalytic Listening* (Akhtar, 2013) is a real treasure to how to listen especially with those

with Narcissistic Personality Disorder.

1. Objective Listening
2. Subjective Listening
3. Empathic Listening
4. Introspective Listening
5. Intersubjective Listening
6. Containment Listening
7. Listening to Bad Internal Objects
8. Non-Verbal Listening/Body Language
9. Listening With a Cross-Cultural Ear

Objective Listening

The detached observer who listens without preconceptions, non-judgmental, abandons all conscious memory. From a self-psychology point of view the analyst believe the patient's perceptions are the truth as opposed to the object relations point of view which believe the patient may distort or misperceive the truth.

"It's a terrible feeling to think that your own mother was cruel and abusive."

Subjective Listening

The subjective listener pays attention to his own feelings, reactions and perceptions he has of the patient.

"His mother had no right to abuse him but there is something about this patient that stirs up a lot of anger in me!"

"There is something about this patient that puts me to sleep"

Empathic Listening

Analyst feels what the patient feels by getting a taste of his experience but then gets back to the patient expressing how the analyst knows what the patient was going through.

"I am not an alcoholic like my patient, no interest whatsoever is having to drink that bottle of scotch, but I know what it feels like when a plate of French fries are put before"

me.”

Intersubjective Listening

Two subjective realities come together as a collaborative exercise in finding truth/reality,

The patient does not set boundaries with his wife for fear of her wrath and retaliation that she will perceive him as being abusive as his father was. In the same breath the patient experiences the therapist abusive when he sets limits of holds on to the boundaries.

“So when I insist that you pay your co-pay for each visit or be responsible for last minute cancellations, you experience be as being abusive as opposed to someone trying to keep us both safe.”

Introspective Listening

One who listens beyond what is not always verbalized. “So you believe if you set limits with your wife you will be viewed as an abuser

identified with your father's abuse (Identifying with the internal abuser)

"Whenever I try to draw a limit she attacks me and accuses me of being abusive just like my father!"

Containment Listening

One who is capable of tolerating other people's rage, contempt, and disapproval.

"So as a child you were too young to stand up to your father or his rage, but your wife is not your father and her anger will not destroy you!"

Listening to Bad Internal Objects

One who is capable of extrapolating external negative objects and empathically translocating them to bad internal objects.

"So we can't control the external betrayers, abusers, accusers, but we can control the internal abuser, how you constantly attack and violate yourself"

Non-Verbal Listening/Body Language

One who listens to their bodily responses (yawning, foot wiggling, tightening of muscles, boredom, restlessness).

"I could not stop yawning and so bored when with this patient. After a while I realized she was letting me know what an empty inner world she lives in."

Listening With a Cross-Cultural Ear

When two cultures join together one has to take into account the cross-cultural differences not only in tradition religion ideology, role of women, but in their varying dynamics. What dependency, shame, guilt, honor, and peace mean in one culture may have a completely different meaning in another.

Common Complaints that Bring Couples into Treatment

In my most recent publication, *Common*

Complaints in Couple Therapy (Lachkar, 2014), I describe how each type of personality disorder has their own unique way “complaining” and interpreting what they hear, how a common complaint can be distorted or misperceived as the couples’ mutual projections and how each one tends to identify or over-identify with the negative projections of the other. In addition, it discusses various complaints that couples bring into treatment from a psychodynamic, multicultural and cross-cultural perspective.

Case of Lisa and Jake

Jake initiated the appointment and expressed concern that they have been to many therapists and neither could relate to any of them. The exception was the last one who seemed to show compassion to his wife Lisa, but from his point of view spoke “shit.” He would say very perfunctory

things like, “Life is not a bowl of cherries,” or “It takes two to tango.”

Th: Who would like to start?

J: I’ll start because I know she’ll want me to. Why don’t you go ahead and start?

L: Alright! I have several complaints. First is about money, we are struggling to pay our bills; second I feel like Jake always attacks me, is controlling, and does not approach me anymore for sex. Other than that, I am happy in the marriage, I love J.

J: Well, I’m not happy. I hate to come home and when I am home I feel very anxious.

Th: Lisa, in a few words you were able to tell us what you feel the issues are and you mentioned sex. That must make you feel frustrated not to have the intimacy.

L: I don’t care so much anymore. He attacks me and is very controlling.

Th: So Lisa feels you are controlling and attacking.

J: Look, when she starts to eat too much I simply tell her to stop, but she doesn’t listen and this is

when she gets very defensive.

Th: Is Lisa's weight an issue for you?

J: It is and I feel very selfish admitting this but it is a turn off.

Th: Jake, you may be confusing selfishness with needs. You are saying you would be more turned on by her if she were thinner.

J: And yet when we do have sex, I do get into it.

L: This is where I begin to feel very uncomfortable. When the whole issue centers around my weight.

Th: You're right we are not just talking about your weight we are talking about a weighty problem mainly in communication (how each one distorts the good intentions of the other).

J: You're right I care about her weight because I love her and care about her health.

Th: Lisa can you hear that?

L: Yes, but I don't think he means it.

Th: Ah, this is where we falter, how about just taking that as him giving you some good food, his love and caring for you.

L: I still don't believe him.

J: See how she makes me feel unappreciated?

Th: Well, I think this may take a while to digest. We have here two Lisas and two Jakes. One Lisa that knows she's loved and cared about, and the other who feels devalued.. We have two Jakes one that withdraws and isolates himself from the marriage when he is not appreciated and the other that wants the marriage to work.

L: So what do I do when Jake attacks me?

Th:, Lisa, you confuse Jakes' caring for you as control and attack, and Jake, you confuse your needs with selfishness..

J: That sounds like it in a nutshell.

L: Thanks Joan. See you next week.

Th: Bye, now have a good week.

Discussion

The therapist is aware of Lisa's sensitivity to being attacked and criticized, but seems to be able to take in my responses as the "good food" she

needed. Here the therapist transforms the entire issue of “weight” making it into a transformative metaphor e.g., the larger picture relationship issues around weight (money, sex, acting out).

Couple Transference

Marital Therapy is a drama, a play, a deep emotional experience between three people. Both therapist and the couple get immersed into the relational drama (not lost), but still maintain enough technical neutrality to not lose objectivity. The therapist then invites the couple into the “couple transference” (a term I devised to show how these behaviors get projected not only to one’s intimate partner, but onto others). Fairbairn more than anyone helps us understand how people identify with bad internal objects and relentlessly hold on to them. A patient misses several sessions, comes late and neglects payment.

Th: Now you're letting me know how it feels to be excluded, abandoned and to feel as though you don't count.

The couple transference does for the couple what transference does for the individual, but is slightly more complex designed to produce a transformation within the dyadic relationship. It refers to the mutual projections, delusions, and distortions, or shared couple fantasies displaced onto the therapist. This opens up an entirely new therapeutic transitional space in which to work.

This is where the real work begins when the couple transfer their dynamics onto the therapist. It is within this space that "real" issues come to life.

Now you see me as your wife. Someone who just sucks the blood out of you. Using you, your time, your money. Then you don't see me as someone who cares about you and tries to be helpful.

About Love

Today people are obsessed with talking and complaining about their relationships. They are so consumed in talking about them, they hardly have time to have them. The capacity to fall in love is a basic human experience; since falling in love is felt to be magical, we all look for the mysterious power of love. As we know, relationships are not simple, for they are comprised of many complex and interrelated aspects of love, shame, guilt, envy, jealousy, hatred, aggression, rivalry, control, domination, submission, victimization, perversion, pre-oedipal/oedipal conflicts, as well as many early unresolved infantile conflicts. When we talk about marital discord, we are talking about a kind of love that goes in the wrong direction, primitive defenses that invades and infects the capacity to maintain a healthy loving relationship.

So what is This Thing Called Love? Who knows

about love? Keats? Shelley? Freud? Shakespeare? According to Freud (1914), love is basically a psychotic state, a powerful, irrational and all-consuming experience sometimes short-lived or can develop into a more mature love. He also talks about being in love with oneself, a kind of narcissistic love, being in love (some people never get over this). What Freud forgot to mention is what happens to the person's ego when in this psychotic/blind state. The ego is the first thing to go. This impacts judgment, reality testing, rationality, perception during the onset or intensity of a love relationship. This explains why smart people say stupid things within the context of the relationship.

When people fall in love, they feel it is magical—the mysterious power of love. They appear to be madly in love at the onset, but suddenly the feelings vanish without an explanation or concrete

reason. Many of these couples come into session depressed, feeling traumatized and abused by their partner, who initially promises them the world and treats them as the love of their life. But lurking in the shadows are undiscovered primitive defenses that attack and destroy the love bond. The mysteriousness of this syndrome was enough to motivate me to examine the vicissitudes of love relations, taking into account aspects of aggression, cruelty, sadism, envy, and other primitive defenses that threaten to destroy love and intimacy

In Kernberg's *Aggression in Personality Disorders and Perversions* (1992) he describes four kinds of love relationships (1) normal, (2), pathological, (3) perverse, and (4) mature love. His premise is that in normal love, the relationship overcomes the conflict. Internal strivings do not interfere with the capacity to maintain an intimate

loving connection. In pathological love, conflict overpowers the relationship, and internal conflicts do interfere with the capacity to maintain a loving relationship. It is love that goes in the wrong direction, implying that people who have been traumatized are like emotional cripples in relationships because they link idealization with eroticism (See Different Kinds of Relations).

Kernberg's Different Kinds of Love Relationships

When I first met her I fell in love because she had big breasts. Now I envy and want to kill any man who looks at her.(Envy dominate.)

- Normal: Relationship more important; love takes over conflict.
- Pathological: Conflict takes over the relationship; part object functioning.
- Perverse: Search for excitement; partners reverse good and bad.
- Mature: Goal/task oriented; whole object functioning.

More Types of Love Relationships

- Obsessive/Addictive Love
- Romantic Love
- Erotic/Exciting Love
- Idealized Love
- Unavailable Love
- Rejecting love
- Lost Love
- Abusive Love

Courts Beware of High Conflict Personalities

Sometimes revenge, retaliation, getting even becomes a more important force than life itself.

Where else do we see more high conflict personalities than in the court room particularly in custody battles with high conflict people in legal disputes (Eddy, 2016). Many practitioners treat patients who are experiencing difficulties with narcissistic/ borderline partners in legal mediation. People with high conflict disorders are

often the ones who manipulate the court system. A person with a narcissist personality will fight to the bitter end to get what they feel “entitled to,” whereas the borderline will fight to the bitter end as a means of revenge and retaliation (Lachkar, 2008, 2009). They are relentless even to the extent of sacrificing self and others (spouse, children, family, career, reputation) until they achieve their final goal—revenge. Therapists and legal officials are continually perplexed as to why people continue to battle without ever reaching conflict resolution. On the surface couple problems seem to revolve around children, sex, money, commitment, work, outside intrusions (ex-spouses, in-laws, friends, sports, pets, hobbies). But the underlying issues are more about control, domination, envy, betrayal, revenge, jealousy, shame, guilt, abandonment, victimization, and oedipal rivals.

In recent years, Borderline Personality Disorder has gained attention, especially in the field of divorce and custody litigation. Marsha Linehan (1993) the pioneer of Dialectic Behavioral Therapy (DBT), described borderlines as akin to third-degree burn center patients, who are in agony at the slightest provocation. Even when conflict resolution is reached or offered to the malignant borderline, it is repudiated. The borderline's unleashed aggression means that sabotage, vengeance, and retaliation disrupt any potential for resolution, replaced by a pervasive shame/blame and attack mentality.

The key to handling borderlines when mediation with their partners bogs down is to understand the nuances and motivation of the borderline persona. They are often "as-if" personality, have an exquisite false self (Winnicott, 1965), can dupe the most seasoned therapists, let

alone court officials operating with the façade of being the poor victims, the betrayed and abandoned ones. In an attempt to defend against shame, they are determined to win and prove their self-righteousness at any cost. They may appear normal, genuinely concerned about the welfare of the family, are intelligent and often charming. But they're not! Behind this façade they cajole and scheme to coerce their partner into the "bad parent" role (in psychoanalytic terms known as splitting and projective identification).

Differences Between Mediation and Couple Therapy

Many therapists and court officials recommend mediation. Mediation has become a common and alternative attempt to resolve domestic disputes in lieu of court involvement. It is even required by some court systems. Mediation is the attempt to help partners come to terms with disagreements

and find ways to reach conflict resolution without causing either emotional or physical harm to themselves or their partners. Reaching resolution is not based on a person's past, personality defects, or traumatic experience; it is more about who is most qualified to care for the child.

Couple therapy is different as it provides a more in-depth approach to working through the couple conflicts and disagreements. It takes into account such matters as family conflict, childhood trauma, and attachment disorders. I coined the term "couple transference" (Lachkar 2004, 2007, 2008a, 2012, 2013, 2014) to show how the couple projects onto the therapist. The deeply emotional experience of intense communication and feelings that therapy entails begins with acknowledging the profound challenges of a primitive relationship and matures into the awareness of healthy dependency needs and mutual respect. The couple

presents its own dramatic narrative, and with each session the curtain opens on the opportunity to effectuate a new experience. Unlike mediation, couple therapy does not have a group of laws to back it up. You can't say for instance, "Well, there is a law that says you must take your wife out for Valentine's Day and buy her flowers!" The experience is more subjective, whereby the needs of the couple gradually unfolds as therapy continues. Couple therapy can be long or short term, whereas mediation is designed to be brief.

Cross Cultural Couples-Where East Meets West

Moving from the domestic to the global this article would not be complete without paying attention to cross-cultural aspects (Lachkar 1992, 1998, 2004, 2008, 2009, 2012, 2014). Many of these additions are abstracted from my earlier publications on marital and political relations.

Today our offices are beginning to look like a mini United Nations. People from various cultures bring with them not only their emotional conflicts, but political/religious ones as well e.g., Sharia Law (Islamic legal system which governs, often in conflict with our laws and constitution). When a person marries, they are not only marrying a person, they tie the knot with an entire culture as each member of the couples brings with them their nationalist flags. What dependency, shame, guilt, envy, honor, sense of self mean in one culture takes on completely different meaning in another. In Asian and Middle Eastern societies it is the group self that dominates over the individual self.

Cross Cultural Complaints

When two cultures join together one has to take into account the cross-cultural differences not

only in tradition religion ideology, role of women, but in their varying dynamics. What dependency, shame, guilt, honor, and peace mean in one culture may have a completely different meaning in another.

Most Western psychotherapists will note that when two individuals are interacting they will express how they feel. In Asian societies the prevailing belief is that there is no need to express how one feels because the assumption is that the other will just intuitively know this. In Japan this is a form of dependency called *amae* (one will just know what I need without having to ask).

*Anyone who doesn't believe in our cause must
be punished!*

The Cross-Cultural Borderline

I introduce the Cross-Cultural Narcissist/Borderline, malignant narcissist, or

those who bond and identify with destructive leaders or terrorist such as Kim Jong-un and Osama bin Ladin). Just as each culture has their own way of complaining, so does a personality disorder. The cross-cultural narcissist is the one who clings to a certain amount of nationalistic pride and will hold relentlessly to traditions, refusing to adapt in order to maintain a sense of special identity. The cross-cultural borderline will do everything and anything to revenge and retaliate. This brings up many issues around ethics—domestic/spousal abuse. Even though many of our patients are not terrorists, they share the same inherent attributes of aggression (household terrorists).

The cross-cultural borderline will retaliate, become a freedom fighter, a terrorist, do anything to maintain the group's collective identity (suicide bombers). He believes his lies are the truth, and

will go to any extreme in order to maintain the group's collective identity, sacrifice themselves, families, or even their children for a cause or to adhere obsessively to family tradition. . Group identity is a more pervasive force than life itself.

I will kill for my country!

Treating cross-cultural couples presents major challenges (Lachkar, 2004.) With the age of globalization, therapists face many new challenges in an ever-changing world. Understanding the kind of cruelty and aggression at the global level has been enormously helpful in understanding aggression and cruelty at the domestic level—especially in the treatment of cross cultural couples. This article addresses and takes into consideration the cultural aspects, especially those of violence and domestic abuse. How does a Western therapist deal with the various psychodynamics that present themselves with

different cultural orientations? Who are we to impose our standards onto people with diverse orientations and to expect them to readily adapt to our laws and standards? Where does mental illness lie? The award nominated film *The Big Sick* (2017) is a good illustration of these differences. This American romantic comedy is adapted from a true story detailing an unusual courtship between an American woman (later his wife), a Pakistani man and his Pakistani parents keen on fixing an arranged marriage.

In examining and treating cross-cultural couples we bring to awareness that many cultures operate within a different moral compass. People from cultures that vary from ours assume not only different roles, but very often contrasting ideologies. Therapists and mediators need to be aware of these differences to effectively deal with and treat cross-cultural couples. Those from

Middle East and Asian countries come from vastly different backgrounds than those from countries such as France, Germany, Spain, and England, which, although diverse in many aspects, share many of the same values and Judeo-Christian beliefs. Although Israel, for instance, is a democratic country and its values and standards are not too far apart from ours there are still cultural distinctions. In our culture we have separation between state and church. In many other countries leaders have the authority to dominate who we revere and pray to. The treatment points below stem from a few of these cultural differences.

Cultural Psychodynamics

There is not only a dance between the couples but also between the cultures.

"I don't have to ask for what I need you will just know."

The dynamics involved in treating cross-cultural narcissists take on an entirely different shape. What shame means to a Westerner may not be what it means to a Middle Easterner or Asian. What dependency means in Japanese cultures is in sharp contrast to what dependency represents for the Westerner. It is not enough to understand shame without encompassing the concept of “saving face” or sense of self in Asian and Middle Eastern societies. Furthermore, to understand the concept of self, one must take into account the differences between an individual self and a group self. The same holds true for guilt, envy, jealousy, true self and false self (*tatamae* and *honne*, respectively, in Japanese). Many times hierarchical positions in cultures show deference to elders and parents; they come first and wives are last on the list (something most women in Western cultures would not tolerate). For Koreans, it is not enough

to analyze someone's anger or rage without considering the Korean concept of *han* ("rage") with its deep historical significance. A Western psychoanalyst will encourage the patient to express his/her needs as directly and openly as possible, but a Japanese patient will remain silent, waiting for the analyst to offer what he or she needs (*amae*).

I am reminded of a young Japanese graduate student who came in for treatment in my early years of clinical practice. He walked in with his head down, did not make any eye contact. After sitting silently for many minutes and obviously feeling very anxious, he said he was gay, and felt very fearful that his family was soon to discover his preference for men. I proceeded to tell him how he had to do what was right for him and not live his life for his family and friends, and how wonderful it was that he could come for treatment and begin to develop his own sense of self. He looked at me quizzically (as if I were from Mars) "What is a sense of self?"

Is there Such a Thing as a Cultural V-Spot?

Do Cultures have a cultural V-spot? Do they blow at the slightest provocation? In noting the parallels between marital and political conflict. I do believe like couples, cultures also have V-spots. These are archaic traumatic injuries sustained through wars, losses, or a lifetime of governmental violations keeping them forever embroiled in endless feuds.

A Korean female patient who would not only blow at the slightest provocation but would hold on for months to her rage. I learned this was something culturally inherent, that Korean women would get into something they refer to as han. Historically Korean women were the only Asian group that lost men to wars; they were abandoned and had to fend for themselves hence developed more aggression than their sister neighbors.

The Cross Cultural Hook

The cross-cultural hook (Lachkar 2008) is a

method I originated to find pathology within each partner's own culture and construct a platform for "negotiating" by pinpointing cultural contradictions and hypocrisy. For example, a Japanese wife finds solace in nursing her baby (sleeping with the baby in another room not having sex with her husband) giving the therapist an opportunity to point out the conflict within her culture (subservience to husband). Or an American wife complains that her Japanese husband is cheap and cannot accept living in American materialistic society, only to point out that Japan is a hub of materialism. Objects, in fact, often become the replacement for human contact. Let's take for example the concept of *amae* whereby one does not ask for one's needs to be met, the other will just "know" and willingly offer.

After treating a Japanese patient with a lower fee for six months, the attempt to raise his fee was

felt to be shameful that I had the “nerve” to even ask. Using the “cross cultural hook,” I remind him that in Japanese a person “offers” and doesn’t wait to be asked! So basically “you put me in a “shameful” position!

The Dance between Shame and Guilt

In the West people are expected to feel guilty about certain acts. In Japan, shame is a major component of the culture as it constitutes a major sanction, whereby people are humiliated and made fun of. The most common threat that a Japanese mother uses to discourage behavior of which she disapproves in her children is to say *Warawareru wa yo!* (People will laugh at you!). In Japan people are encouraged to hide their feelings in order to save face. In Islam one will be isolated from the group or severely punished “honor killings.”

Mental health professionals need to be aware of the differences across cultures; what dependency, shame, guilt, honor, peace means in one culture may have complete different meanings in another. Even words like “opportunity” and “honor” can be poles apart. In the West we associate the term “opportunity” with man’s freedom to flourish, In the Muslim world, “opportunity” could mean the permission to stone, slaughter, or even behead a woman who exposes her arms or face or goes out in public unaccompanied. The same holds true for terms such as “honor” and “peace.” In Islamic regimes, only when all the infidels are destroyed can there be peace and harmony. Peace to them means getting rid of all infidels. It is not enough to understand shame without understanding the need to “save face.” the group self vs. the individual self (Berton 1995, Kobrin, 2016).

Summary

Using the template of a narcissistic/borderline relationship. I have tried to explain the dynamics and interactions of what occurs when two high conflict personalities join together in a marital bond, how each through projective identifications tend to identify or over identify with that which is projected. I have tried to explain why partners in these beleaguered relationships are in complicity with one another through their psychological "dance," how they reenact the same scenario again and again." Couple therapy is an experience that occurs among three persons. It is a deep emotional experience of intense communication and feelings that begins with the profound challenges of a primitive relationship and matures into the awareness of healthy dependency needs and mutual respect. It is a dance, it is a drama, and with each session, the curtain opens, and there is

an opportunity to effectuate a new experience.

GLOSSARY

(Lachkar, 1992, 1998, 2004, 2008, 2009, 2012, 2014)

Attunement

Attunement is the rhythm of the heart and soul as it blends with another person. According to Winnicott (1965), it is the mother/infant experience of togetherness that beautiful moment of ecstasy of togetherness against the backdrop of dialectic tensions of the dread of separateness. It is that special moment when the infant and mommy are one in total harmony, bliss and synchronicity. Whether it be the dancer and the pianist, the musician and the conductor, the painter and his canvas, or the patient with the analyst/ I refer to two types of attunement, (1) The moment of togetherness and (2) sensing the rhythm, and timing the other.

Borderline Personality

This personality disorder designates a defect in the maternal attachment bond as an over-concern with the "other." Many have affixed the term "as-if personalities" to borderlines. This refers to those who tend to subjugate or

compromise themselves. They question their sense of existence, suffer from acute abandonment and persecutory anxiety, and tend to merge with others in very painful ways in order to achieve a sense of bonding. Under close scrutiny and stress, they distort, misperceive, have poor impulse control, and turn suddenly against self and others (to attack, blame, find fault, and get even).

Containment

A term employed by Wilfred Bion, containment describes the interaction between the mother and the infant. Bion believed all psychological barriers universally dissolve when the mind acts as receiver of communicative content, which the mother does in a state of reverie by using her own alpha function. Containment connotes the capacity for transformation of the data of emotional experience into meaningful feelings and thoughts. The mother's capacity to withstand the child's anger, frustrations, and intolerable feelings becomes the container for these effects. This can occur if the mother is able to sustain intolerable behaviors long enough to decode or detoxify painful feelings into a more digestible form.

The Couple Transference

Couple Transference is a term I devised to describe what happens during treatment when the couple co-jointly projects onto the therapist some unconscious fantasy—e.g., making the therapist feel guilty for stopping on time at end of the session, giving a bill, not changing appointment times, etc. Together the partners form a folie à deux.

Cultural V-Spot

The cultural V-spot is a collectively shared archaic experience from the mythological or historical past that evokes painful thoughts and memories for the group, e.g., burning of the temple, loss of land to Israel, the expulsion of Ishmael to the desert with his abandoned mother, Hagar.

Depressive Position

This is a term devised by Melanie Klein to describe a state of mourning and sadness in which integration and reparation takes place. Not everything is seen in terms of black and white. There is more tolerance, guilt, remorse, self-doubt, frustration, pain, and confusion. One is more responsible for one's action. There is the realization not of what things should be, but the way they are. As verbal expression increases, one may feel sadness, but one may also feel a newly

regained sense of aliveness.

Dual Projective Identification

Whereas projective identification is a one-way process, dual projective identification is a two-way process that lends itself to conjoint treatment. One partner projects a negative feeling into the other, who then identifies or over identifies with the negativity being projected. "I'm not stupid! Don't call me stupid!"

Ego

The ego is part of an intrapsychic system responsible for functioning (thinking, reality testing, judgment). It is the mediator between the id and superego. The function of the ego is to observe the external world, preserving a true picture by eliminating old memory traces left by early impressions and perceptions.

Envy

Klein made a distinction between envy and jealousy. Envy is a part-object function and is not based on love. She considers envy to be the most primitive and fundamental emotion. It exhausts external objects, and is destructive in nature. Envy is possessive, controlling, and does not allow outsiders in.

Folie à deux

In general terms, folie à deux refers to Melanie Klein's notion of projective identification, whereby two people project their delusional fantasies back and forth and engage in a foolish "dance. The partners are wrapped up in a shared delusional fantasy, and each engages and believes in the outrageous scheme of the other. Usually the term applies to both oppositional and collusive couples. In some cases there is triangulation, which is a three-part relationship in which two people form a covert or overt bond against another member.

Guilt

Guilt is a higher form of development than shame. Guilt has an internal punishing voice that operates at the level of the superego (an internalized, punitive, harsh parental figure). There are two kinds of guilt: valid guilt and invalid guilt. Valid guilt occurs when the person should feel guilty. Invalid guilt comes from a punitive and persecutory superego.

Internal Objects

This is an intrapsychic process whereby unconscious fantasies that are felt to be persecutory, threatening, or dangerous are denounced, split off, and projected. Internal objects emanate from the part of the ego that has

been introjected. Klein believed that the infant internalizes good “objects” or the “good breast.” However, if the infant perceives the world as bad and dangerous, the infant internalizes the “bad breast.”

The Language of Empathology

A concept abstracted from Heinz Kohut’s theory of self-psychology as more suitable for the narcissistic personality disorder

The Language of Dialectics

A concept abstracted from the works of Melanie Klein, Wilfred Bion and Marsha Linehan, which I found more suitable to employ the splitting mechanisms within the structure of the borderline.

Manic Defenses

The experience of excitement (mania) offsets feelings of despair, loss, anxiety, and vulnerability. Manic defenses evolve as a defense against depressive anxiety, guilt, and loss. They are based on omnipotent denial of psychic reality and object relations characterized by a massive degree of triumph, control, and hostility. Some manic defenses work in the ego.

Mirroring

This is a term devised by Heinz Kohut that

describes the “gleam” in a mother’s eye, which mirrors the child’s exhibitionistic display and other forms of maternal participation in it. Mirroring is a specific response to the child’s narcissistic-exhibitionist displays, confirming the child’s self-esteem. Eventually these responses are channeled into more realistic aims.

Narcissistic Personality

These individuals are dominated by omnipotence, grandiosity, and exhibitionist features. They become strongly invested in others and experience them as self-objects. In order to preserve this “special” relationship with their self-objects (others), they tend to withdraw or isolate themselves by concentrating on perfection and power.

The Narcissist “The Artist”

The healthy artist displays a certain amount of grandiosity, pomposity, self-involvement, self-absorption, preoccupation with self, an obsessive investment in perfectionism, but not does interfere with his creative process or ability to have healthy object relations (“aesthetic survival”). The pathological artist is the one who functions at the extreme end of pathological narcissism are dominated by such defenses as envy, control, competition, domination, where

winning becomes more pervasive than the joy of the creative process.

Narcissistic/Borderline Relationship

These two personality types enter into a psychological “dance” and consciously or unconsciously stir up highly charged feelings that fulfill early unresolved conflicts in the other. The revelation is that each partner needs the other to play out his or her own personal relational drama. Engaging in these beleaguered relationships are developmentally arrested people who bring archaic experiences embedded in old sentiments into their current relationships.

Object Relations

Object relations is a theory of unconscious internal object relations in a dynamic interplay with current interpersonal experience. This is an approach to understanding intrapsychic and internal conflict, including the patients, projections, introjections, fantasies, and distortion, delusions, and split-off aspects of the self. It is based on how one relates and interacts with others in the external world. Klein developed the idea of pathological splitting of “good” and “bad” objects through the defensive process of projection and introjection in relation to primitive anxiety and the death instinct (based

on biology). Object relations is a powerful theory that examines unconscious fantasies/motivations, reflecting how a person can distort reality by projecting and identifying with bad objects.

Paranoid Schizoid Position

The paranoid schizoid position is a fragmented position in which thoughts and feelings are split off and projected because the psyche cannot tolerate feelings of pain, emptiness, loneliness, rejection, humiliation, or ambiguity. Klein viewed this position as the earliest phase of development, part-object functioning, and the beginning of the primitive superego (undeveloped). If the child views mother as a “good breast,” the child will maintain good, warm, and hopeful feelings about the environment. If, on the other hand, the infant experiences mother as a “bad breast,” the child is more likely to experience the environment as bad, attacking, and persecutory. Klein, more than any of her followers, understood the primary importance of the need for mother and the breast.

Part Objects

The first relational unit is the feeding experience with the mother and the infant’s relation to the

breast. Klein believed the breast is the child's first possession, but because it is so desired it also becomes the source of the infant's envy, greed, and hatred and is therefore susceptible to the infant's fantasized attacks. The infant internalizes the mother as good or bad or, to be more specific, as a "part object" (a "good breast" or "bad breast"). As the breast is felt to contain a great part of the infant's death instinct (persecutory anxiety), it simultaneously establishes libidinal forces, giving way to the baby's first ambivalence. One part of the mother is loved and idealized, while the other is destroyed by the infant's oral, anal, sadistic, or aggressive impulses. In clinical terms Klein referred to this as pathological splitting. Here a parent is seen as a function for what that the parent can provide, e.g., in infancy the breast, in later life money, material objects, etc. "I only love women who have big breasts!"

Persecutory Anxiety

The part of the psyche that threatens and terrifies the patient. It relates to what Klein has referred to as the primitive superego, an undifferentiated state that continually warns the patient of imminent danger (often unfounded). Paranoid anxiety is a feature associated with the death instinct and is more persecutory in nature. That

implies the kind of anxiety from the primitive superego that is more explosive and volatile than from the more developed superego.

Projective Identification

This is a process whereby one splits off an unwanted aspect of the self and puts it into the object, which identifies or over-identifies with that which is being projected. In other words, the self experiences the unconscious defensive mechanism and translocates itself into the other. Under the influence of projective identification, one becomes vulnerable to the coercion, manipulation, or control of the person doing the projecting.

Psychohistory

Psychohistory does for the group what psychoanalysis does for the individual. It offers a broader perspective from which to view cross-cultural differences. Using psychoanalytic tools and concepts, psychohistory allows a better understanding of individuals, nations, governments, and political events—very much as a therapist analyzes the couple as a symbolic representation of a political group or nation. (DeMause 2002a, 2002b, 2006).

Reparation

The desire for the ego to restore an injured love object by coming to terms with one's own guilt and ambivalence. The process of reparation begins in the depressive position and starts when one develops the capacity to mourn, and to tolerate and contain the feelings of loss and guilt.

Reverse Superego

When one distorts the good with the bad, for example a child gets punished for being good. When one gets praised even when it defies morality or traditional standards. "Why do you waste time reading all those books when you could be helping your mother?"

Schizoid Personality

The central features of the schizoid are their defenses of attachment, aloofness, and indifference to others. The schizoid, although difficult to treat, is usually motivated, unlike the passive-aggressive. However, because of his detachment and aloofness, the schizoid personality lacks the capacity to achieve social and sexual gratification. A close relationship invites the danger of being overwhelmed or suffocated, for it may be envisioned as a relinquishing of independence. The schizoid differs from the obsessive-compulsive personality in that the obsessive-compulsive feels

great discomfort with emotions, whereas the schizoid is lacking in the capacity to feel the emotion but at least recognizes the need. Schizoids differ from the narcissist in that they are self-sufficient and self-contained. They do not experience or suffer the same feelings of loss that borderlines and narcissists do. "Who, me? I don't care, I have my work, my computer, etc.!"

Self-Objects

This is a term devised by Heinz Kohut. A forerunner of self psychology, the term refers to an interpersonal process whereby the analyst provides basic functions for the patient. These functions are used to make up for failures in the past by caretakers who were lacking in mirroring, empathic attunement, and had faulty responses with their children. Kohut reminds us that psychological disturbances are caused by failures from idealized objects, and patients may need self objects who provide good mirroring responses for the rest of their lives.

Self-Psychology

Heinz Kohut revolutionized analytic thinking when he introduced a new psychology of the self that stresses the patient's subjective experience. Unlike with object relations, the patient's "reality" is not considered a distortion or a

projection, but rather the patient's truth. It is the patient's experience that is considered of utmost importance. Self psychology, with its emphasis on the empathic mode, implies that the narcissistic personality is more susceptible to classical interpretations. Recognition of splitting and projects is virtually non-existent among self psychologists.

Shame

Shame is a matter between the person and his group or society, while guilt is primarily a matter between a person and his conscious. Shame is the defense against the humiliation of having needs that are felt to be dangerous and persecutory. Shame is associated with anticipatory anxiety and annihilation fantasies. "If I tell my boyfriend what I really need, he will abandon me!"

Single and Dual Projective Identification (as it pertains to conjoint treatment)

In single projective identification, one takes in the other person's projections by identifying with that which is being projected. Dual projective identification is a term I originated whereby both partners take in the projections of the other and identify or over-identify with that which is being projected (the splitting of the ego). Thus, one may project guilt while the other projects shame. "You

should be ashamed of yourself for being so needy! When you're so needy, I feel guilty!"

Splitting

Splitting occurs when a person can't keep two contradictory thoughts or feelings in mind at the same time and therefore keeps the conflicting feelings apart, focusing on just one of them.

Superego

The literature refers to different kinds of superegos. Freud's superego concerns itself with moral judgment, what people think. It depicts an introjected whole figure, a parental voice or image that operates from a point of view of morality, telling the child how to follow the rules, and what happens if they don't. It is often the "dos, don'ts, oughts, and shoulds," and represents the child's compliance and conformity with strong parental figures. Freud's superego is the internalized image that continues to live inside the child, controlling or punishing. Klein's superego centers on the shame and humiliation of having needs, thoughts, and feelings that are felt to be more persecutory and hostile in nature and invade the psyche as an unmentalized experience.

V-spot

The V-Spot is a term I devised to describe the most sensitive area of emotional vulnerability that gets aroused when one's partner hits an emotional raw spot in the object. It is the emotional counterpart to the physical G-spot." The V-spot is the heart of our most fragile area of emotional sensitivity, known in the literature as the archaic injury, a product of early trauma that one holds onto. With arousal of the V-spot comes the loss of sense and sensibility; everything shakes and shifts like an earthquake (memory, perception, judgment, reality).

It is a way of meticulously pinpointing the exact affective experience.

No you are not depressed you are sad

No you are not insane you are ambivalent

No you are not insane you feel frustrated

No you are not angry you are feeling,
disappointed

No you are not suicidal you feel hopeless and
helpless

No you are not stupid you are feeling anxious

Whole Objects

The beginning of the depressive position is marked by the infant's awareness of his mother as a "whole object." As the infant matures and as

verbal expression increases, he achieves more cognitive ability and acquires the capacity to love her as a separate person with separate needs, feelings, and desires. In the depressive position, guilt and jealousy become the replacement for shame and envy. Ambivalence and guilt are experienced and tolerated in relation to whole objects. One no longer seeks to destroy the objects or the oedipal rival (father and siblings, those who take mother away), but can begin to live amicably with them.

Withdrawal vs. Detachment

Detachment should not be confused with withdrawal. Withdrawal is actually a healthier state because it maintains a certain libidinal attachment to the object. When one detaches, one splits off and goes into a state of despondency. Children who are left alone, ignored, or neglected for long periods of time enter into a phase of despair (Bowlby). The child's active protest for the missing or absent mother gradually diminishes and the child no longer makes demands. When this occurs, the infant goes into detachment mode or pathological mourning. Apathy, lethargy, and listlessness become the replacement for feelings (anger, rage, betrayal, abandonment).

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