


# Personality Disorders – Borderlines, Narcissists, and Schizoids... Oh My!

**Stan Tatkin, Psy.D.**  
 Associate Clinical Professor  
 Department of Family Medicine  
 University of California at Los Angeles  
 David Geffen School of Medicine



## Personality Disorders

Nuts and bolts

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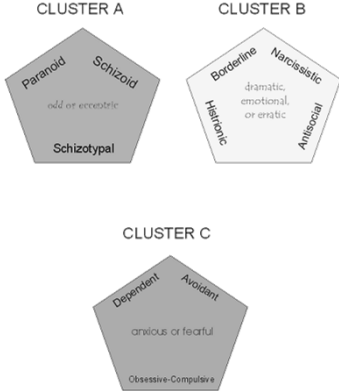
### Personality disorders

- The DSM-V lists ten personality disorders, grouped into three clusters.
- The DSM also contains a category for behavioral patterns that do not match these ten disorders, but nevertheless exhibit characteristics of a personality disorder. This category is labeled Personality Disorder Trait Specified.

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### Personality Disorder Clusters

DSM-V



**CLUSTER A**  
 Paranoid, Schizoid, Schizotypal  
*odd or eccentric*

**CLUSTER B**  
 Borderline, Narcissistic, Histrionic, Antisocial  
*dramatic, emotional, or erratic*

**CLUSTER C**  
 Dependent, Avoidant, Obsessive-Compulsive  
*anxious or fearful*

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5 Personality Disorders - A

- ▶ **Paranoid personality disorder** is a pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent.
- ▶ **Schizoid personality disorder** is a pattern of detachment from social relationships and a restricted range of emotional expression.
- ▶ **Schizotypal personality disorder** is a pattern of acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behavior.

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6 Personality Disorders - B

- ▶ **Antisocial personality disorder** is a pattern of disregard for, and violation of, the rights of others.
- ▶ **Borderline personality disorder** is a pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity.
- ▶ **Histrionic personality disorder** is a pattern of excessive emotionality and attention seeking.
- ▶ **Narcissistic personality disorder** is a pattern of grandiosity, need for admiration, and lack of empathy.

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7 Personality Disorders - C

- ▶ **Avoidant personality disorder** is a pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.
- ▶ **Dependent personality disorder** is a pattern of submissive and clinging behavior related to an excessive need to be taken care of.
- ▶ **Obsessive-compulsive personality disorder** is a pattern of preoccupation with orderliness, perfectionism, and control.

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8 Personality Disorders – garbage can

- ▶ **Personality change due to another medical condition** is a persistent personality disturbance that is judged to be due to the direct physiological effects of a medical condition (e.g., frontal lobe lesion).
- ▶ **Other specified personality disorder and unspecified personality disorder** is a category provided for two situations: 1) the individual's personality pattern meets the general criteria for a personality disorder, and traits of several different personality disorders are present, but the criteria for any specific personality disorder are not met; or 2) the individual's personality pattern meets the general criteria for a personality disorder, but the individual is considered to have a personality disorder that is not included in the DSM-5 classification (e.g., passive-aggressive personality disorder).

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9 Personality Disorders as a Spectrum

- Rather than 10 PD's, consider all are on a borderline spectrum
  - Otto Kernberg, James Masterson, Ralph Klein, and Michael Rinsley
- Dissociative disorders may be linked to Borderline PD
  - Particularly Dissociative Identity Disorder

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10 Personality Disorders as Levels

Lower Level	Long hx of hospitalizations, drug and etoh problems, incarcerations, eating disorders.
Mid Level	Largest percentage of population Becomes symptomatic in love relationships
High Level	Appear psychoneurotic Often very successful, especially in work

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11 Diagnosing

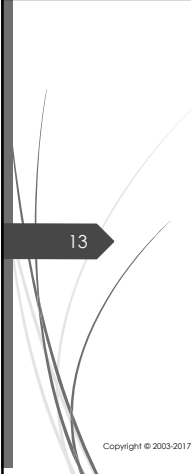
History	Highly symptomatic during developmental periods of individuation stress Hx of relationship problems
Symptoms	Recurrent axis I disorders – Dysthymic Dis, MDD, GAD, OCD, etc. Recurrent periods of dysregulation Hx of cutting, shoplifting, bingeing/purging, starvation, other forms of acting out
Presentation	Chronic employment of lower level defenses Dissociative splitting Unable to hold on to interventions

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12 Defenses

- High Level Defenses
  - Repression
  - Sublimation
  - Rationalization
  - Intellectualization
  - Displacement
  - Compensation
  - Substitution
  - Humor
  - Undoing
- Low Level Defenses
  - Splitting
  - Denial
  - Regression
  - Dissociation
  - Acting out
  - Transference acting out
  - Avoidance
  - Withdrawal
  - Projection
  - Projective identification

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## Etiology

Where it might all begin

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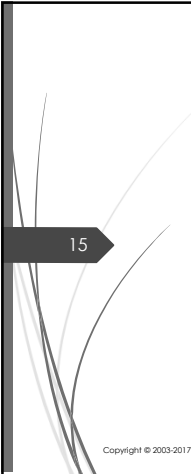


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## Video (1:32)

Aggression

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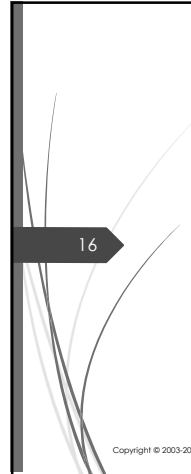


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## Video (1:28)

Practicing

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## Video (12:54)

Antisocial personality disorder in childhood

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17 Patient Acting Out

- Acting out behaviors include
  - Canceling appointments
  - Showing up late
  - Problems with fees, scheduling, phone calls, emails, etc.
  - Resisting therapeutic interventions, exercises, etc.
  - Showing up intoxicated
  - Blaming the other partner
  - Blaming the therapist
  - Attacking the therapy
  - Transference acting out
  - Mismanaging thirds in therapy
  - Gross violations of Grice's maxims
  - Poor or no self-activation
  - Impulsivity, explosiveness, projection, projective identification, withdrawal, avoidance, and spitting.

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18 Patient Acting Out

- Reasons partners act out
  - To test the therapist's ability
  - To feel better at the cost of getting better
  - To avoid negative feelings
  - To avoid remembering original attachment experiences/figures
  - To get the therapist to adapt to their reality (i.e., pain avoidance)

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19 Personality Disorders

<ul style="list-style-type: none"><li>Distancing<ul style="list-style-type: none"><li>Avoidant style</li><li>Engulfment, intrusion</li><li>Injury may have been earlier in development</li><li>Leaves treatment</li><li>Fewer options for intervention</li><li>Poorer prognosis</li></ul></li></ul>	<ul style="list-style-type: none"><li>Clinging<ul style="list-style-type: none"><li>Merging style</li><li>Abandonment</li><li>Injury may have been later in development</li><li>Stays in treatment</li><li>More options for intervention</li><li>Better prognosis</li></ul></li></ul>
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20 Personality Disorders

- Self Activation
  - Any self-initiating action that moves the person toward obtaining healthy self-entitlements.
    - Rewarding, reciprocal primary relationship
    - Rewarding, challenging work
    - Physical and mental health
    - Learning
    - Hobbies and creative outlets

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## Personality Disorders

- ▶ Therapeutic Alliance
  - ▶ Requires object constancy
    - ▶ Continuous awareness of separate self and other in time and space
    - ▶ Holding of other (or task) in mind during absence and through frustration
    - ▶ Self and other contain both good and bad at the same time

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## Structure

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**SPLIT OBJECT RELATIONS UNIT OF THE BORDERLINE**

<p><b>REWARDING OR LIBIDINAL PART-UNIT (RORU)</b></p> <p><b>Part-Object Representation:</b>            a maternal part-object which offers approval of regressive and clinging behavior</p> <p align="center"><b>AFFECT</b></p> <p>feeling good being taken care of being loved</p> <p>being led gratifying the wish for reunion</p> <p><b>Part Self-Representation:</b>            a part self-representation of being the good, passive child — unique and special/grandiose</p>	<p><b>WITHDRAWING OR AGGRESSIVE PART-UNIT (WORU)</b></p> <p><b>Part-Object Representation:</b>            a maternal part-object which withdraws, is angry and critical of efforts toward separation-individuation</p> <p align="center"><b>AFFECT</b></p> <p>hopelessness and helplessness emptiness and void guilt</p> <p><b>Part Self-Representation:</b>            a part self-representation of being inadequate, bad, ugly, an insect, etc.</p>
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**SPLITTING DEFENSE**

**Developmental Arrest of the Ego:**  
 Ego Defects — poor reality perception; frustration tolerance; impulse control; ego boundaries.  
 Primitive Ego Defense Mechanisms — splitting; acting-out; clinging; avoidance; denial; projection; projective identification.  
 Split Ego — reality ego plus pathologic (or pleasure) ego.

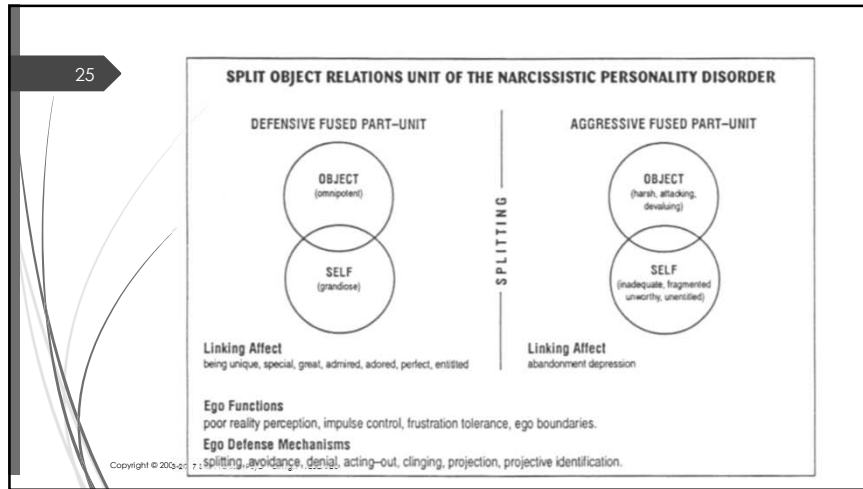
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## Video (4:02)

Misappraisals

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- 26
- Positive**
- Object Representation
    - Omnipotent
      - Identification: Exhibitionistic Type
  - Self Representation
    - Grandiose
      - Identification: Closet Type
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- Negative**
- Object Representation
    - Aggressive/Hostile
  - Self Representation
    - Fragmented/Disorganized
      - Humiliated
      - Annihilated
      - Crushed
      - Devastated
      - Inadequate
      - Deflated
  - Self Representation
    - Abandonment Depression
      - Homicidal rage
      - Grief
      - Falling apart/in pieces
      - Disorganization
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- 28
- Fragmented/Disorganized**
- Humiliated
  - Annihilated
  - Crushed
  - Devastated
  - Inadequate
  - Deflated
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## Abandonment Depression

- ▶ Homicidal rage
- ▶ Grief
- ▶ Falling apart/in pieces
- ▶ Disorganization

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## Defenses

- ▶ Distancing
- ▶ Grandiosity
- ▶ Mania
- ▶ Denial
- ▶ Avoidance
- ▶ Withdrawal
- ▶ Splitting
- ▶ Devaluation
- ▶ Idealization
- ▶ Compliance
- ▶ Intellectualization
- ▶ Dissociation
- ▶ Acting out
- ▶ Inflated Self Entitlements

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## Narcissistic Supplies

- ▶ Power
- ▶ Beauty
- ▶ Youth
- ▶ Intelligence
- ▶ Money

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## Interpersonal Needs

- ▶ Admired
- ▶ Approval
- ▶ Must be "liked"
- ▶ To feel stimulated and excited via grandiose self-representation

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## Narcissistic Personality Disorder

- Exhibitionistic
  - I am God
  - You must admire me
  - I must be perfect
  - Life must be perfect
  - You envy me
  - I am proud to be God
  - I am not ashamed of anything
- Closet
  - You are God
  - You must approve of me
  - You must be perfect
  - Life must be perfect
  - I envy you
  - I am proud to be near God
  - I am ashamed of everything

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## Secondary Narcissism

- Mahler's Differentiation and Practicing Period
- Kohut's Selfobject

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## Auto-Regulation

- Temperature: Tend to run cold; poor circulation.
- Selfobject: Internalized object representations that serve a regulatory function
- Paranoid-Schizoid Position (Melanie Klein)

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## Higher States Are Preferred

- Stimulants
- Thrill-seeking
- Conflict-seeking
- Becomes bored easily
- Dissociates when not stimulated by the other

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## Credos

- "I don't need anyone"
- "I can do it myself"
- "There's little I can't provide for myself"
- "Life should be perfect"

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## Break-ups

- Narcissistic and avoidant men are less distressed when relationships end.

Simpson, J. A. (1990). Influence of attachment styles on romantic relationships. Journal of personality and social psychology, 59(5), 971-980.

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## Fantasies

- Onemindedness
- Grandiose Self

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## Interactive Regulation

- Pseudo-Interactive
- Leads to disorganization, dissociation, fragmentation
- Fear and rage
- Anger used to push other away
- Fused internal part-object relations
  - Fusion eliminates the problem of a real other, separate from the Self, that is unique and irreplaceable.
  - Dependency is denied so appreciation isn't possible.
  - Avoidantly attached men are less distressed when relationships end.

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## Distancing

- Secondary Narcissism
- Auto-Regulation
- Erikson's Autonomy vs. Shame
- Interactive Regulation
- Ambitendency

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## Video (3:17)

Amy's Kitchen

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## Video (7:38)

Eating Disorder

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### SPLIT OBJECT RELATIONS UNIT OF THE SCHIZOID DISORDER OF THE SELF

<p><b>MASTER SLAVE PART-UNIT</b></p> <p>Part-Object Representation:</p>  <p>a maternal part-object which is manipulative, coercive, is the master and wants only to use, not relate to</p> <p><b>AFFECT</b></p> <p>In Jail, but connected, existence acknowledged, relief in not being alienated.</p> <p>Part Self-Representation:</p>  <p>a part-self representation of a dependent, a slave who provided a function for the object and is a victim</p>	<p><b>SPLITTING DEFENSE</b></p>	<p><b>SADISTIC OBJECT – SELF IN EXILE PART-UNIT</b></p> <p>Part-Object Representation:</p>  <p>a maternal part-object which is sadistic, dangerous, devaluing, depriving, abandoning</p> <p><b>AFFECT</b></p> <p><b>ABANDONMENT DEPRESSION</b></p> <p>Depression, rage, loneliness, fear of cosmic aloneness, despair</p> <p>Part Self-Representation:</p>  <p>a part-self representation of being alienated, in exile, isolated but self-contained to self-reliant</p>
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**Developmental Arrest of the Ego:**  
 Ego Defects — poor reality perception; frustration tolerance; impulse control; ego boundaries.  
 Primitive Ego Defense Mechanisms — splitting; acting-out; clinging; avoidance; denial; projection; projective identification, use of fantasy to substitute for real relationships and self reliance.  
 Split Ego — reality ego plus pathologic (or pleasure) ego.

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### BPD Versus NPD

- **Borderline**
  - Vengeful
  - Engaged
  - Like being pulled onto a roller coaster
- **Narcissistic**
  - Attacking
  - Cold, disengaged
  - Like being knocked off of a roller coaster

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### BPD Versus NPD

- **Borderline**
  - Tends to be object related
  - Fears losing the relationship
  - Confrontation experienced as supportive
  - Interpretation, reflection experienced as rewarding (no effect)
  - Wants your love
  - Under-entitled
- **Narcissist**
  - Tends not to be object related
  - Fears losing the self
  - Confrontation experienced as attack
  - Must use interpretation of narcissistic vulnerability to get in
  - Wants your admiration or approval
  - Over-entitled

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### NPD Versus BPD

- **Exhibitionistic**
  - I am God
  - You must admire me
  - I must be perfect
  - Life must be perfect
  - You envy me
  - I am proud to be God
  - I am not ashamed of anything
- **Borderline**
  - You are God
  - You must love me
  - I must stay small
  - Life must be easy
  - I need you
  - I am happy to take scraps
  - I am angry about everything

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### Therapeutic frame

- **Fees**
  - Collection
- **Time**
  - Starting and ending on time
- **Therapist-patient role**
- **Outside communication**
- **Professional consultation with colleagues**

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49 Medications

- Generally ineffective
- Polypharmacy can sometimes be effective
  - SSRI/TCA + mood stabilizer +/- neuroleptic

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50 Defensive Acting Out Triad

Masterson, J. F. (1981). The narcissistic and borderline disorders: an integrated developmental approach. Larchmont, N.Y.: Brunner/Mazel.

Interpretation of Narcissistic Vulnerability

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Masterson, J. F. (1981). The narcissistic and borderline disorders: an integrated developmental approach. Larchmont, N.Y.: Brunner/Mazel.

52 Conclusion

- Personality disorders can be divided into low, mid, and high level functionality.
- Work requires more discipline, strong frame, and a good understanding of the testing phase of treatment.
- Individuals with PDs often get worse before getting better.
- Therapeutic neutrality applies not to appearing as a blank slate but to refrain from stepping into the split object demands of the patient's disorder.
- Closet narcissism is more common than previously thought and can mimic borderline or psychoneurosis.

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