Borderline and Narcissistic Character Disorders

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Patients with borderline and narcissistic pathology have traditionally been considered difficult if not impossible to treat. Psychoanalytic theory has evolved, in part, as a result of the challenges these patients present. In this course, we will focus on the competing theoretical understandings of the disorders, and discuss the resulting treatment approaches to these disorders. I expect that we will cover some of the territory being covered by Drs. Seriff and Goldblatt in their course. That seems to me to be necessary, because, above all else, these patients stir in us feelings that more neurotic patients do not, and part of our understanding of these patients necessarily arises from our countertransference. Nevertheless, we will try to define and understand these pathologies by more than just their countertransference manifestations. I hope that by the end of the course, you will have an understanding of the historical arguments about treating these patients and a range of theoretical models with which to approach these patients in your office.

**Week 1: April 2, 2015**

*Overview of theories of psychopathology and treatment of Borderline Personality Disorder.*

McWilliams provides a nice overview of the historical thinking about borderline states and the symptoms of borderline personality disorder. The Waldinger article also provides an overview of the debate about treatment circa 1987. Finally, the Main article is interesting for its historical perspective, but it also, as does the 1938 paper we will read next week, provides a clear clinical description of the phenomenon from an experiential perspective.

Learning objective: to describe central clinical features of borderline personality disorder and to understand what distinguishes borderline personality organization from psychosis and neurosis.

**Week 2: April 9, 2015**  
*The self-psychological approach to Borderline Personality Disorder*  
The title of the article says it all. Self psychology can be helpful but also has its limitations in understanding borderline personality disorder. The Stern article describes, well before the advent of self psychology, the narcissistic aspects of borderline character pathology. It is also interesting, again, from the historical perspective of clinicians encountering these patients and developing models for understanding them.


Learning objective: to understand the use of a self-psychological approach to treating patients with borderline features, and where that theory might be lacking.

**Week 3: April 16, 2015**  
*The object relations approach to Borderline Personality Disorder*  
Working from an object relations standpoint, Kernberg’s group has been doing research on personality disorders and treatment modalities. This paper focuses on identity diffusion as a distinguishing and essential feature of borderline personality disorder, and as a lens through which to understand other features of borderline personality disorder.

*Psychoanalytic Quarterly* 75: 969-1003. PEP Web Link.

Learning objective: to describe the role of object relations theory in borderline personality disorder.

**Week 4: April 23, 2015**  
*Attachment theory as applied to the understanding of the development and treatment of borderline personality disorder*  
Again, the title of the Fonagy and Target article says it all. The authors link their developmental model to the use of mentalization as a treatment approach. The Perner, et al, (research) article focuses on the sibling relationship as a promoter of a child's theory of mind.

Learning objective: To articulate the relationship between attachment relationships, and mentalization, and the relationship between mentalization and borderline personality disorder.

**Week 5: April 30, 2015**  
*Comparison of theories in action*

We will see how transference focused psychotherapy and mentalization based therapy look when applied to a clinical case.


Learning objective: To discuss the similarity and differences between transference focused therapy and mentalization based therapy for borderline personality disorder.

**Week 6: May 7, 2015**  
*Overview of theories of psychopathology and treatment of Narcissistic Personality Disorder*

We’re switching to narcissistic pathology now. The McWilliams chapter provides a nice overview of the history of the concept of narcissism and the various approaches to understanding and treating it.

McWilliams, N. (1994) Psychoanalytic Diagnosis NY: The Guilford Press pp. 168-188. (Again, pagination has changed in the newer edition. This is the chapter entitled “Narcissistic Personalities”) [available in the library](http://library.sagepub.com/).

Learning objective: To describe narcissistic personality disorder and distinguish it from borderline personality disorder.

**Week 7: May 14, 2015**  
*The self psychological approach to narcissism*

One can say that self psychology was developed to treat patients with narcissism who were not helped by traditional psychoanalytic methods. We will discuss the new terminology and concepts to arise from this theory, namely the mirroring transference, idealizing transference, and concept of selfobject. The “Two Analyses”
is a nice demonstration, albeit perhaps a bit caricatured, of what Kohut was arguing against.


Learning objective: To define the basic concepts of self psychology, including the terminology of selfobject, idealizing transference, and mirror transference, and to contrast a self-psychological approach to narcissistic disorders with a classical approach.

Week 8: May 21, 2015
The object relations approach to narcissism
Kernberg presents his understanding of the development of narcissistic personality disorder based on pathological object relations and describes prognostic factors in treatment.

Learning objective: To articulate the object relations perspective on the treatment of narcissistic patients, including typical transference/countertransference dynamics.

Week 9: May 28, 2015
Shame in narcissism
Morrison’s earlier paper describes an understanding of shame from a historical perspective, while in his later paper, he explores the role of shame in treatment from a self-psychological perspective. In both cases he is making the case that shame is often overlooked in comparison to its “noisier” cousin, guilt, but that it is an important element in understanding narcissistic disorders.


Learning objective: To describe the role of shame in patients with narcissistic difficulties.

Week 10: June 4, 2015
Experience-near aspects of treating patients with narcissistic personality disorder: self-criticism and grandiosity.
Kris describes the role of punitive unconscious self-criticism in patients’ lives and how to work with it clinically. Cooper posits underlying grandiosity in self-criticism and explores the impact on the therapist of these dynamics.

Learning objective: To describe punitive unconscious self-criticism and unconscious grandiosity, and some ways to work with these in treatment.