

Overview of Psychoanalytic Personality Diagnosis (PPD) (www.jacobsmallphd.com) (rev 6/16/08)

Style	Core Organizational Features of P Style	Conscious and Unconscious Affects	Core Defenses
Depressive	loss, sadness, negative self, introjection	Cs sadness, guilt; UnCs anger, sadness	introjection, idealizes objects, devalues self
Hypomanic	avoidance of severe depressive experience	Cs social, energetic; UnCs guilt, deeply sad	avoid depressive xp (denial, minimization, humor)
Masochistic	association of attachment and pain	Cs sadness, moral rectitude; UnCs anger	victimization, moralization; introjection
Obsessive	values thought over feeling; rigidity, control	Cs anxious, guilt; UnCs shame, anger	isolation (intellectual-, rational-, moralization)
Compulsive	wish that action will master/rid self of feelings	Cs anxious, guilt, out of control; UnCs anger	Obsessive isolation defenses + undoing, acting out
Narcissistic	grandiosity split from empty depletion	Cs grandiose; UnCs shame, weak, vulnerable	idealization/devaluation, minimization, denial
Sociopathic	Conscienceless victimizer; destroys weaknss	Cs unbounded power; UnCs powerless, envy	omnipotent control, denial, dissociation, acting out
Hysterical	sex- and anger-avoidant, stereotyped F	Cs jovial, sensitive; UnCs anger, anxious, envy	regression, repression, acting out, sexualization
Paranoid	Distrust; hreat consumed; projection	Cs suspicious, angry; UnCs intrusion fear, need	projection, denial, displacement
Schizoid	turn away from people and toward fantasy	Cs detachment; UnCs object hunger	withdrawal to fantasy, regression, detachment

Style	Core Experiences of Self and Others	Typical Themes in Object Relations	Typical Transferences to Therapist
Depressive	defective, unworthy, unlovable	critical, hostile; selflessness; signif. loss xp	idealized figure/critical, punishing parent
Hypomanic	must not show self or others sadness	similar to depressive; hx of traumatic loss	inquiry threatens depress avoidance, urge to flee
Masochistic	depressive with hope' of love thru suffering	neglected but attended to when in pain	must prove victimhood to get love/moral outrage
Obsessive	anger, shame, humiliation, powerless	intense criticism; rigidity; control; humiliation xp	Cs compliance; UnCs rigid undermining of tmt
Compulsive	anxious; loss of control of ego dystonic bx	(similar to obsessive); emphasis on right/wrong	Cs compliance; behavioral undermining of tmt
Narcissistic	grandiose/powerful vs. injury, empty, shame	love' for what pt provides, not who they are	grandiose devaluation, masking vulnerability/rage
Sociopathic	power/sadism avoiding weakness, envy	all-powerful sadist vs weak, helpless victim	con (power) or be conned by tpist
Hysterical	anxious, powerless, resentful, overstimulated	exciting, feared oppos-sex/same-sex competes	desired but feared; overstimulated; seductive
Paranoid	suspicious, angry, fearful of intrusion	threat/danger, intrusion xps, boundary loss	suspicion; anger; expects persecution, betrayal
Schizoid	seemingly content detached; 'inhuman'	engulfing/neglectful xps result in psychic retreat	detached curiosity; engulfment fear

Style	Typical Countertransferences to Pt.	Treatment Implications	Treatment Implications 2
Depressive	protective; rescue fantasy; depressive ID	don't support ego, attack superego	Primacy of loss, unexpressed anger
Hypomanic	charmed; collusion; fearful of pt fleeing tmt	anticipate desire flee in psychotherapy contract	gently encourage approaching depressive core
Masochistic	excessive self sacrifice; anger and sadism	anger and agency; separate feeling/principle	de-associate attachment and pain, 'no rachmones'
Obsessive	exasperation; power struggle; frustration	feelings are not useless or irrational but human	owning choices, uncertainty, power
Compulsive	(same) with pull to overfunction, control pt.	difficult emotions symbolized, not enacted	being' over 'doing;' acknowledge ambivalence
Narcissistic	loss of clinician ID; rage; fear wounding pt.	identify and repair ruptures, challenge grandiosity	development of a cohesive identity
Sociopathic	fear of exploitation; countersadism	Incorruptable stance, focus on bx. consequences	develop conscience, nonexploitative relating
Hysterical	overfunction; infantilize; disdain; seduced	interpret UnCs conflict, normalize aggression	power is possible w/o feminine setereotype
Paranoid	attacked, misinterpreted; wish to prove trust	build trust, gently address delusions	overapplied mistrust may not always apply
Schizoid	counterdetachment, pt a lab specimen	negotiate conflict between need/fear of others	increasing sense of safety of dependency needs

Analytic diagnosis involves 2 levels: 1. 'style' and 2. developmental level of organization: Neurotic: defensive rigidity (DR); Borderline: DR, disturbed object relations (DOR); identity diffusion (ID), and reactive reality testing impairment (RTI), and Psychotic: DR, DOR, ID, and pervasive RTI.

Core Incompatibilities between PPD and DSM: 1. Personality 'style' is **always** assessed, regardless of Axis I or II DSM diagnosis..

2. Borderline conditions are not considered a type of PD but developmental level of intrapsychic structure; as evidenced by very high comorbidity w other PDs

3. Psychosis does not preclude considering personality like in the DSM: example DSM Paranoid Schizophrenia vs. a psychotic level paranoid personality