ISSN: 3065-4874
Review Article
Journal of Psychiatry and Neurochemistry Research

Cluster B Personality Disorders as Dissociative Post-Traumatic Syndromes

Sam Vaknin

Ph.D., former Visiting Professor of Psychology, Southern Federal University, Rostov-on-Don, Russia and Professor of Finance in CIAPS (Centre for International Advanced and Professional Studies).

***Corresponding author:** Sam Vaknin, Ph.D., former Visiting Professor of Psychology, Southern Federal University, Rostov-on-Don, Russia and Professor of Finance in CIAPS (Centre for International Advanced and Professional Studies).

Submitted: 05 June 2023 **Accepted:** 13 June 2023 **Published:** 22 June 2023

https://doi.org/10.63620/MKJPNR.2023.1007

Citation: *Sam Vaknin (2023) Cluster B Personality Disorders as Dissociative Post-traumatic Syndromes. J of Psych and Neuroche Res 2023 1(2), 01-05.*

Abstract

A re-conception of cluster B personality disorders as post-traumatic dissociative conditions involving self-states (sub-personalities with pseudoidentities).

The field of personality disorders is at an impasse, reflected in the competing diagnostic models in the DSM 5 and the comorbidity polythetic crisis.

Recasting cluster B personality disorders as post-traumatic conditions involving dissociation goes a long way towards resolving many outstanding conundrums.

Keywords: Brain Tumor, Parasellar Tumor, Cavernous Hemangioma, Cavernous Sinus, Hemangioma

Introduction

Self-states, not a Self, People are Rivers, Not Lakes

The erroneous foundations of contemporary psychology: self, personality, individual should be replaced with seamlessly fluid self-states. Man is a river, not a lake.

A Standard Model of Cluster B Personality Disorders

My new concept of **covert borderline** is an example of the kind of clinical entities that emerge from the **bridge between overt and covert cluster B states via collapse and narcissistic mortification.**

Mine is a **standard model of personality disorders**, akin to the standard model in particle physics: it unifies all personality disorders into a single clinical entity and predicts new diagnoses.

Self-Systems

Historical Antecedents

Conceptualizing the mind as an assemblage of ego states or self-0states is nothing new. It harks back to work by Philip M. Bromberg, to Jung's complexes, to the model of subpersonalities, to the Internal Family Systems Model (IFS), and to Ego-state therapy.

Binary Systems

Case studies of clients with comorbid overt narcissism and covert narcissism gave rise to the observation of **self-supply.**

A collapsed narcissist may evolve a binary system of two residual self-states: an overt narcissist and a covert one, both equally inept in securing narcissistic supply from outside sources.

Such a constellation is geared to generate self-supply in two ways: the overt self-state's superiority to and rejection of the covert self-state and the covert's fantasies of overt grandiosity.

The overt's aggression towards the covert is recycled by the covert into a depressive state (self-directed aggression) and incorporated into its aforementioned sadistic fantasies. The overt and the covert collude in creating a sublimatory channel for the pent-up rage, envy, and resentment that the collapsed narcissist is experiencing.

When aggression is channeled via grandiosity, it can resolve into one or more of these speech acts:

Judgmental-contemptuous (I am superior, unequalled)

Victorious (I am unique, for better or for worse)

Merciful-empathic (I pity people, have compassion, act charitably but ostentatiously)

Educational (I am a guru who elevates others to my level).

Self-States

The Operating System

The concept of the unitary self is being replaced with the idea that an internal operating system determines which of several self-

states emerges, given internally and externally (environmentally) generated information.

Self-efficacy is the overriding constraint which the system seeks to optimize when hailing forth these sub-personalities or pseudoidentities.

When all relevant or available self-states at the disposal of the system are equally self-efficacious, the system may opt to keep two or more of them in operation (I call it a "state of residuals"). This ineluctably leads to dissonance and internalized aggression.

Patients with Cluster B personality disorders experience no time (timeless), memory, continuity, self, or core identity. They are mere simulacra and spectacles.

Consider narcissists, for example.

Most narcissists exhibit both overt (grandiose-entitled) and vulnerable traits. In my work, I suggest that cluster B patients transition between overt, collapsed, and covert states of their personality disorders when they are mortified.

But, how is it possible? After all, the traits of a covert are diametrically opposed to those of an overt!

Even in healthy, normal folks, traits are not constant over the lifespan and under conditions of extreme endogenous or exogenous stress or trauma.

This is especially true if the patient suffers from identity diffusion or disturbance.

Each state is narrative which provides a pseudo-identity. Pseudoidentities are ego functions (resources) and simulations (probes). In the absence of a unitary, stable core (identity disturbance and identity diffusion), the patient shape-shifts between self-states, replete with their own unique traits, affect, cognitions, and behaviors. In extremis, these self-states are utterly dissociated (most forms of DID - Dissociative Identity Disorder).

Each self-state is narrative which provides a pseudo-identity. Pseudoidentities are ego functions (resources) and simulations (probes). In the absence of a unitary, stable core (identity disturbance and identity diffusion), the patient shape-shifts between self-states, replete with their own unique traits, affect, cognitions, and behaviors. In extremis, these self-states are utterly dissociated (most forms of DID - Dissociative Identity Disorder).

Psychopathy as a Protector Self-State

Psychopathy as self-state is a protective ego resource in DID, BPD (as secondary, factor 2 F2 psychopathy), NPD, HPD, PPD.

Decompensation occurs owing to intolerable anticipated or actual stress or trauma (CPTSD/PTSD): grandiose and fantasy defenses crumble and lead to acting out or to suicide.

It is then that a psychopathic protective self-state emerges.

But protect from what?

In the case of NPD, it shields the precariously balanced and disorganized personality from narcissistic injury, narcissistic mortification (it causes hypervigilance) and leads to contact with trauma traces, repressed emotions, thus transforming NPD into BPD (Grotstein: BPD failed narcissist).
In the case of PPD: protects from threats (paranoid ideation, persecutory delusions)

In the case of BPD and, more generally, Borderline Personality Organization: abandonment, rejection

In the case of HPD, the protection is from both rejection and injury.

When the protective self is overactive or is the only self-state/resource, we get hybrids types (comorbidity) like the malignant narcissist (Fromm, Herbert Rosenfeld, Kernberg).

Structural Dissociation

Structural Dissociation forms a part of my newly developed treatment modality, Cold Therapy - together with other approaches to trauma and retraumatization.

Dissociation is integrative deficit, not a defense (the child has few active defenses). Its symptoms are both psych form and somatoform.

Integration and adaptive behavior depend on synthesis (association of all components of experiences and functions into meaningful coherent mental structures both episodically and across time) and realization (analysis and assimilation via personification and presentification – bring past and future to bear on present, mindfulness and reflexivity).

Depersonalization is a failure in personification (semantic not episodic memory).

Trauma and the Integrated Self

Trauma reduces integrative capacity in premorbid personalities with low integrative capacity, may lead to dissociation.

Action Systems (inborn, self-organizing, self-stabilizing, and homeostatic emotional operating systems):

1. Guides daily living and survival of the species
2. Physical defense under threat (4 Fs) 1+2 = social defense against abandonment and rejection (haywire in BPD) and interoceptive defense against mental content (=defense mechanisms, primitive like splitting or sophisticated like passive-aggression).

Charles Samuel Myers 1940 in acutely traumatized war veterans: AS1 linked to ANP (apparently normal parts) AS2 linked to EP (emotional parts of the personality). Myers called them "personalities", but today we call them "parts".

EP contains vivid trauma recall (FLASHBACKS) and vehement negative emotionality (fear, horror, helplessness, anger, guilt, shame – or listless, non-responsive, submissive – or derealized and depersonalized). They are linked to body dysmorphia and separate sense of self.

ANP represses traumatic memories and avoids triggers via amnesia, sensory anesthesia, restricted emotions, numbness, deper-

sonalization.

ANP conditioned to fear EP and reacts to intrusion by altering or lowering consciousness, substance abuse, addictions, compulsions, self-mutilation (to silence inner voice of EP), phobias or mental action, of dissociative parts, attachment and intimacy, attachment loss, normal life and change, evaluative conditioning (associating neutral stimuli with negative or positive outcomes and feelings owing to prior association with negative or positive stimuli), diversion, estrangement.

Individual can have one of each (Primary SD), one ANP and two or more EP (Secondary), or multiple ANP and EP (Tertiary).

Both ANP and EP have rudimentary sense of self ("I") and exclusive access to some memories (=identity, see my lecture to Rostov students).

Dissociative parts vary in degree of intrusion and avoidance of trauma-related cues, affect regulation, psychological defenses, capacity for insight, response to stimuli, body movements, behaviors, cognitive schemas, attention, attachment styles, sense of self, self-destructiveness, promiscuity, suicidality, flexibility and adaptability in daily life, structural division, autonomy, number, subjective experience, overt manifestations, dissociative symptoms (negative like amnesia, numbness, impaired thinking, loss of skills, needs, wishes, fantasies, loss of motor functions or skills, loss of sensation; or positive when mental content or functions of one part introduce on another part's – psychotic/schizophrenioa like voices, nonvolitional behaviors, tics, pains; psychoform or somatoform=conversion symptoms).

Disrupted Self-formation in Infancy: Pre-self Premorbidity

The infant (ages 0 to 2) does not verbally formulate "thoughts" regarding his pressing needs (which are part cognitive, part instinctual). This nagging uncertainty is more akin to a discomfort, like being thirsty or wet (states of being). These are transformed into permanent Self-states if the needs are not met.

Self is constellated and integrated via satisfactory object relations. When object relations are frustrating or hurtful, the self remains fragmented into states, each state corresponding to an unfulfilled, unmet need.

Each state has its own set of coping strategies, cognitions, emotions (affects) which revolve around resolving the lack. Each state is invested with aggression.

The **self-states** are dormant and reactive to stressors. During hibernation, they are perceived as internal objects.

The **cluster B personality disorders** (narcissistic, borderline, and antisocial-psychopathy) may be mere kaleidoscopic facets of an underlying dissociative process, amounting, in extreme cases, to full-fledged DID (Dissociative Identity Disorder, formerly known as Multiple Personality Disorder). In other words: these personality types are self-states, "alters" of each other.

Having endured **narcissistic injury or mortification**, a trauma, or severe anxiety and stress, these patients decompensate and act out along predictable pathways: the borderline becomes a vicious secondary psychopath, the primary psychopath morphs into a rabid grandiose narcissist and the quavering narcissist shape-shifts into a codependent clinging borderline. These phase transitions are startling to behold and throw off even the most experienced clinician.

A lot of this has to do with the fact that cluster B disordered personalities find it near impossible to access, process, or regulate both emotions and cognitions. These gaping deficits interfere with the meanings that they attribute to the events in their lives and to people around them. The psychopath sees no meaning whatsoever in anything or anyone. The borderline regards herself as meaningless and everyone and everything else as mission critical to her personal autonomy and self-efficacious agency. The narcissist regards only himself as totally meaningful, draining all the rest of any significance.

When under radical pressure, these actors attempt to reframe the situation in a less injurious manner by reallocating and relocating the foci of meaning, thus seamlessly and smoothly transitioning between these extended and extensive role plays that we call "personality disorders"."

The Fantasy Defense and Shared Fantasy

Both narcissists and borderlines alternate between fantasy and reality - but their fantasies are very different. The borderline's is object (person)-centred, the narcissist's is process (narrative)-centred. Moreover: the fantasies cater to the narcissist's and borderline's deepest psychological needs.

7 Stages of Shared Fantasy

1. Co-Idealization (lovebombing, introject and narcissist all good because he owns object)
2. Dual mothership in a shared fantasy (recreation of childhood)
3. Need to reenact separation leads to mental discard which results in narcissistic injury (narcissist not omniscient, his judgment was wrong)
4. Devaluation of external object to restore grandiosity (make ego-congruent sense of the discard of a hitherto idealized object).
5. Devaluation of introject via splitting defense (introject now all-bad, narcissist grandiosely all-good)
6. Real life discard: projection of introject to you in an attempt to integrate it with external object. Projection-integration fails owing to abandonment anxiety triggered by introject inconstancy and your refusal to own split, all-bad introject. Devalued, split, all-bad introject remains as internal object, in narcissist's mind. This creates anxiety (bad object internalization-introjection)
7. The only way to reintegrate this internal object and reduce anxiety is by re-idealizing the external object and the corresponding introject. This is impossible if the narcissist has been mortified. He then departs from his previous version and reinvents himself which allows for self-idealization (grandiosity restored).

Chapter XI: Intrapsychic Activation Model (IPAM)

A scientifically rigorous psychology should start with the external environment: stimuli conveyed to the brain via sensa, the ecosystem of information, 95% of which remains unconscious.

The internal environment is comprised of reactions to the external environment and interactions between processes such as cognitions and emotions.

The idea of an immutable core identity is, therefore, counterfac-

tual: no fixed entity can efficaciously cope with a shapeshifting and ever-transforming reality.

Instead of a unitary lifespan-long Self, in the footsteps of the likes of Philip Bromberg, I propose an ensemble of self-states, each one of which is optimized for a specific environment.

The self-states are automatically triggered. The one best adapted to the exigencies and demands of an idiosyncratic milieu becomes dominant while the others are rendered latent and dormant.

The self-states are not dissociated. They share resources and assets such as the individual's intelligence and memories.

Some autonomous or continuous background mental processes might conflict with the self-state. To avoid dissonance and the ensuing anxiety, they are silenced with the aid of constructs. Each construct is unique to a specified self-state.

The constructs are stable organizing and hermeneutic-exegetic (interpretative) principles. Constructs mediate, structure, and filter external reality (experience) by reframing it while also regulating the internal environment.

Constructs make sense and impose a meaningful narrative on raw sensa as well as on internal data. They are like theories: they yield predictions. But all the output is censored to conform to the self-state (cognitively and emotionally distorted).

The ego and the persona are instances of constructs.

Like defines mechanisms, constructs impair reality testing in order to buttress the self-state and maintain its coherence and cohesion. Like membranes, constructs selectively suppress any input that challenges the self-state or undermines it.

Constructs, therefore, ensure ego congruency and ego syntony by generating a database of information that is both relevant to the self-state and supportive of it.

Constructs also tackle memories that vitiate or contradict the self-state and thus engender dissonance and anxiety.

The construct either silences such memories or reframes them into compatibility with the self-state.

It accomplishes this feat in one of three ways:
1. By dissociating the memories
2. By altering the emotional content and correlates of the memory to conform to that of the self-state
3. By weighing memories differently and selectively (selective memory).

To accomplish the reconciliation of the self-state to both the external and the internal environments, the constructs call upon (interpellated) introjects (internalized voices of meaningful others, such as parents, teachers, peers, and society at large). The conscience is an example of a cluster of introjects that is often made use of by constructs.

In order to avoid dissonance and anxiety, we make peace with our introjects by misidentifying them as our own authentic voices (attribution error).
The introjects generate automatic thoughts, both positive and negative. They are always on standby. They interfere with daily functioning once they are triggered.

The constructs organize the introjects output according to a set of selection criteria and principles ("identity").

"Identity" is an algorithm which maps self-states and their attendant constructs to specific environments. It determines which introjects are activated. It is a set of principles and operating routines which regulate the emergence and submergence of self-states.

Identity changes only slowly and so gives the illusory impression of stability and continuity.

The "personality" is comprised of the selection criteria (aforementioned algorithm) combined with the resultant self-states.

The individual is cathected (emotionally invested) in the self-state. S/he wants to validate it and thus preserve the comfort zone.

One of the functions of the automatic thoughts is to drown out the processes which negate the self-state or conflict with it. The other function is to affect and modify behaviours.

Some behaviours are inhibited or negatively reinforced by the construct, using the automatic thoughts spewed out by the introjects. Other actions are positively reinforced.

This way, the construct induces or fosters only behaviours whose consequences modify the environment to fit the self-state even as it suppresses all other forms of conduct.

The construct is goal-oriented. The choice of behaviours is secondary and rationalized. Self-efficacy is the overriding aim. The construct leverages external inputs to regulate the internal landscape.

The construct creates a paracosm, a virtual reality to fit and uphold the self-state. It is a harmonizing central authority.

This model sheds new light on basic concepts in psychology.

"Defense mechanisms" render palatable the outcomes of positively reinforced behaviours and prevent secondary anxiety, shame, and guilt.

"Mental illness" occurs when the self-states are mutually exclusive or oppositional or incompatible and the transition from one self-state to another is disrupted for a variety of reasons (mainly when the self-state is suboptimal).

The principle of non-contradiction in the repertory of self-states and the smooth transmission of power between self-states are the bedrocks of mental health. Conflicting self-states coupled with constructs compete for resources in a host of mental health disorders.

With every new environment, the algorithm selects an optimal self-state which takes over the individual. There is a momentary disorientation in the dissociative gaps between consecutive self-states.

In other words: the continuity of memory, identity, and personality is a myth or, at best, a convenient and idealized abstraction.

Self-states are anxiolytic and therapy is anxiogenic. But gradual-

ly, therapy helps the client evolve a new algorithm which selects for self-states which are less self-defeating or self-destructive and more functional.

Constructs, introjects, memories, defenses.

References

Dissociation and Trauma

1. Dell, P. F., & O'Neill, J. A. (Eds.). (2009). Dissociation and the Dissociative Disorders: DSM-V and Beyond. Routledge/Taylor & Francis Group.
2. Dorahy, M. J., Gold, S. N., & O'Neil, J. A. (Eds.). (2022). Dissociation and the Dissociative Disorders: Past, Present, Future. Routledge.
3. Orcutt, C. (2012). Trauma in Personality Disorder: A Clinician's Handbook the Masterson Approach. AuthorHouse.
4. Fox, D. J. (2022). Complex Borderline Personality Disorder: How Coexisting Conditions Affect Your BPD and How You Can Gain Emotional Balance. New Harbinger Publications.
5. Hosider, D. (n.d.). Childhood Trauma and Its Link to Borderline Personality Disorder.

Personality Disorders

1. Stormberg, D., Roningstam, E., Gunderson, J., & Tohen, M. (1998). Pathological Narcissism in Bipolar Disorder Patients. Journal of Personality Disorders, 12(2), 179-185.
2. Roningstam, E. (1996). Pathological Narcissism and Narcissistic Personality Disorder in Axis I Disorders. Harvard Review of Psychiatry, 3(6), 326-340.
3. Alford, F. C. (1988). Narcissism: Socrates, the Frankfurt School and Psychoanalytic Theory. Yale University Press.
4. Fairbairn, W. R. D. (1954). An Object Relations Theory of the Personality.
5. Freud, S. (1905). Three Essays on the Theory of Sexuality. Standard Edition of the Complete Psychological Works of Sigmund Freud, 7.
6. Freud, S. (n.d.). On Narcissism. Standard Edition of the Complete Psychological Works of Sigmund Freud, 14, 73-107.
7. Golomb, E. (1995). Trapped in the Mirror: Adult Children of Narcissists in Their Struggle for Self. Quill.
8. Greenberg, J. R., & Mitchell, S. A. (1983). Object Relations in Psychoanalytic Theory.
9. Grunberger, B. (1979). Narcissism: Psychoanalytic Essays. International Universities Press.
10. Guntrip, H. (1961). Personality Structure and Human Interaction. International Universities Press.
11. Horowitz, M. J. (1975). Sliding Meanings: A defense against threat in narcissistic personalities. International Journal of Psychoanalytic Psychotherapy, 4(2), 167-180.
12. Jacobson, E. (1964). The Self and the Object World. International Universities Press.
13. Kernberg, O. (1975). Borderline Conditions and Pathological Narcissism. Jason Aronson
14. Trust, M. K. (Ed.). (1964-1975). The Writings of Melanie Klein (Vols. 1-4). Free Press.
15. Kohut, H. (1971). The Analysis of the Self. International Universities Press.
16. Lasch, C. (1979). The Culture of Narcissism. Warner Books.
17. Alexander, L. (1997). Narcissism: Denial of the True Self. Touchstone Books.
18. Millon, T., & Davis, R. D. (1995). Disorders of Personality: DSM IV and Beyond (2nd ed.). John Wiley and Sons.
19. Millon, T. (2000). Personality Disorders in Modern Life. John Wiley and Sons, 188, 558.
20. Ronningstam, E. (1998). Disorders of Narcissism: Diagnostic, Clinical, and Empirical Implications. American Psychiatric Press.
21. Roningstam, E. (1996). Pathological Narcissism and Narcissistic Personality Disorder in Axis I Disorders. Harvard Review of Psychiatry, 3(6), 326-340.
22. Rothstein, A. (1984). The Narcissistic Pursuit of Reflection. International Universities Press.
23. Lester, S. (1974). Narcissistic Personality Disorders - A Clinical Discussion. Journal of the American Psychoanalytic Association, 22(2), 292-306.
24. Daniel, S. (1985). The Interpersonal World of the Infant. A View from Psychoanalysis and Developmental Psychology.
25. David, S., Roningstam, E., Gunderson, J., & Tohen, M. (1998). Pathological Narcissism in Bipolar Disorder Patients. Journal of Personality Disorders, 12(2), 179-185.
26. Vaknin, S. (2015). Malignant Self Love – Narcissism Revisited (10th revised impression). Narcissus Publications.
27. Zweig, P. (1968). The Heresy of Self-Love: A Study of Subversive Individualism.
28. Ogas, G. S. (2011). A Billion Wicked Thoughts. Dutton.
29. Helm, K. (2016). Hooking Up: The Psychology of Sex and Dating. Greenwood.

Online Bibliography

1. Rainer Alt and Elgar Fleisch (2001) Business Networking Alt, R., & Fleisch, E. (2001). Business Networking Systems: Characteristics and Lessons Learned. Electronic Markets, 5(3), 7-27.
2. Dubois, L. (2007). How Leaders Create and Use Networks. [online] Harvard Business Review. Available at: https://hbr.org/2007/01/how-leaders-create-and-use-networks [Accessed 11 Dec. 2019].
3. Ibarra, H., & Hunter, M. L. (2007). How to Network Effectively. [online] Inc.com. Available at: http://www.inc.com/guides/2010/08/how-to-network-effectively.html [Accessed 11 Dec 2019].
4. Trossen, D., & Kostopoulos, A. (2012). Techno-Economic Aspects of Information-Centric Networking. Journal of Information Policy, 2, 26-50.