A relational perspective on two forms of personality disturbance – schizoid detachment and narcissistic binds. Each offers a particular solution to the challenge of needing and not needing the other. Each pre-empts or derails the potential for mutual relatedness. A range of theoretical readings and case material will elucidate the vagaries of self-experience, split-polarities, and interactive patterns that give each personality mode its distinct character, while illuminating some developmental and clinical issues in treating disordered attachment.

1. **Schizoid Solutions, Detached Selves**  
12/3/19
Guntrip builds on Fairbairn’s model of divided mind to describe the inner life and estrangements of schizoid withdrawal. McWilliam offers a personal perspective on schizoid idiosyncrasy and creativity.


Recommended:
Guntrip, H.

2. **Schizoid Abstinence, Schizoid Love**  
12/10/19

3. **Negotiating with Hard to Reach Patients**

How do we reach patients too sealed off to be therapeutic partners? The task is compounded by the schizoid nature of the psychoanalytic endeavor, the analyst’s avoidant tendencies, and pulls for mutual detachment. We focus on clinical papers by Buechler and Pizer but also address the role of schizoid states and therapeutic regression in Bromberg’s dissociative model of mind (see recommendations below).


**Recommended:**


1. **Narcissistic Binds, Vulnerable Selves**

If narcissism is core to human experience, what triggers its perverse forms (grandiosity, defensive idealization)? For the late Interpersonalist, John Fiscalini, narcissism implicates a dual disruption in security needs and growth strivings. He elaborates his vision with a narcissistic typology of special, spurned, shamed, and spoiled selves.

Hamilton, E.  The Myth of Narcissus and Echo (in class)


2. **Narcissistic Dyads**

The narcissist patient’s struggle with intimacy and power is revealed in merger fantasies and polarized enactments. Mitchell examines grandiose,
idealizing, and twinship transferences. Bach, a contemporary Freudian, explores links between impaired self and object constancy and split (inflated/deflated) polarities.


3. Clinical envy

Envy has been conceptualized as destructive spoiling, malignant greed, and corrupted desire. It can induce feelings of inadequacy and hunger for what the analyst possesses that the patient does not. How might Fiscalini's co-participant inquiry address narcissistic envy in spurned or spoiled patients?


Recommendation: