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PERSONALITY DISORDERS

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"There's 3 sides to every story. Time will tell who the real asshole is despite what you were told." (April Mae Monterrosa)

People who consistently and chronically abuse others often have some kind of personality disorder. This book isn't about personality disorders per se. It's about recognizing the red flags of disordered individuals in order to better protect yourself from them. An ounce of prevention now will spare you a great deal of emotional pain — not to mention legal fees — later on.

Rather than focusing on the different personality disorders and enumerating their respective criteria, let's explore how some people trip themselves up in an effort to understand and manage disordered individuals.

Self-Taught Personality Disorder Experts

Unless you plan to get an advanced Psychology degree, there's no need to become a self-taught expert in personality disorders. If you do, you'll be further along than many mental health professionals. I'm not exaggerating. It's more important to recognize the traits of people who will hurt and exploit you without regard or remorse than it is to make distinctions in arcane subclinical diagnostic variations.

Why?

First, self-preservation. Does it matter how the fire started in the movie theater when the heat of the flames is licking at your face and your lungs are burning from the smoke? Of course not. You exit the theater in an orderly fashion. Determining fire patterns and how the fire started is important later for liability and insurance purposes, repairs, reconstruction and fire prevention. It's irrelevant when the fire is singeing your nose hairs.

Second, unless you belong to a group that enjoys dissecting diagnostic criteria, you risk sounding crazy or boring and alienating others who don't speak that language. This includes people you need to believe you — like law enforcement, judges, social workers,

psychologists, guardians ad litem, custody evaluators, friends and family — so they can help you. You're more likely to have a good outcome if you explain things in everyday language and ease off the diagnostic alphabet soup.

Third, unless you work in the fields of education, mental health, medicine or law, don't make this your life's work. Focus on healing, moving forward and living your life — without toxic people and without abuse.

Personality disorder nomenclature is basically shorthand for clinicians. Each disorder identifies clusters and patterns of extreme behaviors and traits that persist throughout the individual's lifespan. How does being able to distinguish the differences between borderline waifs with self-harm tendencies and cerebral narcissists help you?

Maybe the subject really is that interesting to you. Nonetheless, please consider if continuing to analyze personality disorders in ~~excruciating~~ detail is helping you move forward or keeping you stuck. One could argue it's a way to avoid the pain of the [grieving process](#),¹ letting go of your abuser or a way to avoid dealing with your own stuff.

Wishful Thinking

Wishful thinking is a psychological defense that usually occurs during the [denial and bargaining stages](#)² of grief. For example:

- *"If my spouse is diagnosed they'll finally get help and become a totally different person."*

Sorry, but no. At best, the negative symptoms of disordered individuals are managed, not cured. Treatment doesn't guarantee success and it can take a long time before improvements are seen. Many disordered people don't see the need to change (because they don't see anything wrong with their behavior or attitudes) unless they fear a consequence like divorce, being fired, public exposure or jail. Once the threat of the unwanted consequence is removed the narcissist usually reverts to standard operating procedure. Even when they genuinely want to change, it's incredibly difficult and, again, self-awareness (read the blogs of "self-aware" narcissists and borderlines for an example of this) and treatment do not guarantee success.

What many victims really want, whether they realize it or not, is for their abuser to return to the idealization or [love bombing stage](#)³ of the relationship. This wish isn't about your partner getting better. It's about returning to Fantasy Land. That person never existed.

You fell in love with a fantasy. It's painful to admit, but that's the reality of it.

- *"If my ex is diagnosed I'll get primary custody and my kids will have a better chance of growing into healthy adults."*

I wish this were true in the majority of custody cases, but it isn't. Many disordered people are natural born actors and adept at gaming systems. Couple this with the fact that most family court judges are woefully ignorant about personality disorders and it's not the slam dunk many people think it is.

It gets worse. Many people who enter the law profession and mental health field have a high degree of narcissistic or psychopathic traits themselves.³ Family court often seems like a system by sociopaths for sociopaths. No narcissist likes having a mirror held up to themselves, and that includes judges, lawyers and therapists.

Judges may also attribute the bandying about of psychiatric labels as a means of jockeying for leverage in custody. If you decide to fight for primary custody, you'll be more effective describing the abusive behaviors in everyday language, especially ones that are damaging to the kids, than making layperson diagnoses. This will also be more effective with custody evaluators. Let the professionals use the labels.

Trying to Get a Diagnosis

Many individuals who qualify for personality disorder diagnoses are never formally diagnosed. Oftentimes, these persons, especially those who are able to mask their symptoms when it serves them to do so, can go their entire lives evading and avoiding detection and diagnosis. This is due to two factors:

- The core components of personality disorders.
- Mental health professionals' reluctance to diagnose personality disorders.

Narcissists, borderlines, histrionics and psychopaths have a lifelong pattern of blaming others for their behaviors and whatever's wrong in their lives — especially the self-inflicted crises, debacles and conflicts. A narcissist will punch you in the nose and then blame you for bloodying their knuckles. You inadvertently find email evidence of their cheating and they rage at you for invading their privacy.

Narcissists don't do accountability. Correction. They enjoy holding others accountable, particularly anyone they believe has wronged, affronted or slighted them. As for holding

themselves accountable — only if they're [Hoovering](#)⁵ (trying to seduce you back into the relationship with them) or as a means to an end. For example, my narcissistic ex understood the tactical necessity of "falling on [his] sword." However, he wasn't sincere on the rare occasions he apologized to bosses or clients. He was clear he was doing it to avoid or minimize experiencing the negative consequences of his actions and resented it greatly.

Did he ever apologize to me during the 7-and-a-half-years we were together? Not that I can recall, but there was no need. We established my willingness to tolerate his crap and not hold him accountable in order to preserve the relationship via a series of progressive boundary tests during the initial stages of dating. Yes, *I still kick myself about this sometimes.*

A narcissist or borderline might admit to having issues, but they blame the cause of their issues on other people or circumstances (that are often of their own making). In other words, it's somebody else's fault for not accommodating their needs, wants and brittle little egos and grandiose False Selves (the masks of normalcy they wear to prey undetected).

Put the pieces together and what do you get?

Someone who's reluctant to seek therapy and, even if they do, is highly, highly, highly treatment resistant. What do I mean by treatment resistant? The moment the therapist tries to help them see how they create their own hell, the disordered person typically ends treatment. Once codependents figure out we create our own hell first we beat up on ourselves, then hopefully begin the healing process. Unfortunately, getting to that point can take a while.

Even if you can get the narcissist or Other Form of Crazy to see a psychologist, it doesn't guarantee a diagnosis. First, narcissists, borderlines, psychopaths, histrionics and other abusers lie. Pathologically and prolifically. Even when they get busted, they tell more lies on top of the original lies. This includes lying to therapists.

For example, a former client's now ex-fiancée (he got the ring back!) when asked what her therapist thought about her cheating replied, "Why would I tell my therapist the truth? What would I get out of it?" When I began dating my narcissistic ex, he boasted about lying to therapists he saw during his marriage at his ex-wife's insistence. (*I was never his therapist.) I remember being perplexed at the time, but rationalized it away. *Talk about being bitch-slapped by a red flag!*

It can take a while for therapists to catch on. Some therapists never do. There are a number of reasons for this. Some are reluctant to diagnose personality disorders, or just won't do it. The personality disordered are also referred to as high-conflict people. Find a frivolous lawsuit and you'll likely find a high-conflict person driving it. In other words, therapists don't want to get sued for diagnosing a client with narcissism, sociopathy or borderline personality disorder. I've worked with divorcing clients whose narcissistic and borderline exes sued their once idealized former therapists or psychiatrists for this reason. It's a real risk.

Many therapists don't want to work with the personality disordered because we're just as likely to become targets of blame and abuse. I won't work with disordered individuals for this reason and a few others. For example, there's a potential for online and offline harassment, stalking and smear campaigns, which has happened to me and will likely continue to happen to me.

Over the years, several self-identified borderlines who've stumbled across my articles, videos and websites have conducted Internet harassment and smear campaigns against me. I've come to view their attacks as periodic flare-ups of social media herpes. Offline, one of them contacted a charity for which I was once a board member to "warn" them about that dangers of associating with me. The organization director's ex-wife is a diagnosed borderline with psychotic features. So much for their warning. We had a good chuckle about it, actually.

Some have contacted random men's organizations (that I'm neither acquainted nor affiliated with) seeking personal information about me. The person who took the call was kind enough to let me know by email. These are only the ones I know about. There may be more. I don't know who the people smearing and harassing me are. I've never met them, much less worked with them. The majority of them hide behind the anonymity of the Internet. Bullies are cowards. Personal and professional risk aside, working with the disordered is also frustrating and frequently futile and I know my limits.

Some therapists don't want to "stigmatize" a person with a personality disorder diagnosis. Meaning therapists don't want the disordered person to be regarded poorly by virtue of the fact they're personality disordered. While I understand this in theory, how do you treat someone without an accurate diagnosis, that is, if the therapist's elected to take the disordered person on as a client? Furthermore, the label doesn't stigmatize them. Their aberrant, abnormal and abusive behavior is the real problem whatever we decide to call it.

Even if you can get them accurately diagnosed, it doesn't necessarily translate into change and healing. Remember, the best you can hope for is that, with a lot of therapy, time and money, they'll learn to manage their condition. If managing their condition involves you learning not to "trigger" them or practicing radical acceptance, they're not managing their crazy, *you are*.

High Functioning vs. Low Functioning

Don't get excited. High functioning means the person is better at appearing normal and masking the crazy in public and during the idealization or love bombing stage. It doesn't mean they're less toxic or dangerous than their low functioning counterparts.

You can usually recognize the low functioning ones easily due to their overt self-destructive behaviors like multiple suicide attempts, cutting and other self-mutilation scars, substance abuse, hospitalizations and criminal records. The low functioning ones typically require protection from themselves as do any minor children they may have. We all require protection from high functioning narcissists, borderlines and psychopaths. They're the kind that hide in plain sight.

In family court and other litigation arenas, the high functioning are persuasive and convincing liars. The low functioning may engender the pity of the court thereby avoiding the natural consequences of their behavior. They're such chaotic thinkers that their lies are usually patently obvious. They contradict themselves several times within a single sentence. It's hard to miss. Nevertheless, courts frequently enable them to continue abusing their victims by not holding them accountable out of pity, bias (usually in favor of female offenders) or a combination of the two.

Who's more dangerous? The train wreck you can see coming from light years away or the person who can hide the worst parts of her- or himself until after you've married or had children with them?

Do They Know What They're Doing?

Yes and no. The high functioning ones absolutely know what they're doing and why they're doing it. The low functioning ones know what they're doing, but usually don't understand why they're doing it. Mid-level narcissists are sometimes aware and sometimes not.

For example, high-functioning abusers knowingly and purposefully use their rage as an intimidation and control tactic. They can shut it on and off like a firehose. Clients have shared audio recordings of their spouses raging at them, so much so I can hear the spittle spraying out of their mouths. Then their cellphone rings. They instantly go from yelling to calmly saying, "Hello Linda, how's it going? Yoga and lunch on Wednesday? I'd love to!"

When most human beings are that angry and out of control, we're unable to turn it on and off. It takes time to calm ourselves and decompress. If a narcissist or borderline can turn it off and on, they're not really out of control. Many victims report catching the narcissist fleetingly smirk during rage episodes. If they're smirking they're in control of their emotions and having a grand old time tormenting you. They want you to believe they're out of control and are conditioning you to fear displeasing them. Both high-functioning and low-functioning are equally able to convince themselves of their lies with repeated retelling.

Traits of More Than One Disorder

It's common for some individuals to have traits and symptoms from more than one disorder. The [DSM-V \(Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition\)](#)⁶ changed the way personality disorders are diagnosed in 2010 from the previous edition and the edition before that and so on and so forth. Basically, the fifth edition collapses the diagnostic criteria into an à la carte menu.

For example, instead of diagnosing someone with narcissistic personality disorder, borderline personality disorder or personality disorder not specified, we'd say Chris is a Borderline Type with extreme Aggression, Emotional Lability, Separation Insecurity and Hostility, mild Self-Harm and Impulsivity and very little Dissociation Proneness and Callousness. Monica seems to be a Sociopathic/Psychopathic Type with extreme Callousness, Hostility, Aggression and Maliciousness, moderate Deceitfulness and Narcissism and very little Recklessness and Impulsivity. Unless you're a therapist seeking reimbursement from insurance companies don't bother trying to figure this out. The ever-evolving manual is a reflection of the profession's politics, insurance company billing practices and prevailing ideology, which is currently feminism.

Your Therapist Won't Discuss the Possibility of your Spouse or Ex Having a Disorder

There are a few reasons for this. One, psychologists and other mental health

professionals can't diagnose someone we haven't personally evaluated. We can say the behaviors being described sound like [insert disorder or condition], but we can't give a definitive diagnosis. Two, even if your therapist evaluated your spouse or ex, they may not diagnose them for the reasons previously explained.

Three, many mental health professionals get prickly when a layperson uses psychological terms, which they see as their exclusive purview. This one annoys me. You live with your spouse or lived with your ex, which gives you firsthand knowledge. If you have good reading comprehension and Google, you can compare the behaviors you've observed and diagnostic criteria. Odds are if it has feathers, waddles and quacks, it's a duck. You don't need to be an ornithologist to identify Daffy, Donald or Daisy.

Four, since your spouse or ex isn't seeking treatment, the therapist will try to keep the focus on you, not what's wrong with the person who isn't in the office. In my practice, there's a caveat to this. When you're being abused and, pardon my language, mindfucked by a narcissist, borderline, psychopath or Other Form of Crazy, it's a relief to have your experiences and observations validated by a helping professional. One of the first stages in your recovery is making sense of the colossal mindfucking and abuses you've suffered.

It's also helpful to have questions regarding how and why someone behaves like that answered. Then I focus on what makes clients vulnerable to abusive partners, what keeps them in abusive relationships even after they recognize they're being abused, how to safely get out if that's what they want to do, how to protect themselves if they're not ready, how to conduct themselves during divorce and post-divorce (if there are shared children) and, ultimately, self-understanding, self-care and healing.

Protecting Children

You can't completely protect your children from a disordered parent without removing them from their care. Even if you accomplish this, the kids will likely still have issues. It's your responsibility as the non-disordered parent to teach the kids healthier ways of being. You're the best shot your kids have for a healthy role model. Do you want them to learn to tolerate abuse? Do you want them to learn to abuse others? These are the stakes.

Hopefully, you can compensate the damage already sustained by setting a good enough example (you don't have to be perfect, just don't be disordered) and by recognizing and encouraging them when they show empathy and behave with integrity. Validate their

feelings and perceptions when the disordered parent's pathology slimes them without trashing the disordered parent. Find other healthy adult role models such as coaches, aunts, uncles, grandparents, teachers, etc. If necessary, find them competent professional help (i.e., a children's therapist who's equipped to deal with personality disorders, parental alienation and grief).

SUMMARY

- Don't get hung up on figuring out the exact personality disorder. Focus on the behaviors. If you're being abused it doesn't matter what the diagnostic label is.
- Red flags are dysfunctional and toxic behaviors, traits and attitudes endemic to personality disordered individuals. It's important to spot them, so you can better protect yourself from them.
- It's just as important to identify and understand your vulnerabilities that make you an attractive target.
- Engaging in wishful thinking is a common trap. Even if you could get an accurate diagnosis it's unlikely to result in the abuser having an epiphany, attending therapy and changing their ways. You're better off focusing on yourself and why you're willing to tolerate abuse.
- High functioning personality disordered individuals typically evade diagnosis because they don't see themselves as having problems and, thus, usually don't seek therapy unless trying to control a partner or to avoid unwanted consequences. Furthermore, many therapists are reluctant to make a personality disorder diagnosis for several reasons.
- High functioning doesn't mean the characterological pathology is less severe. It means the disordered person is better able to hide it, which makes them more dangerous.
- It's not unusual for someone to exhibit traits and criteria of more than one disorder. Personality disorders occur on a continuum and there's often a combination of symptoms.
- There are many reasons why some therapists won't discuss the likelihood your partner or ex has a personality disorder.
- You can't 100% protect kids from a disordered parent without removing them

from the disorder parent's care. Do your best to provide them with a healthier home, with consistency, structure, predictable consequences, allow them to have their feelings and teach by example.

FOOTNOTES

- 1 <https://shrink4men.wordpress.com/2009/07/20/5-stages-of-letting-go-of-a-relationship-with-an-emotionally-abusive-narcissistic-or-borderline-woman/>
- 2 <https://shrink4men.wordpress.com/2017/01/27/narcissistic-abuse-stages-of-rumination-during-the-healing-process/>
- 3 <http://shrink4men.com/2017/04/11/love-bombing-is-a-red-flag/>
- 4 Dutton, K. (2012). The wisdom of psychopaths: What saints, spies and serial killers can teach us about success, Scientific American.
- 5 <http://shrink4men.com/2012/03/28/hooovers-dont-let-the-crazy-suck-you-back-in/>
- 6 <http://shrink4men.com/2010/12/01/narcissistic-personality-disorder-and-histrionic-personality-disorder-to-be-eliminated-in-the-dsm-v-welcome-to-starbucks-diagnostics/>

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