Dimensional Personality Assessment Using Kernberg's Structural Model in Psychiatry Residency: A Case Report

Rubén Gerardo De Los Santos Resendez[1], Guillermo Medina Vidales[1]

[1]Department of Psychiatry, University Hospital, Universidad Autonóma de Nuevo León (UANL), Monterrey, México

BACKGROUND

Personality disorder diagnosis has traditionally relied on categorical systems that fail to capture the complexity of personality pathology. This is evident in schizoid personality: DSM-5 criteria describe a lack of desire for intimacy, whereas psychodynamic exploration reveals a conflict between a longing for closeness and a fear of being invaded by the other (2). What distinguishes the schizoid structure is not splitting alone but a generalized fragmentation of affective experience that dissolves the affective link between self and object representations (2). Kernberg's structural model addresses this limitation through the Structured Interview of Personality Organization-Revised (STIPO-R) (1), which assesses core dimensions of personality organization (identity, object relations, defenses, aggression, and moral values, together with reality testing) along a severity continuum aligned with the DSM-5 Alternative Model (4) and ICD-11 (5). Despite this convergence, dimensional assessment remains largely confined to personality-disorder specialists, with minimal integration into general psychiatric training.

CLINICAL CASE

An 18-year-old male, with onset in early 2023 during high school. Presenting features:

- Limited social integration; difficulty forming affective bonds, especially with women.
- Dysfunctional, catastrophizing family dynamic with poor affective expression.
- Mixed insomnia, chronic fatigue, and attentional difficulty.
- Ruminative existential ideation (afterlife, time travel, parallel universes), forgetfulness, and persistent boredom and emptiness.

He presented for outpatient evaluation in March 2025. A depressive episode and autism spectrum disorder were initially considered, but the structural assessment revealed object relations that were conflictual rather than absent, a longing for closeness defended by withdrawal, and a preserved, even heightened, capacity to read others' affects. This favored a dimensional, personality-organization reading over a primary mood or neurodevelopmental disorder.

RESULTS

The STIPO-R yielded a schizoid personality at a borderline level of organization, with impaired identity and object relations, splitting-based defensive fragmentation, and a conflict between desire for attachment and fear of invasion (Figure 1, Table 1). Reality testing was grossly preserved, with low aggression and narcissism, placing the patient at the better-integrated end of the borderline range. Transference-focused psychotherapy (TFP) was indicated, consistent with evidence that borderline-level schizoid presentations respond best to TFP (2,6).

DISCUSSION

Dimensionally, the schizoid presentation can be read as a defensive organization coexisting with varying ego functioning and reality testing, rather than a fixed categorical diagnosis (3). The focus shifts from observable isolation to the quality of internalized object relations, identity diffusion, and the regulation of closeness and aggression (2). Unlike narcissistic pathology, the schizoid patient does not devalue the object but suffers a painful sense of abandonment, while retaining a heightened capacity to read others' affects, a feature that also distinguishes the picture from autism spectrum disorder (2). The categorical label thus captures only part of the picture, underscoring the value of training residents in dimensional diagnosis.

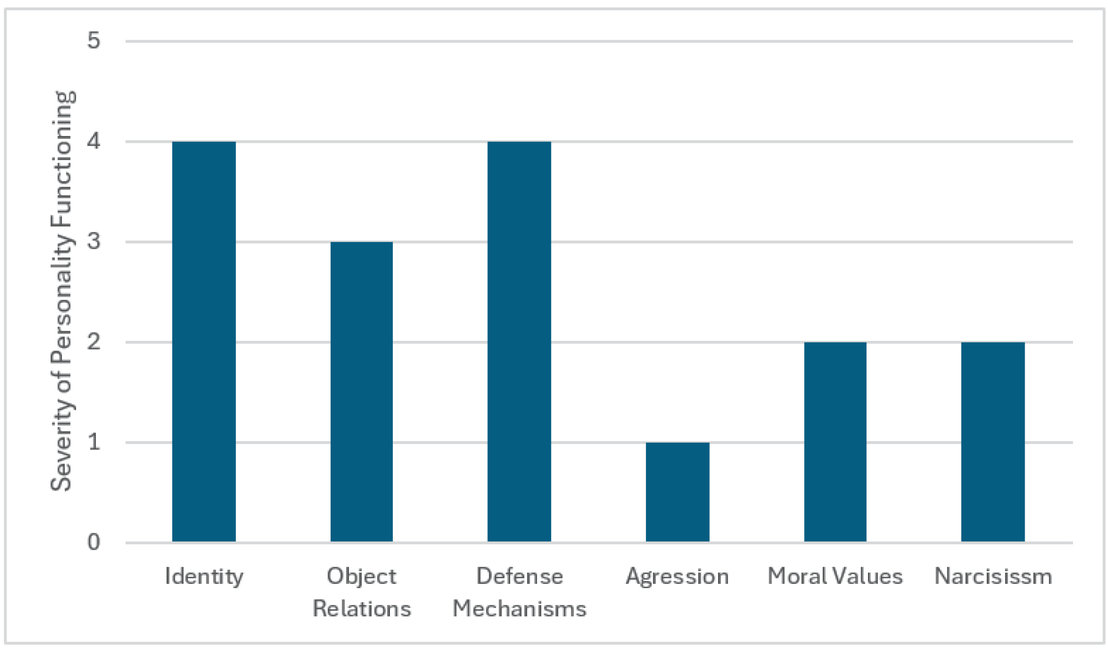

Figure 1. Patient's STIPO-R dimensional profile across identity, object relations, defense mechanisms, aggression, moral values, and narcissism. Higher scores indicate greater impairment/severity.

Domain	Summary
Identity	Integration of the sense of self and of others is extremely superficial. There is very limited capacity for involvement and engagement with others.
Object Relations	Relationships are present but superficial, with limited capacity for genuine interest in other people. The individual may demonstrate efforts to seek intimacy, but has developed few, if any, truly intimate relationships.
Defenses	Predominance of splitting-based defenses, with severe rigidity and markedly maladaptive defensive strategies.
Aggression	Aggression is generally under control; episodes of anger and verbal aggression may occur, but they appear appropriate to the circumstances.
Moral Values	No evidence of amoral or immoral behavior; some rigidity in moral functioning; guilt experienced primarily as ruminative self-reproach rather than reparative action.
Narcissism	Impairment in intimate relationships. Some difficulties in occupational functioning may be present, although the individual retains the capacity to maintain involvement in his or her primary role.

Table 1. Clinical interpretation of patient's STIPO-R domain scores

CONCLUSION

This case illustrates the feasibility and potential value of incorporating the STIPO-R into residency training, enabling trainees to develop psychodynamically informed, dimensional assessments that bridge object relations theory with contemporary diagnostic frameworks.

REFERENCES

1.Clarkin JF, Caligor E, Stern BL, Kernberg OF. The Structured Interview of Personality Organization Revised (STIPO-R). Unpublished manuscript. New York (NY): Weill Medical College of Cornell University; 2008. Available from: www.borderlinedisorders.com

2. Kernberg OF. Psychodynamics and treatment of schizoid personality disorders (Chapter 7). In: Hatred, Emptiness, and Hope: Transference-Focused Psychotherapy in Personality Disorders. Washington (DC): American Psychiatric Association Publishing; 2023. p. 133-148.

3. Kernberg OF. Severe Personality Disorders: Psychotherapeutic Strategies. New Haven (CT): Yale University Press; 1984.

4. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders. 5th ed. Arlington (VA): American Psychiatric Association; 2013.

5. World Health Organization. International Classification of Diseases, Eleventh Revision (ICD-11). Geneva: World Health Organization; 2019.

6. Yeomans FE, Clarkin JF, Kernberg OF. Transference-Focused Psychotherapy for Borderline Personality Disorder: A Clinical Guide. Washington (DC): American Psychiatric Publishing; 2015.