Handbook of Personality Disorders

Theory, Research, and Treatment

Edited by

W. John Livesley

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Preface

For much of its history, personality disorder was a relatively neglected domain of psychopathology. Knowledge consisted almost entirely of theoretical speculations based on observations made in the course of clinical practice and the in-depth treatment of small numbers of patients. Recently, however, this situation has changed: Over the last two decades, the field has become an active arena of empirical inquiry, with issues that were originally settled by reference to one school of thought or another, or by appeal to tradition, now more likely to be subjected to empirical scrutiny. Diverse theoretical approaches and multiple disciplines are contributing different perspectives that challenge previous ideas. These developments are beginning to forge a new understanding of the nature, origins, and treatment of personality disorder. Current approaches to classification are being challenged by empirical evaluations that offer minimal support for traditional diagnostic formulations but rather point in new directions and indicate the need for new nosological systems. Ideas about the structure of personality disorder and its relationship to other clinical syndromes are changing. Far from being fundamentally distinct entities, it appears that personality disorder and a variety of other mental disorders have at least some common origins. As these etiological links are identified, the distinction between Axis I and Axis II in the DSM system is becoming increasingly blurred.

Similar changes are occurring at the interface between normal and disordered personality. In the past, personality disorder was studied independently of studies of normal personality and little cross-fertilization of ideas occurred. Over the last few years, these distinctions have begun to break down, raising fundamental questions about the nature and definition of disorder and the way it may be differentiated from normality. Empirical and conceptual analyses fail to support categorical distinctions between normal and disordered personality. Instead, many aspects of personality disorder appear to represent the extremes of normal variation—an idea with major implications for classification and research.

In tandem with these developments, a new understanding of the etiology and development of personality disorder is emerging from work in behavior genetics and developmental psychology, and as a result of the cognitive revolution in psychology, that differs substantially from older explanations based on clinical reconstruction. Accounts of the development of personality disorder based on psychosocial factors are being supplemented by an understanding of biological and developmental mechanisms. Even our understanding of the environment is changing with recognition that individuals seek out and create environments that are consistent with their genetic predispositions and emerging personality patterns. Such developments not only challenge traditional theories about the origins of personality disorder but also question the assumptions of many treatments that have neglected the biological underpinnings of personality. At the same time, new treatment approaches are being developed to supplement and sometimes replace traditional methods.
Given these developments, it is timely to provide a handbook that documents the current state of knowledge. The surge of progress that has brought personality disorders into greater prominence has also created a sense of flux as the field seeks to assimilate new findings. Looking backward, it is easy to see the changes that have occurred and the progress that has been made. Looking forward, however, it is difficult to discern the directions that the field is likely to take. That change is occurring and that our ideas need to accommodate new findings is not in question. It is not clear, however, exactly what accommodations are required or the form that they will take. Progress toward theoretical integration lags substantially behind empirical research, creating uncertainty about the meaning and significance of new findings and their relationship to previous theories and models.

The field needs a new theoretical framework to organize evolving knowledge. Unfortunately, it is probably premature to contemplate theoretical integration. While it is apparent that new findings call into question the grand, broad theories that have dominated thinking about personality disorder for so long, and that monolithic positions have begun to break down, it is also apparent that our understanding remains fragmented and that knowledge has not progressed to the point where a new integration is possible. Nevertheless, sufficient empirical and conceptual progress has occurred to merit an in-depth survey and appraisal of the contemporary situation. This handbook is intended to fulfill this function by providing an overview and evaluation of current ideas. The field seems to be at the point where it would be worthwhile to produce a handbook that emphasizes empirical research and conceptual issues. The hope is that systematic accounts of the major empirical findings and succinct statements of the core issues as they pertain to the various topics central to understanding personality disorders will lay the foundation for theoretical integration in the future.

Although the intention is to be comprehensive, it is not possible to include every topic. The field is too fragmented and a systematic body of knowledge does not exist that would allow a comprehensive account. This meant that substantial selectivity had to be exercised concerning topics to be included and the way the topic of personality disorder should be approached. When considering these questions, the decision was made to give greatest weight to empirical research and that the primary objective was to produce a volume that would provide the practicing clinician with an up-to-date understanding about personality disorder that would be relevant to clinical practice.

These considerations had major implications for the content and structure of the volume. Because the focus is on empirical knowledge and the implications it has for theory and practice, the grand theories of personality disorder that have dominated the field in the past and which have tended to dominate the literature on treatment are not given prominence. Despite the impact that theories such as classical psychoanalysis, object relations theory, and self psychology have had on clinical practice, they have not been effective in stimulating systematic empirical research. For this reason, they are not given the attention that many would consider appropriate. The problem is not that these theories are wrong but rather that they are incomplete and do not incorporate important developments elucidating the structure and origins of personality disorder. A new and different kind of synthesis is required for the field to progress.

For somewhat related reasons, the decision was made to organize the volume around such topics as theoretical and conceptual issues, etiology, diagnosis and assessment, and treatment, rather than specific disorders as listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM-IV) or the International Classification of Diseases (ICD-10). This reflects the belief that current classifications are arbitrary and temporary systems that have heuristic value in stimulating and guiding research and in organizing clinical observations, rather than definitive statements of the way that personality pathology should be organized. Empirical support for these systems is limited and the validity of most diagnostic concepts is not yet established. Indeed, the evidence for these models is not as strong as the evidence against them. For these reasons, it was decided to organize the volume around key topics rather than to allow contemporary models to impose a structure that is not justified by the evidence available. Overall, the intention is to provide a systematic account of
empirical knowledge that is as little constrained as possible by the unsubstantiated assumptions of traditional models and theories, while recognizing the importance of theory generally.

Concern with clinical relevance led to a volume that was compiled with the clinician in mind. Emphasis is placed on the clinical implications of current research, while also seeking to provide critical overviews to stimulate further development. Major themes, such as classification, etiology, stability and change, and assessment, are important theoretical issues that have a direct bearing on clinical practice. Emphasis is also placed on treatment because ideas about treatment are changing and the clinician is faced with a wide and almost confusing array of treatment options. Few texts bring together succinct accounts of the range of options available along with evidence of efficacy that allows the clinician to compare different models and select what best suits his or her needs.

The initial idea for a handbook of personality disorders came from Seymour Weingarten, Editor-in-Chief at The Guilford Press, who kindly invited me to assume the role of editor. This provided an interesting and rewarding opportunity for which I am grateful. I also appreciate the support and encouragement that he and his colleagues at Guilford provided through what proved to be a long and at times arduous editorial process. As editor, I am also indebted to the advice and comments received from various reviewers during the early stages of the project and to the many contributors who accepted the invitation to participate and worked so diligently to complete their chapters.

My hope is that this volume will help to disseminate existing knowledge about personality disorder in a way that also encourages readers to question the most fundamental assumptions of traditional ideas and theories as well as to contemplate new approaches to studying and theorizing about personality disorders. Perhaps even more important, it is hoped that this handbook will also contribute toward the development of improved treatments as well as a better and more tolerant understanding of a comparatively neglected, distressing and painful, and often misunderstood disorder.
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PART I

THEORETICAL AND NOSOLOGICAL ISSUES
CHAPTER 1

Conceptual and Taxonomic Issues

W. JOHN LIVESLEY

It has been said that each generation of mental health professionals has to discover for itself the importance of personality disorder. Although personality disorder often seems elusive and to defy systematization, the diagnosis seems to be clinically indispensable. This certainly appears to be true of the current generation. Since the publication of DSM-III in 1980 interest in the topic has grown almost exponentially, and personality disorder has come to occupy a more central role in the diagnostic process. The significance of the condition as an important clinical problem with substantial public health and social implications is now widely recognized. Historically, personality disorder has been considered separate from other forms of mental disorder. Recently, however, the field increasingly recognizes that not only is personality disorder an important source of morbidity in itself but also it has major implications for understanding and treating other mental disorders. These clinical developments have been paralleled by similar progress in research that has transformed the field from one that was dominated by clinical observation and impression into an active arena for empirical analysis.

Despite this progress, major problems still confront the field, and our understanding of the nature and origins of personality disorder remains disjointed and piecemeal. These problems are conceptual as much as they are empirical. Multiple models and theories have been created to explain various the various phenomena of personality pathology, but none offer a comprehensive account or provide the coherence required of a satisfactory theory. The result is a complex and confusing array of poorly coordinated theories and concepts. Theory and classification are somewhat unrelated and contemporary taxonomies are increasingly recognized as inadequate and poorly supported by empirical research. Basic questions remain unresolved. What is the relationship been such concepts as personality, personality disorder, temperament, and character? What are the defining features of personality disorder? What is its relationship to other mental disorders? Does the diagnosis warrant the special status of a separate axis? What taxonomic principles and concepts are most applicable to classifying personality pathology? What are the essential components of individual differences in personality pathology? These are just some of the questions that we must begin to answer to establish a solid body of knowledge and develop a valid classification.

HISTORY

It is worth understanding something of the history of contemporary conceptions of personality disorder because historical themes continue
to influence contemporary thought even though the field has changed greatly over the last half century. Terms such as "personality," "personality disorder," "temperament," "character," and "psychopathy" that are commonly applied to this form of psychopathology have changed meanings considerably over the last two centuries adding to the confusion that still besets the field. Although interest in patterns of behavior that are similar to modern categories of personality disorder dates to antiquity, and concepts such as psychological types and temperament can be traced at least to ancient Greece, the concept of personality disorder as used today did not take shape until early in the 20th century. According to Berrios (1993), it was only with the work of Schneider (1923/1950) that the contemporary concept truly emerged. Nevertheless, several developments during the 19th century helped to structure current ideas.

The term "character" was widely used during that time to describe the stable and unchangeable features of a person's behavior. Writings on the topic also used of the concept of type, and Berrios noted that "character" became the preferred term to refer to psychological types. The term "type" was used as it is today to describe discrete patterns of behavior. It is interesting to note that the term "personality" was also used although with a very different meaning from present usage. The word is derived from the Greek term for mask, and prior to the 19th century it referred to the mode of appearance of the person (Berrios, 1993). Gradually, however, the term took on a more psychological meaning when it was used to refer to the subjective aspects of the self. Hence 19th century writings about the disorders of personality referred to mechanisms of self-awareness and disorders of consciousness and not to behavior patterns that we would now recognize as personality disorder. It was only in the early 20th century that personality began to be used in its present sense.

The term "temperament" was also used as it had been in Greek medicine to refer to the biological basis of the enduring characteristics that defined the person's character. Descriptions of temperament continued to rely on typal concepts of behavior. This work was important because it established the idea that personality patterns have a biological basis. It also contributed to the development of types of the kind that underlie the categorical diagnoses of contemporary classifications such as DSM-IV.

Work on moral insanity by Pritchard (1835) and others during the 19th century was particularly important for the evolution of the concept of personality disorder. Although this term is often regarded as the predecessor of psychopathy, there is little resemblance between Pritchard's description and Cleckley's (1976) concept or DSM antisocial personality disorder (Whitlock, 1967, 1982). Instead, Pritchard was concerned with describing forms of insanity that did not include delusions. The predominant understanding of the time was that delusions were an inherent component of insanity, an idea developed by Locke. The term "moral insanity" was used to describe diverse disorders, including mood disorders, that had in common the absence of delusions. Berrios suggested that Pritchard encouraged the development of a descriptive psychopathology of mood disorders that promoted the differentiation of these disorders and related conditions. He also helped to differentiate personality from mental disorder by distinguishing between more transient symptomatic states and those that are related to more enduring characteristics. This was an important distinction that contributed to the emergence of personality disorder as a separate diagnostic grouping.

Moral insanity continued to receive attention throughout the 19th century. Maudsley (1874) developed Pritchard's concept further noting that some individuals seem to lack a moral sense, thereby differentiating what was to become the concept of psychopathy in the more modern sense. In 1891, Koch proposed the term "psychopathic" as an alternative to moral insanity to refer to these individuals. At about the same time the concept of degeneration, taken from French psychiatry, was introduced to explain this behavior.

The significance of these developments was that the idea of psychopathy as distinct from other mental disorders began to gain acceptance. This set the stage for Schneider's concept of psychopathic personalities as a distinct nosological group. Before this occurred, however, Kraepelin (1907) introduced a different perspective by suggesting that personality disturbances were attenuated forms (formes frustes) of the major psychoses. Thus Kraepelin did not distinguish between mental state disorders and personality disorders but conceived of them as a continuity. Kretschmer (1925) took this idea further by positing a continuum from schizothyme through schizoid to
schizophrenia—an idea that anticipated current thinking about schizophrenia spectrum disorders. The notion of personality disorders as part of a continuum with mental state disorders and the idea that they are distinct nosological entities are themes that continue to influence current conceptions of personality disorder.

Despite the frequent resurgence of the idea that personality disorders and mental disorders are linked, the overriding assumption of psychiatric classification for much of the last century has been that the two are distinct. This idea was given a theoretical rationale by Jaspers (1923/1963), who distinguished between personality developments and disease processes. The former are assumed to lead to changes that can be understood from the individual’s previous personality, whereas disease processes lead to changes that are not predictable from the individual’s premorbid status.

These ideas led to the proposal that different forms of psychopathology require different methods of classification. Jaspers suggested that conditions arising from disease processes could be conceptualized as either present or absent and hence classified as discrete categories. These categories could be defined by a necessary and sufficient set of attributes (monothetic categories) or by a larger number of attributes of which only a smaller number need be present to confirm the diagnosis (polythetic categories). According to Jaspers, personality disorders (and neuroses) should be classified as ideal types. The argument that different classificatory concepts are required to encompass the range of psychopathology embraced by classifications of mental disorders has not been accepted by official systems. DSM-IV uses polythetic categories throughout. Recently, however, the idea that personality disorder requires a different nosological approach has been revived with suggestions that a dimensional (Cloninger, 2000; Costa & Widiger, 1994; Livesley, 1991; Livesley, Schroeder, Jackson, & Jang, 1994; Widiger, 1993, 2000) or prototype approach (Westen & Shedler, 2000) should be adopted.

Schneider’s volume Psychopathic Personalities originally published in 1923 had a considerable impact. Berrios suggested that by adopting the term “personality,” Schneider made concepts such as temperament and character redundant. Unfortunately, this clarity was not widely accepted and the terms continue to be used. Schneider also made the conceptually im-

portant distinction between abnormal and disordered personality. Abnormal personality was defined as “deviating from the average.” Thus, abnormal personality is merely an extreme variant of normal personality. However, Schneider recognized that this was not an adequate definition of pathology. Not all forms of abnormal personality are necessarily associated with disability or dysfunction. The subgroup of abnormal personalities that are dysfunctional was referred to as psychopathic personalities. These were defined as “abnormal personalities who either suffer personally because of their abnormality or make a community suffer because of it” (p. 3). Schneider did not discuss abnormal personality in detail. Instead, he concentrated on describing 10 varieties of psychopathic personality: hyperthymic, depressive, insecure (sensitives and anankasts), fanatical, attention seeking, labile, explosive, affectionless, weak-willed, and asthenic. Within German psychiatry, psychopathic personality did not have the narrow definition ascribed by British or American psychiatry, but rather the term embraced all forms of personality disorder and neurosis. Schneider noted in the preface to the ninth edition, written in 1950, that the term “psychopath” was not well understood and that his work was not the study of asocial or delinquent personality. He added that “some psychopathic personalities may act in an antisocial manner but . . . this is secondary to the psychopathy” (p. x). Thus, he avoided the tautology inherent in conceptions of antisocial personality that are defined in term of social deviance whereupon the diagnosis is then used to explain deviant behavior.

Although psychopathic personalities were portrayed as types, it is important to note that Jaspers’s and Schneider’s concept of ideal type is not a simple diagnostic category in the DSM sense. Rather, ideal types are descriptions of patterns of being as opposed to diagnoses. According to Jaspers, an ideal typology consists of polar opposites such as dependency and independence or introversion and extraversion. The diagnostic process is not one of simply ascribing a typal diagnosis. Instead, individuals are compared with contrasting poles to illuminate clinically important aspects of their behavior and personality. The typology provides a framework to guide clinical inquiry and organize an understanding of individual cases. Moreover, ideal types are not stable in the sense that DSM diagnoses are assumed to be stable. Instead,