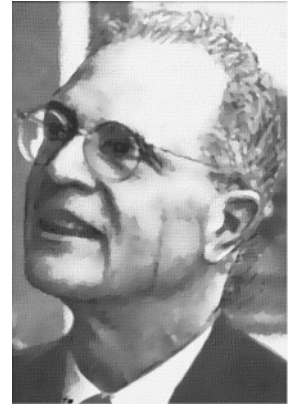


# 1

## HISTORICAL, MODERN, AND CONTEMPORARY APPROACHES TO PERSONOLOGY



Gardner Murphy

That the incidence of both mild and severe mental disorders is strikingly high in contemporary society cannot be denied. Perhaps it reflects the strain of life at the turn of the 21st century, or what political leaders and social thinkers have noted as a time of terrorism and economic decline. Whatever the causes, the inescapable facts are that each year Americans spend billions of dollars for psychopharmaceuticals, tens of billions for liquor and aspirin, and purchase enough books promising successful personal adjustment to fill a good-size college library. One out of every seven or eight Americans, at the current rate, will be involved in counseling or therapy for personality and psychosocial difficulties these next years. For every patient who requires hospitalization there will be 20 other personally distressed and troubled Americans who will seek psychotherapy or pharmacotherapy, hence the importance of the study of personality disorders.

Some have argued that books and chapters on any history of a field be written with detachment and objectivity. Others question whether such detachment is even possible, no less desirable. As the great historian of psychiatry, Gregory Zilboorg, has written (1941), detachment suggests a certain lack of feeling, reviewing the

events of the past with the cold eye of an unconcerned and unaroused observer. The events of the past in our field of study, however, derive from intense human conditions and the passions they create, emotions that are charged with anxieties, loves, hatreds, ambitions, and failures. To look on our subject's history as if it could be portrayed as a series of dots on a statistical table will miss an essential aspect of its vitality. As Lytton Strachey, the British writer and historian has noted (1931), to obtain joy and enlightenment from a history of a subject's past, one must mobilize and not anesthetize one's feelings. Being amorphously impartial is to miss the very thing that makes the history of a subject real and alive. Facts relating to the past, when collected without art, are simply compilations. And although compilations can be useful, they are no more history than butter, eggs, salt, and herbs are an omelet. The art of history-telling demands intuition, enlightened intelligence, and the ability to feel the facts, and then to absorb and reconstruct their inner character and their continuous and vivid development. As a tree with many branches, personology has been approached with numerous traditions and paradigms: philosophy, humanism, biological chemistry, society and culture,

formal psychological experimentation, and so on (Millon, 2004a). Ideas and discoveries in recent decades have come at a breathtaking rate. It is wise, therefore, to look back and review the vast distance we have traveled from early times. Similarly, it is crucial to our aims that we separate major achievements from those of a more modest character while paying homage to the many thinkers and scientists who pioneered contemporary work. Our goal here is more than academic, for there is a need to place contemporary approaches in their historical perspective so as to recognize the wisest paths to follow in the future.

The curious reader can hardly travel across the threshold of the several segments of the field of personology without noting that all is not peace and harmony under its broad-ranging tree. My intent in this chapter is not to justify this or that perspective or approach, but to trace its origins, note its obscurities and inchoate character, and travel along the evolution of its best ideas. Each set of ideas has been arranged to show its place in the unfolding constellation of perspectives that, today, still stand like invincible armies defending their approach to human personality functioning. History need not boast one or another perspective at this time—at least not yet. It should provide a contemplative base for evaluating where we are today.

The reader may justly ask at this point why the author will not propose his own systematic model of personology and psychopathology (Millon, 1969, 1990, 1996) until after he describes numerous divergent schools of thought. Although a single doctrinaire presentation might at first simplify matters, it would have been pedagogically shortsighted for those who are curious about the state of the field or who plan to engage in further explorations of the subject. Readers should be prevented from developing a false sense of harmony; equally important, they must recognize that in so complex a field as the study of personality and psychopathology, different levels of observation, utilizing different clinical and research techniques are not merely possible, but also are useful, if not necessary. Although these different approaches may be united by a common interest in understanding and treating the mind, there is room, as well as a need, for a variety of perspectives.

The broad discipline of personology and psychopathology is composed of and has emerged from numerous traditions (Millon, 2004a, 2010b). Each has followed parallel yet often isolated chronological courses. There is a fundamental communality among them, but marked differences as well; only time will tell whether these diverse orientations will grow in ways that will lead to greater or lesser interactions with one another. As is evident throughout this book, Thomas Kuhn's brilliant, if controversial, concept of "paradigm" characterizes the divergent patterns of thought regarding the subject of the mind and mental science (1962). Kuhn's concept recognizes that an articulated set of assumptions are posited by theorists and investigators concerning the fundamental entities of which a subject is composed; also, it identifies questions that may legitimately be asked about such entities and the techniques that may be employed in seeking answers to relevant questions. Once a paradigm is established it becomes the given groundwork for "puzzle solving," that is, the rules that scientists and clinicians may employ to further elaborate their subject. Although Kuhn has described how new paradigms replace previous paradigms, he does acknowledge that competing paradigms can coexist, each posing its own set of propositions, rules, and questions that followers may seek to answer. Toward the end of the chapter the author briefly articulates his own innovative paradigm for solving the puzzle of personology. Facets of this evolutionary paradigm are significantly elaborated throughout the text.

Mental health sciences, as we know them, are largely the result of an evolutionary process of haphazard variation and natural selection. Variation is continually produced by the uncoordinated efforts of innumerable individual investigators, and their selection, communication, and critical appraisal by peers and posterity. An inevitable characteristic of this dissemination process is that whenever we survey the state of most fields, and notably that of personality science, we find it, from the standpoint of organization and elegance, nothing less than a sorry mess—witness "the camel" being built by the *DSM-5* Personality and Personality Disorders Work Group. Numerous locally grounded ideas,

distinct from one another, no less from the noisy background of miscellaneous ideas and data, vie for attention. Approaches to a broad subject domain form along random, if not irrational lines, and persevere long after their purposes and boundaries, perhaps originally useful as guidelines, have hardened into separating blockades. As noted, the author's distillation of these guidelines has generated a novel paradigm that will override these blockades.

It is comforting to know that the discouraging state of affairs just described is not peculiar to the study of personology and psychopathology. It is inevitable that so broad a subject as this would have produced a scattering of diverse viewpoints. Complex problems lend themselves to many approaches, and divisions of labor in so varied a field become not only a matter of choice but also one of necessity. Beneficially, the historical evolution of these divergent approaches has led to a broad spectrum of knowledge about the mind and clinical phenomena. Nevertheless, these random evolutions and developments have distinct disadvantages as well. Scientists preoccupied with only a small segment of the larger field often have little knowledge of others' work. Intent on their narrow approach, they lose sight of perspective, and their respective contributions become scattered and disconnected. As my early mentor and historian of psychology, Gardner Murphy, has noted (1930), until a mental science Darwin or Einstein comes along, readers have no choice but to develop an attitude by which the various branches and traditions of mental study are viewed as an interrelated, and soon-to-be integrated unit.

Despite the desultory nature of our path to our current models to knowledge, there appear to be certain themes and concepts to which clinicians and theorists return time and again; these are noted as the discussion proceeds in this chapter. Commonalities notwithstanding, the theoretical schemas to be summarized here represent different notions concerning which data are important to observe and how they should be organized to best represent personality. Thus, to Kretschmer (1925), body morphology was a significant variable in conceptualizing pathological types; for Cattell (1957, 1965), statistically derived trait dimensions were given

preeminence; for Horney (1950), it was the interpersonal orientation developed to resolve unconscious conflicts that received emphasis.

What should be especially heartening is that theorists and classifiers have been convinced that the complexities and intricacies of personality can, in fact, be studied systematically and will, it is hoped, yield to efforts at scientific comprehension. Each theoretical schema is not only a model for arranging thinking about personality and psychopathology but poses significant questions and provides interesting, if not necessarily valid, answers to them. Moreover, these abstract formulations furnish frameworks to organize clinical concepts and to appraise the everyday utility of observations.

It is not the intent of this chapter to enable the reader to master the details of our subject. The purpose is simply that of outlining the diverse theories into which personality and psychopathology have been cast through history. Much is to be gained by reading original or primary sources (Millon, 1967, 2004a), but the aim of this synopsis is to distill the essentials of what theorists have written and to present them as an orientation to the spectra of personality styles, types, and disorders described in later chapters.

The presentation is divided into three time periods: the first, referred to as *Historical Antecedents*, encompasses theorists whose major works were promulgated from ancient times to World War I; the second, termed *Modern Formulations*, represents the contributions of those whose key publications were prominent from World War I to World War II; and the third, noted as "Contemporary Proposals," includes thinkers whose significant writings are to be found from mid-20th-century to the early 21st century (Blashfield, Flanagan, & Raley, 2010).

## HISTORICAL ANTECEDENTS

The history of formal personality characterization can be traced to the early Greeks. A survey of these notions can be found in the detailed reviews published by Allport (1937), Millon (2004a), and Roback (1927). These sources make it unnecessary to record here any but the most central concepts of early "characterologists."

Also worthy of brief mention are those theorists and clinicians who may be considered the forerunners of contemporary ideas.

### Ancient Humoral Notions

One of the first explanatory systems to specify personality dimensions is the doctrine of bodily humors posited by early Greeks some 25 centuries ago. History appears to have come full circle. The humoral doctrine sought to explain personality with reference to alleged body fluids, their warmth versus their coolness, their dryness versus their moistness (Siegel, 1968), whereas much of contemporary psychiatry seeks answers with biochemical and endocrinological hypotheses. In the fourth century B.C., Hippocrates concluded that all disease stemmed from an excess of or imbalance among four bodily humors: yellow bile, black bile, blood, and phlegm. Humors were the embodiment of earth, water, fire, and air—the declared basic components of the universe according to the philosopher Empedocles. Hippocrates identified four basic temperaments—the choleric, melancholic, sanguine, and phlegmatic—these corresponded, respectively, to excesses in yellow bile, black bile, blood, and phlegm. Modified and expanded by the imaginative second-century physician, Galen, centuries later (Millon, 2004a) he posited nine temperamental types derived from the four humors. Among them the choleric temperament, associated with a tendency toward irascibility, the sanguine temperament prompted the individual toward optimism, the melancholic temperament, characterized by an inclination toward sadness, and the phlegmatic temperament, conceived as an apathetic disposition.

Similar in some respects to the ideas of Hippocrates and Galen were notions of temperament in China, (Millon, 2004a; Yosida, 1973) proposed some one or two millennia earlier. To them, healthful balances stemmed from energy flows rather than humoral disparities. Also notable were their assertions that temperament was markedly variable, influenced by climate, diet, and seasonal variations. Although the doctrines of humors and energy balances have been abandoned, giving way to scientific studies

on modern topics such as neurohormone chemistry, their terminology and connotations still persist in such contemporary expressions as being sanguine or *good humored*.

### Early Physiognomic/Phrenologic Conceptions

The ancients speculated also that body structure was associated with the character of personality. Whereas the humoral doctrine may be seen as the forerunner of contemporary psychiatric neurobiology, phrenology and physiognomy may be conceived as forerunners of modern psychiatric morphology. Physiognomy, first recorded in the writings of Aristotle, seeks to identify personality characteristics by outward appearances, particularly facial configurations and expressions. As late as the late 19th century, writers such as Joseph Simms (1887) sought to appraise others by observing their countenance, the play in their face, and the cast of their eyes, as well as their postural attitudes and the style of their movements.

It was not until the mid-19th century, however, that the first glimmerings of a “scientific” effort were made to analyze external morphology and its relation to psychological functions. Despite its controversial, if not discredited side, phrenology, as practiced by Franz Josef Gall (1835), was an initially honest and serious attempt to construct a science of personology. Although Gall referred to his studies of “brain physiology” as “organology” and “cranioscopy,” the term *phrenology*, coined by a younger associate, J. G. Spurzheim (1834), came to be its popular designation. The rationale that Gall presented for measuring contour variations of the skull was not at all illogical given the limited knowledge of 18th-century anatomy. In fact, his work signified an important advance over the naive and subjective studies of physiognomy of his time in that he sought to employ objective and quantitative methods to deduce the inner structure of the brain. Seeking to decipher emotional characteristics by their ostensible correlations with the nervous system, he was among the first to claim that a direct relationship existed between mind and body. Contending that the brain was the central organ of thought

and emotion, Gall concluded, quite reasonably, that both the intensity and character of thoughts and emotions would correlate with variations in the size and shape of the brain or its encasement, the cranium. Thus, Gall asserted that just as it is logical to assume that persons with large bicep muscles are stronger than people with thin or small ones, so, too, would it be logical to assume that persons possessing large cranial projections would display corresponding psychological characteristics to a greater extent than those who evidence smaller protuberances. That these assertions proved invalid should not be surprising when we recognize, as we do today, the exceedingly complex structure of neuroanatomy and its tangential status as a substrate for personality functions. Despite the now transparent weaknesses of Gall's system, he was the first to attempt a reasoned thesis for the view that personality characteristics may correlate with body structure.

### Literary Portrayals

Allport has referred to "character writing" as a minor literary style originating in Athens, probably invented by Aristotle and brought to its finest and most brilliant form through the pen of Theophrastus. Presented as "verbal" portraits, these depictions of character are brief sketches that capture certain common types so aptly as to be identified and appreciated by readers in all walks of life. In these crisp delineations, a dominant trait is brought to the forefront and accentuated and embellished to highlight the major flaws or foibles of the individual. In essence, they are stylized simplifications that often border on the precious or burlesque. Among literature's most incisive and brilliant portrayals are the character depictions found in the works of Butler, Carlyle, Chaucer, Donne, Eliot, La Bruyère, La Rochefoucauld, Montesquieu, Pascal, Proust, Stendhal, and Tolstoy.

Whether the work is penetrating or poignant, novelists are free to write about their subjects without the constraints of psychological or scientific caution. Lively and spirited characterizations most assuredly capture one's interest, but many mislead us regarding the true nature of causes and correlates. Allport noted the facile

wordplay of literary characterology and its frequent insubstantial nature in the following:

*One of his characters may have "menial blood in his veins," another "a weak chin." A hand may possess "a wonderfully cruel greed" and a blond head "radiate fickleness." Such undisciplined metaphors give cadence and inspire a kind of bland credulity, but for science they are mere idle phrases. (1937, p. 62)*

For all its graphic and compelling qualities, literary characterology is a limited and often misleading form of personality description. In the hands of an astute observer, sensitive to the subtleties and contradictions of behavior, such portrayals provide a pithy analysis of both the humor and anguish of personal functioning. However, the unique and picturesque quality of the presentations draws attention to the fascinating, and away from the mundane behaviors that typify everyday human conduct. Artistic accentuations may serve the purpose of dramatic rendition but falsify the true nature of psychic operations. Intriguing though such portrayals may be, they often depict types that are either unidimensional or rarely seen in clinical observation, and are, hence, of minimal diagnostic utility. Perhaps less delightful and amusing, the characteristics required for purposes of clinical classification must be both more systematic and more commonplace.

### Turn-of-the-20th-Century Character Proposals

The concept of "character" drew the attention of several notable theorists late in the 19th and early in the 20th century.

#### *T. Ribot*

Late 19th-century French psychologist, Ribot (1890), attempted to formulate character types in a manner analogous to botanical classifications. By varying the intensity level of two traits, those of sensitivity and activity, Ribot sought to construct several major types. Among the personalities proposed were: (a) the "humble character," noted by excess sensibility and limited energy; (b) the "contemplative character,"

marked by keen sensibility and passive behavior; and (c) the “emotional type,” combining extreme impressionability and an active disposition. Among other major categories were the “apathetic” and the “calculative” characters.

#### F. Queyrat

A similar method of permutation was applied by another French theorist, F. Queyrat (1896), in his formulation of nine normal character types; this was achieved by intensity combinations of three dispositions: emotionality, activity, and meditation. Where only one disposition was preeminent, the character took the form of a pure emotional, active, or meditative type. A second group of normal characters were noted by the simultaneous predominance of two dispositions, yielding an active-emotional, or “passionate,” type; an active-meditative, or “voluntary,” character; and a meditative-emotional, or “sentimental,” personality. In the third set of characters, Queyrat identified those in which the three dispositions were balanced: Here were noted the “equilibrated,” the “amorphous,” and the “apathetic” characters. When one or more of the three tendencies functioned irregularly or erratically, Queyrat designated them as semi-morbid characters, specifically the “unstable,” the “irresolute,” and the “contradictory” types.

#### G. Heymans and E. Wiersma

Writing a decade or so later were a number of theorists from other European nations. Most notable among them were the Dutch psychologists Heymans and Wiersma (1906–1909). On the basis of a series of highly sophisticated empirical studies, they identified three fundamental criteria for evaluating character: activity level, emotionality, and susceptibility to external versus internal stimulation. These criteria anticipated identical threefold schemas (each based, however, on highly dissimilar theoretical models) developed by McDougall (1908/1932), Meumann (1910), Freud (1915/1925b), and Millon (1969). By combining these criteria, Heymans and Wiersma deduced the presence of eight character types:

1. The “amorphous” character, reflecting the interplay of passive, nonemotional, and external susceptibility.

2. The “apathetic” character, developing from a passive, nonemotional, and internal orientation.
3. The “nervous” character, a product of a passive, emotional, and external responsiveness.
4. The “sentimental” character, who is passive, emotional, and internally impressed.
5. The “sanguine” character, noted as active, nonemotional, and externally receptive.
6. The “phlegmatic” character, typified by active, nonemotional, and internal tendencies.
7. The “choleric” character, reflecting an active, emotional, and external susceptibility.
8. The “impassioned” character, representing an active, emotional, and internal sensitivity.

As noted, the criteria developed by Heymans and Wiersma correspond extremely well with clinical dimensions derived by later theorists, specifically the polarities of activity-passivity, pleasure-pain emotionality, and an internal, or self, responsiveness versus an external, or other, responsiveness.

#### A. Lazursky

A brief note should be made of the work of the Russian psychologist Lazursky, whose book *An Outline of a Science of Characters* was first published in 1906. Lazursky had been greatly influenced by the experimental approach of Pavlov and his colleagues. Foreshadowing personality dimensions that were given special significance in later decades, Lazursky concluded, following a series of “systematic” studies, that the seeming diversity among characters can be grouped into three higher-order types: (1) those who relate to society negatively, appear detached from everyday affairs, and are only minimally adapted to the demands of their environment; (2) those who are molded by their environment and are dependent on external circumstances to guide their behavior and actions; and (3) those who are masters of their fate, controlling their environment and capable of functioning independently of the will of others.

#### Turn-of-the-20th-Century Temperament Thinkers

Attempts were made in the early 20th century to identify the constituents of temperament and

determine the ways in which they blend into distinctive personality patterns. The ideas proposed by four theorists are briefly described to illustrate this line of thinking.

### *E. Hirt*

Among the first of these was the psychiatrist Hirt, director of a German asylum and author of *Die Temperamente*, published in 1902. Extrapolating from work with institutionalized cases, Hirt divided temperament in accord with the classical four humors, but, in addition, he attempted to find their parallels among psychiatric populations. To Hirt, those who possessed an accentuated phlegmatic temperament were inclined to exhibit a morbid apathy such as seen in cases of dementia praecox; these patients were not only inactive but lacked insight, seemed detached from the world, and were too indifferent to complain about their plight. Patients endowed with a sanguine temperament to an extreme degree were characterized by superficial excitability, enthusiasm, and unreliability, and were therefore typically diagnosed as hysterical types; to Hirt, vanity, a craving for attention, and the seeking of enjoyment served as their primary stimuli for action. The choleric temperament was found among several subcategories of patients, including suspicious characters who were forever anticipating treachery and ill will, and grumbling types who were invariably critical of others, claiming their personal superiority to all if only they were given a chance. Those of a melancholic disposition were divided into two categories: those of an active inclination were filled with an irritable pessimism and bitterness, and those more passively inclined were found among speculative and brooding types.

### *W. McDougall*

Best known in the United States was William McDougall, who proposed the "consolidation of sentiments" in his *Introduction to Social Psychology*, first published in 1908. In a manner not dissimilar from Heymans and Wiersma, McDougall derived eight "tempers" based on different combinations of three fundamental dimensions: the intensity (strength and urgency), the persistency (inward versus outward expression), and the

affectivity (emotional susceptibility) of behavioral impulses. Those of high intensity were viewed as active individuals; those disposed to low intensity were seen as passive. High persistency directed the person to the external world, whereas those with low persistency were oriented toward internal matters. By affectivity McDougall meant susceptibility to pleasure and pain such that those characterized by high affectivity were particularly susceptible to these influences, whereas those of low affectivity were not. Combining these three dimensions led McDougall to form the following eight tempers:

1. The "steadfast" temper, noted by high intensity, high persistency, and low affectivity.
2. The "fickle" temper, characterized by low intensity, high persistency, and high affectivity.
3. The "unstable" temper, defined by high intensity, low persistency, and high affectivity.
4. The "despondent" temper, distinguished by high intensity, low persistency, and low affectivity.
5. The "anxious" temper, designated by low intensity, high persistency, and high affectivity.
6. The "hopeful" temper, identified by high intensity, high persistency, and high affectivity.
7. The "placid" temper, depicted by low intensity, high persistency, and low affectivity.
8. The "sluggish" temper, specified by low intensity, low persistency, and low affectivity.

Of interest is the similarity between McDougall's temperament typology and the characterology of Heymans and Wiersma, especially with regard to parallels between their basic dimensions of intensity and the polarity of activity-passivity, between persistency and the internal versus external orientation, and between affectivity and the emotions of pain and pleasure. As noted earlier, frameworks based on essentially the same three dimensions were formulated by other theorists, such as the two discussed next.

### *E. Meumann*

A major effort to construct a theory of temperament was proposed by the distinguished German psychologist Meumann in his 1910 text *Intelligenz und Wille*. Meumann specified

eight fundamental qualities of feeling. Central among them were the polarity of pleasure versus displeasure and the two excitative modes of expression, the active and the passive. A number of other features were considered by Meumann to be of lesser significance, such as the ease of excitability and the intensity of affect. By combining the pleasure-displeasure and active-passive dimensions, Meumann sought to account for the four classical humors: the active mode and the pleasurable quality blended to produce the sanguine temperament; an active mode merged with displeasurable feelings to form the choleric temperament; the combination of a passive mode with a pleasurable feeling accounted for the phlegmatic temperament; and the passive and displeasure amalgam created the melancholic temperament.

### *J. Kollarits*

Another schema was formulated by the Hungarian psychiatrist Kollarits in his *Charakter und Nervosität*, published in 1912. Here again, the dimensions of pleasantness versus unpleasantness and of excited (active) versus calm (passive) were brought to the foreground as a basis for deriving major character types. For example, Kollarits spoke of the pleasantly toned "calm euphoric," whom he contrasted with both the "calm depressive," who is unpleasantly toned, and the "indifferent," who lacks the capacity to experience both pleasant and unpleasant affects. In a manner similar to Meumann, Kollarits related these dimensions to the four humors. In his schema, the sanguine temperament reflected an interaction of the calm and unpleasant modes, the choleric was an excited and unpleasant blending, and the phlegmatic corresponded essentially to the indifferent type.

## MODERN FORMULATIONS

Attempts to classify nosological systems are doubly problematic; not only must we identify the essential quality that each classifier intends as the core of the schema, but we must also find a framework by which these diverse systems themselves can be grouped. Unfortunately, no principle exists to unify or organize the various

classifications that have been proposed throughout history. One useful distinction that may be made differentiates those that focus on normal as opposed to abnormal personalities. In accord with this distinction, our discussion separated theorists of character and temperament, who concern themselves with nonpathological traits and types, from psychiatric theorists, who are likely to attend to pathological symptoms and syndromes.

The majority of theorists presented in this section are of European origin, as were most scientific contributors in the early decades of the 20th century. As psychological interest and talent crossed the Atlantic, and as psychoanalysis gained its preeminent status in the 1930s, 1940s, and 1950s, acquaintance with the theorists discussed in previous sections faded rapidly. The loss of their contributions is regrettable because many of them proposed concepts such as temperament that had to be rediscovered in contemporary work (Clark, 2005). Present thinking might have progressed more rapidly had their ideas been in more common use.

### Early-20th-Century Descriptive Psychiatrists

Just prior to the turn of the 20th century, the professions of psychology and psychiatry began one of their first, albeit tentative, mergers. Psychologists and psychiatrists undertook to study in each other's laboratories, to read each other's treatises, and to explore the overlap between normal and abnormal characteristics of behavior. The following paragraphs note a number of contributions made by psychiatrists who broadened their primary focus on psychopathological "diseases" so as to include the "morbid" personalities, that is, the "deviant" character types described by psychologists.

#### *Emil Kraepelin*

The prime psychiatric nosologist at the turn of the century, Emil Kraepelin, did not systematize his thinking on personality disorders until the eighth edition of his major text, in 1913. Until then, Kraepelin paid but scant attention to personality disturbances, concentrating his organizing efforts on the two major syndromes of dementia praecox and maniacal depressive

insanity. In his efforts to trace the early course of these syndromes, Kraepelin uncovered two premorbid types: the “cyclothymic disposition,” exhibited in four variants, each inclined to maniacal-depressive insanity; and the “autistic temperament,” notably disposed to dementia praecox. In addition, Kraepelin wrote on a number of so-called *morbid personalities*, those whom he judged as tending toward criminality and other dissolute activities. The four varieties of the cyclothymic disposition were labeled the *hypomaniac*, the *depressive*, the *irascible*, and the *emotionally unstable*. Kraepelin stated the following with regard to the hypomaniac type:

*They acquire, as a rule, but scant education, with gaps and unevenness, as they show no perseverance in their studies, are disinclined to make an effort, and seek all sorts of ways to escape from the constraints of a systematic mental culture. The emotional tone of these patients is persistently elated, carefree, self-confident. Toward others they are overbearing, arbitrary, impatient, insolent, defiant. They mix into everything, overstep their prerogatives, make unauthorized arrangements, as they prove themselves everywhere useless. (p. 221)*

Turning to the depressive personality, Kraepelin noted:

*There exists in these patients from youth a special sensitiveness to the cares, troubles, and disappointments of life. They take all things hard and feel the little unpleasantnesses in every occurrence. They lack self-confidence, decision, and seek the advice of others on the slightest occasions. Owing to the timidity these patients never come to a quick decision. (p. 221)*

Those categorized as displaying the irascible makeup are ostensibly endowed simultaneously with both hypomaniac and depressive inclinations. To Kraepelin:

*They are easily offended, hot-headed, and on trivial occasions become enraged and give way to boundless outbursts of energy. Ordinarily the patients are, perhaps, serene, self-assertive, ill-controlled; periods,*

*however, intervene in which they are cross and sullen. (p. 222)*

The emotionally unstable variant presumably also possesses both hypomaniac and depressive dispositions but manifests them in an alternating or, as Kraepelin viewed it, true cyclothymic pattern. He described these patients as follows:

*It is seen in those persons who constantly swing back and forth between the two opposite poles of emotion, now shouting with joy to heaven, now grieved to death. Today lively, sparkling, radiant, full of the joy of life, enterprise, they meet us after a while depressed, listless, dejected, only to show again several months later the former liveliness and elasticity. (p. 222)*

Kraepelin’s autistic temperament serves as the constitutional soil for the development of dementia praecox. The most fundamental trait of this type is a narrowing or reduction of external interests and an increasing preoccupation with inner ruminations. Of particular note was Kraepelin’s (1919) observation that children of this temperament frequently “exhibited a quiet, shy, retiring disposition, made no friendships, and lived only for themselves” (p. 109). They were disinclined to be open and become involved with others, were seclusive, and had difficulty adapting to new situations. They showed little interest in what went on about them, often refrained from participating in games and other pleasures, seemed resistant to influence (but in a passive rather than active way), and were inclined to withdraw increasingly in a world of their own fantasies.

Among the “morbid personalities,” Kraepelin included a wide range of types disposed to criminal activities; he described in considerable detail the so-called *shiftless*, *impulsive* types, *liars* and *swindlers*, *troublemakers*, and other disreputable characters.

Psychiatric typologies prior to World War I were also formulated by other clinical theorists, notably Bleuler and Weygandt. Their lists are bypassed since they overlap substantially with the conceptions of Kraepelin. Attention is turned

next to those personality systems that gained recognition after World War I and have retained to the present some following in either Europe or the United States. As noted earlier, there is no simple principle or intrinsic logic to suggest the order in which various personality classifications might best be presented. They could be separated into those that focus on *normal* versus *abnormal* subjects, as sketchily done in the previous section. This format breaks down too readily among modern classifiers, who frequently include both normal and abnormal types within their purview. Instead, and by no means resolving all complications, the sequence followed here presents, in rough order, theorists who draw on biological dispositions (constitutional/temperament exponents) as the basis for their personality classification, followed by theorists who give primacy to experiential learning (psychoanalytic theorists). But first a few words about the prime personality psychopathologist to carry forth the inventive and informative ideas of Kraepelin.

### *Kurt Schneider*

The best-known European classification of disordered personalities was proposed by Kurt Schneider (1950), first published in 1923 and revised through several editions. Schneider differed from many of his contemporaries, most notably Kretschmer, in that he did not view personality pathology to be a precursor to other mental disorders but conceived it as a separate group of entities that covaried with them. Although he has justly been viewed as the inheritor of Kraepelin's descriptive psychiatry, Schneider was at heart a disciple of Jaspers and his phenomenological perspective. Whereas Kraepelin sought to objectify the mental disorders, Schneider's intent was to more clearly elucidate the patient's inner experiences.

In the last edition of his text on psychopathological personalities, Schneider described the following variants often seen in psychiatric work.

*Hyperthymic* personalities reflect a mix of high activity, optimism, and shallowness; they tend to be uncritical, cocksure, impulsive, and undependable. Many seem unable to concentrate, and those who achieve occasional insights fail to retain them as lasting impressions.

Those in the second category, the *depressive* personalities, have a skeptical view of life, tend to take things seriously, and display little capacity for enjoyment. They are often excessively critical and deprecatory of others; at the same time, they are full of self-reproach and exhibit hypochondriacal anxieties.

*Insecure* personalities are grouped by Schneider into two subvarieties: the *sensitives* and the *anankasts* (compulsives). These individuals ruminate excessively over everyday experience but have little capacity for expressing or discharging the feelings these thoughts stir up. Chronically unsure of themselves, they are apt to see life as a series of unfortunate events. They tend to behave in a strict and disciplined manner, holding closely to what is judged as socially correct.

*Fanatic* personalities are expansive individuals inclined to be uninhibited, combative, and aggressive in promoting their views; they are often querulous and litigious.

Among the *attention-seeking* personalities are those with heightened emotional responses, who delight in novelty and give evidence of excess enthusiasms, vivid imaginations, and a striving to be in the limelight; they are showy and capricious, many are boastful and are inclined to lie and distort.

*Labile* personalities do not evidence a simple chronic emotionality but are characterized by abrupt and volatile mood changes, impulsive urges, sudden dislikes, and a *shiftless* immaturity.

The *explosive* personality is characterized by being impulsively violent, disposed to be fractious, and likely to become combative without warning and without provocation.

*Affectionless* personalities lack compassion and are often considered callous and cold; they appear distant or indifferent to friends and strangers alike. Historically, these patients correspond to those identified in the literature as exhibiting "moral insanity." The so-called *weak-willed personalities* are not only docile and unassuming but are easily subjected to seduction by others and readily exploited "to no good end"; they are inevitably fated to trouble and disillusionment.

The last of Schneider's types, the *asthenic* personality, subjects him- or herself to intense

hypochondriacal scrutiny and is so preoccupied with bodily functions that external events fade into the background and appear strange or unreal.

### Early-20th-Century Constitutional Theorists

Perhaps the most perceptive observer of human character, Shakespeare, wrote the following in Julius Caesar (Act I, Scene 2):

*Let me have men about me that are fat;  
Sleek-headed men and such as sleep o' nights;  
Yon Cassius has a lean and hungry look;  
He thinks too much; such men are dangerous.*

As noted earlier, observant persons since times of antiquity have noted that bodily form was in some way related to characteristics of behavior. Despite its brief popularity in some quarters, Cesare Lombroso (1911) asserted that body type and facial characteristics were associated with criminal inclinations. This section, however, discusses the views of a few 20th-century theorists who have furnished a more broad rationale for relationships between bodily characteristics, personology, and mental disorders.

#### *Ernst Kretschmer*

Ernst Kretschmer is the prime modern constitutionalist, suggesting a series of inventive propositions that he sought to support empirically (1926). In his early research, Kretschmer categorized individuals in accord with their physical build and attempted to relate morphological differences to schizophrenia and manic-depressive psychosis. As his work progressed, he extended the presumed relationship of physique, not only to severe pathology but also to premorbid personality and to “normal” temperament. Kretschmer proposed that people could be grouped into four basic physical types: the *pyknic*, viewed as compactly built, with a large thorax and abdomen, soft and poorly muscled limbs, and a tendency toward obesity; the *athletic*, noted for extensive muscular development and a broad skeletal endowment; the *asthenic*, seen as fragile, possessing thin muscularity and a frail bone structure; and the *dysplastic*, a

mixture of the other three variants that formed an awkwardly constructed bodily structure.

Kretschmer’s early findings led him to claim a clear-cut relationship between manic-depressive disease and the pyknic build, and a similarly strong correlation between schizophrenia and the asthenic type. Kretschmer considered psychotic disorders to be accentuations of essentially normal personality types, a position not commonly held by the majority of his psychiatric colleagues. Thus, the schizophrenic, the schizoid, and the schizothymic possessed different quantities of the same disposition or temperament; a distinctly pathological level existed among schizophrenics, a moderate degree among schizoids, and a minimal amount among relatively well-adjusted schizothymics. Similarly, cycloids were viewed as moderately affected variants of those with manic-depressive psychosis, and cyclothymic personalities were normal types possessing minor portions of the disposition. As far as the relationship between bodily structure and temperament are concerned, Kretschmer contended that normal asthenic individuals were inclined toward introversion, timidity, and a lack of personal warmth, that is, lesser intensities of the more withdrawn and unresponsive schizophrenics to whom they were akin. Normal pyknics were conceived as gregarious, friendly, and interpersonally dependent, that is, less extreme variants of the moody and socially excitable manic-depressive.

To complicate matters somewhat, Kretschmer expanded his notions into what he termed the *four fundamental reaction types*.

The first of these, the asthenic reaction, was noted by depressive lethargy, a tendency toward sadness and weariness, and an inability to gather sufficient energy to be anxious about life’s events.

The second, the primitive reaction, was to be found in individuals who discharged the impact of their experiences immediately, who lacked a capacity to retain and integrate experience—a pattern Kretschmer found most clearly among those he termed the *explosive, shiftless, delinquent, instinct-driven, and immature* personality types.

The third set, the *expansive* reactions, included patients who were highly vulnerable to distressing events, overly sensitive to the

thoughts of others, and unable to deal with social frustrations; their supersensitivity and irritability disposed them toward suspicious and aggressively paranoid behaviors.

The fourth reaction pattern was labeled the *sensitive type*, and was distinguished by inclinations to dam up emotions, a high level of intrapsychic activity, and poor powers of expression—all of which resulted in a brooding, anxious, restricted, and unconfident behavioral style. In addition, Kretschmer identified a number of intermediary types, notably the *placating*, the *submissive*, and the *histrionic*.

### William H. Sheldon

William H. Sheldon is the best-known American constitutional theorist (1940, 1954; Sheldon & Stevens, 1942). A disciple of Kretschmer, Sheldon also formulated a series of hypotheses concerning the relationship between body physique, temperament, and psychopathology. He identified three basic dimensions in his morphological schema: first is *endomorph*y, noted by a predominance of body roundness and softness; second is *mesomorph*y, characterized by muscular and connective tissue dominance; and third is *ectomorph*y, identified by a linearity and fragility of structure.

In his temperament typology, Sheldon specified three clusters: *viscerotonia*, *somatotonia*, and *cerebrotonia*. The viscerotonic component, which parallels endomorphy, is characterized by gregariousness, an easy expression of feeling and emotion, a love of comfort and relaxation, an avoidance of pain, and a dependence on social approval. Somatotonia, the counterpart to mesomorphy, is noted by assertiveness, physical energy, low anxiety, courage, social callousness, indifference to pain, and a need for action and power when troubled. Cerebrotonia, corresponding to ectomorphy, is defined by a tendency toward restraint, self-consciousness, introversion, social awkwardness, and a desire for solitude when troubled.

Correlating measures of morphology and temperament to psychiatric syndromes led Sheldon to construct what he termed the *three primary components of psychopathology*.

The first, labeled the *affective*, was found in its extreme form among manic-depressive patients;

Sheldon proposed that a high relationship exists between this component, the endomorphic physique, and the viscerotonic temperament. The affective component is characterized by a low threshold for behavioral reaction and emotional expression, and results from a weakened or feeble inhibitory capacity; with minimal prompting these individuals display marked elation or intense dejection, depending on the nature of events in their immediate environment.

The *paranoid* component corresponds in its most intense form to the traditional diagnostic category of the same name and to both mesomorphy and somatotonia. It reflects a “fighting against something,” a driving antagonism and resentment that is projected against the environment; the power delusions of persecution that characterize paranoids are seen as extremes of this dimension. If physically capable, the patient will be overtly aggressive and arrogant; if weak or otherwise deterred from manifesting hostility, the patient will use circuitous methods of attack or become preoccupied ideationally with feelings of persecution.

The third component, labeled by Sheldon as *hebeid*, is typified by marked withdrawal and regression, features characteristic of the traditional diagnosis of hebephrenic schizophrenia. It is found in ectomorphic individuals because these individuals lack both energy and viscerotonic affect. These patients learn to withdraw from social participation and actively avoid the disastrous consequences of attempting, with their feeble energies, to cope and compete with others.

The theorists that follow are similar to the preceding constitutionalists; they differ because their focus is not on explicit structural or morphological features but on implicit endocrinological or neuroanatomical variations. It should be noted that temperament is a psychological, and not a physiological, concept; it attempts to represent psychologically relevant physiological processes inferred from observed differences in behavioral activity, persistence, intensity, variability, and, especially, susceptibility to emotional stimulation.

Quite apart from its “scientific rigor” and basic simplicity, Sheldon’s work, especially on

ethnic and racial differences in morphology, reached its pinnacle concurrent with the rise of Nazi assertions of Aryan superiorities, resulting in a conflation of “amoral” notions. Sheldon’s work was abruptly discontinued.

### Early-20th-Century Temperament Theorists

The concept of temperament continued to attract the interest of a number of theorists in the early years of the 20th century.

#### J. Sjöbring

A major Scandinavian theorist of personality was J. Sjöbring (1914, 1973). Influenced primarily by Dutch psychologist Heymans and, to a lesser extent, Janet and Kraepelin, Sjöbring formulated his first ideas about temperament in 1913. Writing over a 45-year span, he termed the various temperaments as basic *physiological constructs* that underlie interindividual or personality variations. The four main constructs were labeled: *capacity*, denoting the genetic substrate for intellectual development; *validity*, indicating the degree of energy available for nervous system functioning; *stability*, meaning the maximum potential achievable given the person’s nervous substrate; and *solidity*, signifying the extent to which this potential must be replenished by experience to maintain its maximum level.

Sjöbring conceived each of these four factors as independent of the others and distributed in accord with the normal curve. Although personality combinations of these constructs were recognized, clinical interest centered on features that characterized those who were high (super) and those who were low (sub) on each of the four factors. Among the eight “pure” types are: the *subcapable*, referring to those who are seen as inadaptably, crude, coarse, and blunt. They contrast with the *supercapable*, who are appraised as sensitive, subtle, talented, and adaptable. *Subvalid* personalities are conceived as cautious, reserved, precise, industrious, and scrupulous; *supervalid* types are characterized as venturesome, active, persevering, alert, and confident. Those judged to be primarily *substable* types are identified as warm, hearty, clumsy, naive, and sociable; whereas *superstables* are

described as cool, clever, abstract, sophisticated, and elegant. The *subsolid* person is assessed as quick, agile, histrionic, unpredictable, subjective, and impulsive; finally, the *supersolid* individual is noted as slow, steady, earnest, dependable, circumspect, and dependable.

#### E. Kahn

An early classification of temperaments for personality pathology was also constructed by E. Kahn, in 1931. Interweaving the concepts of impulse, temperament, and character, Kahn constructed several innovative types. In line with earlier theorists, Kahn identified a number of basic dimensions, notably: the polarities of activity versus passivity, self-orientation versus non-self-orientation, negative versus positive outlook, and so on. On the bases of their interaction, Kahn deduced the presence of four basic temperaments: the *hyperthymic*, noted by excitability, rapidity, and explosiveness; the *athymic*, characterized by dull or weak affect; the *dysphoric*, identified by an anxious timidity and peevishness; and the *poikilothymic*, distinguished by a high degree of emotional lability. Unusual among temperament theorists was Kahn’s proposal that biological bases may exist to orient the person either toward the self and individual needs or toward others and the external environment.

#### M. Tramer

Another early system of temperament classification was constructed by M. Tramer in 1931. Twelve types were derived from his schema: The *hyperthymic* was noted by a ready emotionality and a sanguine disposition; in its extreme form were categorized the troublemakers, the shiftless, and the unreliable. The *depressive* personality was characterized by a phlegmatic and sluggishly reacting temperament; among them were found the morose and ill-tempered depressives. The *labile* types and the *impulsive* characters were distinguished by their inflammable moods, which died down quickly after discharge; among them were the cyclothymics and those disposed to immature acting out.

Also identified is a *hypothymic* personality, those who exhibited little or no affect, often found among the more withdrawn and schizoid

types. *Explosive* personalities gave evidence of a passionate temperament that tended to short-circuit reactions; these individuals were disposed to conversion reactions and alcoholism. A seventh type, the *suspicious*, or hypersensitive, temperament was seen clinically among paranoids. The *suggestible*, or weak-willed, types encompassed addicts, the thin-skinned, and the *morally inferior*. Also included were types that represent two aspects governing the self: the sense-of-self types were either strong or weak, and the relation to the environment were active or passive. Among the passive types with a weak sense of self were found those who gave evidence of martyrdom and masochistic tendencies; among the active types could be found the *reformers* and *adventurers*.

An 11th subtype, the *attention seekers*, were noted by their exhibitionism and boastfulness, and were often inclined toward hysterical disorders. Finally, noted were the *poorly integrated*, insecure types who lacked confidence, had difficulty in discharging tensions, and were disposed to obsessive-compulsive conditions.

### 20th-Century Psychoanalytic Scholars

The best-known and perhaps most fully conceptualized of personality disorders are those formulated by psychoanalytic theorists. Their work was crucial to the development of an understanding of the causal agents and progressions that typify the background of these disorders.

Owing to their central role in providing a framework for understanding the personality disorders, a few words should be said concerning the basic hypotheses that guide the psychoanalytic perspective.

Psychoanalytic theorists have stressed the importance of early childhood experiences because it is these experiences that dispose the individual to lifelong styles and disorders of adaptation. In what has been termed the *psychogenetic hypothesis*, early events establish deeply ingrained defensive systems that may lead the individual to react to new situations as if they were duplicates of what occurred in childhood.

Although ancient thinkers (Millon, 2004a) admitted that environmental factors such as sleep, nutrition, and exercise could influence the

likelihood of mental distress, none centered their public's attention on the impact of childhood "normal" events. It was the revolutionary proposals of Freud that reshaped contemporary thinking on the central role of early life. The child's learned and now anticipatory defensive efforts to counter earlier life difficulties persist throughout life and result in progressive maladaptations or personality disorders. Subsequent patterns of behavior are not a function of random influences but arise from clear-cut antecedent early developmental causes. For the most part, these causes remain out of awareness, kept unconscious owing to their potentially troublesome character, notably the memories and impulses they contain and the primitive nature with which defenses and emotions are expressed. Also, central to the analytic viewpoint is the concept of psychic conflict. In this notion, behavior is seen to result from competing desires and their prohibitions, which, through compromise and defensive maneuver, express themselves overtly. Further, all forms of behavior, emotion, or cognition will come to serve multiple needs and goals.

Let us turn first to the originators of this psychoanalytic perspective in shaping what is now called *personality disorders*, eschewing their preferred earlier designation of "character types" for the present.

### Sigmund Freud

It was Sigmund Freud (1908/1925, 1931/1950), Karl Abraham (1927a, 1927d), and Wilhelm Reich (1933) who laid the foundation of the psychoanalytic character typology. These categories were conceived initially as a product of frustrations or indulgences of instinctual or libidinous drives, especially in conjunction with specific psychosexual stages of maturation. Because the essentials of this typology may be traced to Freud, it may be of value to note alternative formulations he proposed at different times as potential schemas for personality, based on conceptions other than psychosexual theory.

Freud wrote in 1915 what many consider to be his most seminal papers, those on metapsychology and, in particular, the section entitled "Instincts and Their Vicissitudes." Speculations that foreshadowed several concepts

developed more fully later were presented in this paper. Particularly notable is a framework that Freud proposed as central to the understanding of personality functioning; unfortunately, this framework was never fully developed as a system for personality dynamics, as Freud appears to have intended. His conception was formulated as follows:

*Our mental life as a whole is governed by three polarities, namely, the following antitheses: Subject (ego)-Object (external world), Pleasure-Pain, Active-Passive.*

*The three polarities within the mind are connected with one another in various highly significant ways. (pp. 76–77)*

*We may sum up by saying that the essential feature in the vicissitudes undergone by instincts is their subjection to the influences of the three great polarities that govern mental life. Of these three polarities we might describe that of activity-passivity as the biological, that of the ego-external world as the real, and finally that of pleasure-pain as the economic respectively. (1915/1925b, p. 83)*

These same three dimensions were well known prior to Freud's writings in 1915; recall earlier references to the ideas of Heymans and Wiersma, McDougall, Meumann, and Kollarits, each of whom identified the pain-pleasure, active-passive, and subject-object distinction as central. Despite the prominence Freud gave these three polarities by identifying them as the elements that govern all of mental life, he failed to capitalize on them as a framework for formulating character types. Some 50 years later, Millon (1969) utilized these same polarities in constructing his original proposal for eight basic personality patterns.

At another time in his exploration of personality dimensions, Freud speculated that character classification might best be based on his threefold structural distinction of id, ego, and superego. Thus, in 1931 he sought to devise character types in accord with which intrapsychic structure was dominant: First, he proposed an *erotic* type whose life is governed by the instinctual demands of the id; second, in what he termed the *narcissistic* type, are found persons so dominated by the ego that neither

other persons nor the demands of id or superego can affect them; third, he suggested a *compulsive* type whose life is regulated by the strictness of the superego such that all other functions are dominated; and last, Freud identified a series of mixed types in which combinations of two of the three intrapsychic structures outweigh the third.

Freud's 1908 paper set the seeds for psychoanalytic character types. Freud's primary interest at that time was not in tracing the formation of character structure but rather in discovering the derivatives of instincts as they evolve during particular psychosexual stages. Although Freud noted that developmental conflicts give rise to broadly generalized defensive tendencies, these were noted only incidentally, written largely as minor digressions from the main point of his early papers. Unlike Abraham and Reich, he did not focus on character structure derivatives but attempted to identify the psychosexual roots of specific and narrowly circumscribed symptoms, such as compulsions or conversions. It was Abraham who was most responsible for framing the conceptions of libidinal character development, the features of which will be presented in later paragraphs, following an outline of the work of Reich.

### **Wilhelm Reich**

It was not until the writings of Wilhelm Reich in 1933 that the concept of character appeared in current psychoanalytic formulations. Reich asserted that the neurotic solution of psychosexual conflicts was accomplished by a pervasive restructuring of the individual's defensive style, a set of changes that ultimately crystallizes into what he spoke of as a "total formation" of character. In contrast to his forerunners, Reich claimed that the emergence of specific pathological symptoms was of secondary importance when compared with the total character structuring that evolved as a consequence of these experiences. As Reich put it: "Our problem is not the content or the nature of this or that character trait" (1949, p. 46). To him, the particular defensive modes acquired in dealing with early experience become stable, even ossified, or as he put it, "a character armor." As the consolidation process hardens, the response to earlier conflicts

becomes “transformed into chronic attitudes, into chronic automatic modes of reaction” (p. 46).

Reich’s contribution broadened the impact of early instinctual vicissitudes from that of specific symptom formations to that of character or personality types. However, it remained a limited notion in that it failed to specify nondefensive ways in which character traits or structures might develop. Character formations, according to Reich, had an exclusively defensive function, comprising an inflexible armor against threats from the external and internal world. Although the habits of character were employed in dealing with current realities and were no longer limited to early conflicts, these functions remained exclusively defensive and protective; thus, Reich did not recognize that character traits may emerge from sources other than early conflicts. It is in this last regard that contemporary modifications to psychoanalytic characterology have been introduced; we will address some of these more recent developments in a later section on contemporary proposals.

It may be useful at this point to briefly summarize the major character types formulated by Freud, Abraham, and Reich. Organizing this literature is best done with reference to the common practice of differentiating types by the psychosexual stages in which problematic development occurs.

#### *Oral Characters*

The oral period is usually differentiated into two phases: the oral-sucking phase, in which food is accepted indiscriminately, followed by the oral-biting phase, in which food is accepted selectively, occasionally rejected, and aggressively chewed. An overly indulgent sucking stage leads to what is frequently referred to as the *oral-dependent* type. Characteristic of these individuals is an imperturbable optimism and naive self-assurance; such persons are inclined to be happy-go-lucky and emotionally immature in that serious matters do not seem to affect them. An ungratified sucking period is associated with excessive dependency and gullibility; for example, deprived children may learn to “swallow” anything to ensure that they get something; here, external supplies are all important, but the children yearn for them passively.

Frustrations experienced at the oral-biting stage typically lead to the development of aggressive oral tendencies such as sarcasm and verbal hostility in adulthood. Sometimes referred to as the *oral-sadistic character*, this person is in many ways characterologically the opposite of the oral-sucking or dependent character. The basic pattern is one of pessimistic distrust, an inclination to blame the world for unpleasant matters, and a tendency to be cantankerous and petulant.

#### *Anal Characters*

Difficulties associated with the anal period likewise lead to distinctive modes of adult personality. During this time, children can both control their sphincter muscles and comprehend the expectancies of their parents; for the first time in their lives, children have the power to actively and knowingly thwart their parents’ demands, and they now have the option of either pleasing or spoiling their desires. Depending on the outcome, children will adopt attitudes toward authority that will have far-reaching effects. So-called *anal* characters are quite different from each other depending on whether their conflict resolutions are during the anal-expulsive or the anal-retentive period. Characteristics emerging from the *anal-expulsive* period are primarily those of suspiciousness and megalomania, a tendency toward extreme conceit and ambitiousness, and a pattern of self-assertion, disorderliness, and negativism. Difficulties that emerge in the late anal, or *anal-retentive*, phase are usually associated with frugality, obstinacy, and orderliness. There is a predominance of parsimony and pedantry, a hairsplitting meticulousness, and a rigid devotion to societal rules and regulations. As Fenichel (1945) put it, these individuals are in constant conflict between “I want to be naughty” and “I must be good.” Although writers such as Fenichel have proposed what may be called a *urethral* character, there is little consensus that a distinct pattern exists. The most outstanding personality features attributed here are those of ambition and competitiveness, both of which are presumed to be reactions against feelings of shame and inadequacy.

### *Phallic Characters*

The next major psychosexual phase in which a distinct set of character types are associated is the so-called *phallic stage*. This period of psychosexual development is one that Reich (1933) conceived as troubled by narcissistic sexuality. Although libidinal impulses normally are directed toward the opposite sex, they may become excessively self-oriented. Either intense frustration or overindulgence during this period of need for genital contact may produce conflict and defensive armoring. As a result, according to Reich, there will be a striving for leadership, a need to stand out in a group, and poor reactions to even minor defeats. The traits of this phallic narcissistic character were depicted by Reich as vain, brash, arrogant, self-confident, vigorous, cold, reserved, and defensively aggressive. If these persons succeed in gaining the attentions of others, they often become delightful and spontaneous high achievers; conversely, if they are not greatly appreciated or sought after, they are inclined to downgrade themselves or to become exhibitionistic and provocative.

In early analytic theory, the genital stage was viewed as the pinnacle of maturity, the attainment of a fully socialized and adjusted adult. However, Reich, in disagreement with other analysts, saw two pathological complications associated with this final period: the hysterical and the masochistic characters. Among the hysterical characters are people fixated at the genital level, who have little inclination to sublimate their impulses and are preoccupied with sexual excitations and discharge. They are noted by a characteristic fearfulness and skittishness, a pseudoseductiveness, interpersonal superficiality and flightiness, and an inability to sustain endeavors. In what he refers to as the masochistic character, Reich describes a pattern that results from the repression of exhibitionistic tendencies during the genital stage. The masochist is characterized by self-criticism, a querulous disposition, and a habit of tormenting both self and others. The masochist is in a terrible bind, however. Love and affection are sought but result in pain; by making themselves unlovable, masochists avoid pain but, as a consequence, prevent themselves from achieving the love they desire.

The next sections turn to the proposals of Carl Gustav Jung and Alfred Adler, early disciples of Freud known best as the first dissidents. Both present essentially normal character typologies free of clinical symptomatology. Parallels do exist between their types and various personality syndromes, but their intent was to provide a theoretical foundation for normal lifestyles.

### *Carl Gustav Jung*

Jung is among the more seminal thinkers in psychopathology. Most practitioners and laypeople are acquainted with his distinction between extroversion and introversion; few, however, are aware of their subdivisions and characteristics. To refresh the reader's memory, extroversion represents the flowing of energy toward the outer world, whereas introversion is a flow inward (Jung, 1921). Extroverts explain events from the viewpoint of the environment, seeing things as coming from without. The introvert's approach is essentially subjective, drawing from the environment whatever is perceived as necessary to satisfy inner inclinations. Interacting with introversion and extroversion are four psychological modes of adaptation or functioning: *thinking, feeling, sensation, and intuition*: Thinking refers to logical and directed thought such that situations are approached in a cool, detached, and rational fashion. Feeling is a subjective and value-laden process to be distinguished from emotion in that the former is a more rational and less impulsive activity. Sensation refers to perceptions geared to the present moment that are experienced immediately by the senses and by bodily excitations. Intuition, in contrast, relates to a future orientation that anticipates situational possibilities. Thinking and feeling are conceived as rational functions, whereas sensation and intuition are viewed as irrational.

Jung created a four-by-two matrix of eight basic types by combining his extroversion-introversion dimension with each of the four psychological functions: The *extroverted thinking* type is inclined to base actions only on intellectual appraisals and to reconstruct events in line with these appraisals. Intellectual formulas serve as ruling life principles to which people are expected to subordinate themselves. As a consequence, such persons are often considered

martinets or quibblers who force their views on others. In the *extroverted feeling* type is found a predominance of traditional standards, a willingness to adjust to external expectations, and an avoidance of criticism and reflection. Personal judgments are suppressed and efforts are made to be consistent and loyal, and to adhere to the standards of others. The *extroverted sensation* type pursues enjoyment as the true reality. There is little inclination to reflect on matters and no desire to examine either the past or the future. What is not experienced spontaneously is seen as suspect. Thoughts and feelings are reduced to their immediate, so-called *objective qualities*. Such individuals are inclined to become crude pleasure seekers, "degenerates," or "unscrupulous effetes." In the *extroverted intuitive* type, there are expectations concerning the potential of things, a search for the new and for the possibilities in people. Stability is experienced as monotonous and suffocating; new situations are seized on with intensity, only to be abandoned as soon as their potentials are anticipated.

In the introverted types, there is a shift from the environment toward inner processes, a centering in the self as opposed to external objects or persons. The *introverted thinking* type does not draw from objective data, as does the extroverted thinker, but from subjective reflections. Such thinkers often are inarticulate because they construct images that have little correspondence to objective events. Often taciturn, this type only rarely makes the effort to gain the approval of others. The *introverted feeling* type also tends to be silent and inaccessible, and frequently hides behind a mask of childishness and melancholy. Although appearing reserved at times, these persons feel intensely but tend to express it in a personal manner such as in art or poetry. The *introverted sensation* type is characterized by peculiarities that stem from highly subjective reactions to objective events. There is often no logical relationship between reality and subjective response; as a consequence, these persons tend to be seen as unpredictable and arbitrary in their behaviors. Persons of this type often become involved in the spiritual interests that are not accessible to objective understanding. Finally, the *introverted intuitive* type draws from the deepest layer of the

unconscious and is inclined to mystical dreaming and artistic forms of expression. Often an enigma to others, these persons may appear aloof and unrelated to conventional reality.

Jung's typology has but limited utility to the understanding of patients because it reflects his theoretical speculations about the essence of personality structure and not the problems of everyday clinical practice. Difficulties in extrapolating Jung's types to clinical reality are found also in the classification formulated by Freud's other early disciple, and later dissident, Alfred Adler.

### *Alfred Adler*

As the reader may recall, the cardinal concept in Adler's (1964) theoretical system is that of *overcompensation*, an inborn tendency to counteract deficiencies or inadequacies through reparative striving. Compensation for feelings of inferiority takes the form of what Adler referred to as *fictive goals*, that is, unrealistic aspirations by which the individual could redress shortcomings. Compensating strategies, which Adler termed *neurotic safeguards*, help the individual keep fictive goals intact by various protective maneuvers. The individual's "style of life" represents distinctive patterns of striving that derive from shortcomings and the adaptive compensations employed to cope with them. Adler formulated his lifestyle typology on the basis of two polarities, active-passive and constructive-destructive. The *active-passive* dimension reflects whether the individual has learned to be a giver and initiator as opposed to being a receiver or getter. The *constructive-destructive* polarity refers essentially to levels of social interest. High levels of social interest reflect the constructive orientation, and low levels signify a destructive orientation. Combining the two polar extremes led Adler to propose four basic lifestyles: *active-constructive*, *passive-constructive*, *active-destructive*, and *passive-destructive*. It is the active-constructive lifestyle that is considered the healthy or ideal individual. These persons are described as feeling at home in life and sensing their existence to be worthwhile; such individuals are disposed to face advantages and disadvantages with equal firmness, to be concerned with serving humanity,

and to overcome difficulties with creative efforts. The passive-destructive style is characterized by oppositional tendencies. These individuals are seen as accusatory; they are inclined to fix blame, expect to get things from others, lean on them, and act in a passive-aggressive and despairing fashion—or what are described as a neurotic style of life. The passive-constructive lifestyle is noted by attention seeking, behaving in a charming manner, and seeking to gain recognition simply by being oneself rather than for what one has achieved. The final group, the active-destructive style, is one in which attention getting takes the form of becoming a nuisance, of behaving in a rebellious, vicious, tyrannical, and often delinquent manner with others.

Both Jung and Adler reoriented characterology toward the social aspects of personal functioning. What ultimately became the interpersonal orientation took its clearest form in the personality descriptions of Karen Horney, Erich Fromm, and Harry Stack Sullivan. We discuss Sullivan in the section “Contemporary Proposals” because many contemporary thinkers trace their origins to the foundations laid down by him.

### *Karen Horney*

Karen Horney’s descriptive eloquence is perhaps without peer; nevertheless, difficulties arise in attempting to summarize what she refers to as the major *solutions* to life’s basic conflicts. Although her primary publications were written over a short period, she utilized different terms to represent similar conceptions (1937, 1939, 1942, 1945, 1950). An attempt is made here to synthesize these diverse formulations, albeit briefly.

Faced with the insecurities and inevitable frustrations of life, Horney identified three broad modes of relating that will emerge: *moving toward* people, *moving against* people, or *moving away* from them. In her 1945 book, Horney formulated three character types to reflect each of these three solutions: Moving toward is found in a *compliant* type; moving against, in an *aggressive* type, and moving away, in a *detached* type. In 1950, Horney reconceptualized her typology in line with the manner in which individuals solve intrapsychic conflicts. Corresponding roughly to the prior

trichotomies, they were termed the *self-effacement* solution, the *expansive* solution, and the solution of *neurotic resignation*. Although these sets of three do not match perfectly, they do correspond to the essential themes of Horney’s characterology, which are briefly summarized next.

In the moving-toward, compliant, and self-effacing orientation are individuals with a marked need for affection and approval, a willingness to deny personal aspirations and self-assertion, and an assumption that love solves all problems. Self-esteem is determined by what others think, personal desires are subordinated, and there are tendencies toward self-accusation, helplessness, passivity, and self-belittlement. In the extreme form, a morbid dependency emerges; at a more advanced and complicated level, there is a masochistic wallowing in guilt and self-degradation.

In the moving-against, aggressive type with expansive solutions, individuals glorify themselves, and there is a rigid denial of weakness and inadequacy. Life is seen as a struggle for survival; there is a need to control or exploit others, to excel, to outsmart, and to belittle those who have power. Three subdivisions of this solution were described by Horney. The first, the *narcissistic* solution, suggests that individuals believe that they are, in fact, their idealized selves; and to the extent that others reinforce this belief, they are able to maintain their sense of eliteness and superiority. The second subdivision is referred to as *perfectionism*; persons in this type believe that they are, in fact, what social standards expect them to be, and they are heavily invested in repressing all indications that they may fail to live up to these standards. The third subdivision, most similar to the aggressive type that Horney described in her earlier work, is referred to as *vindictive sadism*, in which individuals arrogate to themselves all powers and rights, and seek to deny them to others. In the extreme form, there is an effort to be omnipotent, invulnerable, and inviolable. Satisfaction is gained by subjecting others to pain or indignity, and there is a perverse joy in sadistically deprecating them; through these actions vindictive types feel that they restore their pride and glory.

The third of the triad of broad modes of relating is the moving-away, detached type.

Employing the solution of neurotic resignation, these persons have as their primary goal the active avoidance of others, fearing that relationships will evoke feelings and desires that will lead ultimately only to conflict and frustration. They restrict their life, become detached onlookers, and achieve peace by curtailing needs and wishes. In extreme form, this type becomes severely alienated, moves to the periphery of life, and becomes an automaton who drifts in a dream, unconnected to others.

### *Erich Fromm*

Erich Fromm (1947) was one of the early theorists to reinterpret Freud's psychopathological theories along social lines. Although constructing his model in accord with themes first formulated by Freud, Fromm questioned the relevance of libidinous forces as the prime elements in character development. Primary emphasis was given to the interpersonal transactions at each stage between parent and child. For example, the compulsive pattern was seen to result not from frustrations experienced at the anal stage but from the behavioral models exhibited by a rigid and meticulous parent who imposed cleanliness and orderliness as standards for the child during toilet training.

Fromm distinguished five character orientations that develop from such interpersonal learning experiences; four are identified as non-productive orientations: The first is termed the *receptive orientation* and is characterized by a deep need for external support from parents, friends, and authorities. All things that are good or necessary are found outside one's self. A search takes place for a "magic helper," and anxiety is experienced when external sources of support and nurturance are threatened. Similar to the classical analytic oral-sucking character, these individuals find consolation in eating and drinking, and in dependency on others; they behave in an optimistic, receptive, and friendly manner, except when anticipating loss or rebuff.

The second orientation is entitled the *exploitative* character; these persons seek to extract what they wish from others by either force or cunning. Pessimistic, suspicious, and angry, these individuals feel they are not capable of producing on their own and, hence, must usurp

or steal what they can, claiming that what they take from others is of greater value than what they can produce themselves.

The third orientation, labeled the *hoarding* character, is closest to the psychoanalytic anal-retentive type. Security for these personalities is achieved by saving and keeping, by surrounding oneself with a protective wall and drawing in as much as possible, while letting out virtually nothing. There is a rigid and compulsive orderliness, a miserliness in the sharing of both possessions and thoughts, and an inability to express love, as well as an unreceptiveness to both feelings and new ideas.

In the fourth orientation, *marketing*, such individuals mold themselves to fit whatever others expect or require of them; they have little that is stable and genuine in their makeup since they are ever-ready to adapt and "sell" themselves to fulfill the desires that others wish of them. There is a superficiality, a lack of depth and genuineness in one's relationships, a manipulation of oneself to appeal to the fashions of the moment.

The fifth of the orientations, the *productive* character, is seen as the healthy and creative personality, who fully develops his or her powers, is capable of thinking independently while respecting the views of others, and is responsive to the experience of love and the sensuous pleasures, without being either indulgent or self-centered.

## CONTEMPORARY PROPOSALS

More than 90 years ago, Karl Jaspers (1948) wrote:

*While the work of the psychiatrist is entirely with individual cases, he nevertheless requires to be also a psychopathologist, to look for general concepts and rules, in order to solve the problems presented by the individual case . . . He wishes to know and understand, characterize and analyze, not the individual person but the general case . . . He requires ideas which can be conceptualized, which can be communicated, which can be fitted into an orderly scheme and which can be systematized. (p. 87)*

What Jaspers recommended then is equally true today; an effort must be made to construct a

consistent framework that will create order and give coherence to the broad spectrum of mental disorders. A review of the theorists described earlier in this chapter indicates that many have pursued this goal, but few, if any, have succeeded in formulating as comprehensive and integrated a framework as is necessary to encompass even the personality disorders. Given the intrinsic difficulty of the task, we must ask whether there are good reasons to continue the pursuit of systematizing our knowledge of psychopathology in a theoretically anchored fashion? The following paragraphs briefly answer this question before describing the classification models for this section.

Several benefits derive from systematizing knowledge in a theoretically anchored fashion. For example, given the countless ways in which the complex of clinical behaviors can be observed and analyzed, a system of explanatory propositions becomes an extremely useful guide and focus. Thus, rather than shifting from one aspect of behavior to another, according to momentary impressions of importance, the clinician is led to pursue only those aspects that are likely to prove fruitful and clinically relevant. Another major value of a theoretical system is that it enables researchers to generate hypotheses about relationships that have not been observed before. Thus, in the same manner as in nuclear physics (where theory may predict the presence of particles that have yet to be experimentally observed), psychopathology theory may accurately deduce the presence of clinical entities even though they may never have been previously conceived as syndromal types. In this way, theoretical frameworks may enlarge the scope of knowledge by directing observers to potentially significant clinical relationships and constellations. More commonplace, yet significant, is that a theory may enable the clinician to tie new and old observations into an orderly and coherent pattern.

Although general psychopathology theories can prove extremely useful, the personality pathologies they subsume should be as diverse in scope as possible. One of the problems noted in the review of earlier formulations is the limited number of syndromes subsumed within most classifications. For example, though extremely

rich in its clinical details, the analytic psychosexual theory generates no more than five or six personality characters; factor analytic theorist Eysenck, to be discussed briefly, specifies only three types; Sheldon also notes only three basic categories, as does Horney in her three solutions, and so on. None provide distinctions sufficient in number to correspond to the diversity seen in clinical work. Of equal importance, they do not match in reasonable detail the list of personality disorders described in the *DSM* classification schema. Thus, in evaluating the utility and accuracy of a theory of personality pathology, the clinician must ask whether it generates a typology that both encompasses and corresponds to all the established and formally recognized personality syndromes. Only in this manner can the prime goal of a clinical science be achieved, that of establishing agreement between theory, empirical data, and clinical observation. More is said on this theme in Chapter 5.

### **Mid- to Latter-20th-Century Psychodynamic Innovators**

Despite the decline in the status and centrality of psychoanalysis over the past 30 or 40 years, adherents of this school of thought have continued to be highly productive and insightful. Many of the most innovative and illuminating papers and books on the personality disorders originate in psychoanalytic foundations. Of special significance have been contributions by ego-analytic theorists and the British object-relations school, as well as proposals from a number of contemporary thinkers of special note, each of whom has helped illuminate and organize our understanding of these disorders. We turn to these clinical scholars in the following sections.

#### ***Ego-Analytic Theorists***

Otto Fenichel (1945), perhaps the most impressive of psychoanalytic scholars, classified character traits into *sublimation* and *reactive* types, depending on whether normally maturing instinctual energies were compatible with the ego, and thereby fashioned into conflict-free or neutral patterns (sublimation), or whether they were dammed up by the aims of the ego and

countermanded by conflict-resolving defensive measures (reactive). In making this distinction, Fenichel was the first to recognize that instinctual energy can develop into character forms free of conflict resolution. Although Fenichel considered the sublimation character traits to be as deeply ingrained as the reactive types, he viewed them to be nonpathological and, hence, paid little attention to the diverse forms into which they might take shape. In this regard, he failed to recognize the possibility that pathological personality traits could arise from conflict-free sources, simply as a result of deficient or other inappropriate experiences that set the seeds for maladaptive learnings. Fenichel limited his attention to reactive characters and differentiated them into the *avoidance* and *oppositional* types, each representing a major form of defensive control. Fenichel died without being fully satisfied with the classification schema he had just begun to sort out; his well-delineated, yet somewhat disjointed, format is not detailed here, but the reader might benefit by studying his original text (1945).

Heinz Hartmann (1958), David Rapaport (1958), and Erik Erikson (1950) also recognized that the origins of character may be found in instinctual energies that are independent of conflicts and their resolutions. To both Hartmann and Rapaport, the ego and id instincts derived from a common matrix of biological potentials, differentiating into separable energies for adaptive functioning. Termed *autonomous apparatuses*, these ego potentials were seen as "preadapted to handle average expectable environments."

Erikson extended the preceding notion of autonomous apparatuses by stating that character development emerges out of three interwoven roots: instinctual energies, the maturational capacities of the ego, and the external standards that society provides at each developmental stage. It would appear logical for Hartmann, Rapaport, and Erikson to have taken the next step and propose character types that develop from conflict-free ego energies, that is, nonreactive traits that prove to be pathological because they are inadequate or ill-suited to the expectancies of the social environment. Since none of them attempted such a characterology, the schema of psychoanalytic character types remained largely

the same as had been formulated by Freud, Abraham, and Reich some 50 years earlier.

### *Object-Relations Theorists*

Several major thinkers from Great Britain began to formulate new directions for psychoanalytic theory in the 1940s and 1950s. Perhaps the most inventive of these theorists was Melanie Klein (1948), one of the originators of child psychoanalysis. It was her view that fantasy was a major primitive ability; furthermore, that these fantasies exhibit a regular developmental sequence that reflects the infant's relationship with its mother. The key element of Klein's object-relations theory is that the mind is composed of preformed internal representations of the infant's external relationships (i.e., its *objects*). This contrasted with Freud's view that the mind possesses instinctual urges that are object-seeking, but are not preformed in their character; in this formulation, objects become part of the mind only secondarily. Klein believed that the mind possessed "prewired" fantasies, implying unlearned knowledge that gave shape to and prepared the child for subsequent experiences.

Similar conceptions to those of Klein may be found in the early writings of Jung and, subsequently, in a number of her followers, such as Fairbairn, Winnicott, and Guntrip. For example, Jung attributed the existence of instinctive object-relationships to racially derived archetypes that are then projected on the external world. Fairbairn, in this vein, proposed "infantile endopsychic objects"—universal pristine images in the unconscious of children. Fairbairn asserted that these objects may fail to mature unless children obtain satisfying experiences with their real-world counterparts. Deprivation of these instinctively sought-for relationships would result in a loss of social capacities or in the aversion to social contacts, each of which may become a forerunner of later personality disorders.

### *Otto Kernberg*

Although numerous analytic theorists have contributed in recent years to the study of character, the work of Otto Kernberg deserves special note (1967, 1975, 1980, 1984, 1989, 1992). Taking steps to develop a new characterology, Kernberg

constructed a useful framework for organizing established types in terms of their level of severity. Breaking away from a rigid adherence to the psychosexual model, Kernberg proposed another dimension as primary, that of structural organization. Coordinating character types in accord with severity and structural organization led Kernberg to speak of “higher, intermediate, and lower levels” of character pathology; both intermediate and lower levels are referred to as *borderline* personality organizations. To illustrate his ordering of types, Kernberg assigns most hysterical, obsessive-compulsive, and depressive personalities to the higher level. At the intermediate level of organization, Kernberg locates the *infantile* and most narcissistic personalities. Last, clear-cut antisocial personalities are classified as distinctly of a lower borderline organization.

Despite having been strongly influenced by the major ego and object-relations theorists, and despite the innovative nature of his proposals, Kernberg has remained anchored to the view that all pathological character types are inevitably reactive in their formation rather than potentially conflict-free in their origins. Nevertheless, many of Kernberg’s innovative and insightful proposals regarding the personality disorders will be detailed in later chapters.

### *Heinz Kohut*

It was Kohut (1971, 1977) who developed an influential variant of analytic theory that furnished a special role for the self-construct as the major organizer of psychological development. To him, self-psychology was the proper next step following the earlier orientations of id-psychology and ego-psychology. Kohut’s primary focus was on the development of self from its infantile state of fragility and fragmentation to that of a stable and cohesive adult structure. Disagreeing with classical analytic views concerning the role of conflicts as central to pathology, Kohut asserted that most disorders stemmed from deficits in the structure of the self. Owing to failures in empathic mothering, aspects of the self remain fragile and enfeebled, resulting in a variety of *narcissistically injured* personality disorders. Paying special attention to the importance of empathic responsiveness as a foundation for effective psychotherapy, Kohut has added a new

group of populations treatable by psychoanalytic methods. Unfortunately, Kohut was unable to continue his important contributions and hence, may remain a less-than-significant figure in the development of psychoanalytic characterology.

### *John Gunderson*

Although trained originally in the psychoanalytic approach, John Gunderson (1977, 1979, 1988) has progressively broadened his perspective to include a wide range of theoretical schools of thought; nevertheless, his work on the analytically based borderline personality remains the central focus of his efforts. In recent books and papers, Gunderson and his colleagues have been major advocates of the notion that the borderline personality should be seen as a discrete disorder, not merely a level of psychodynamic organization or a level of pathology, as other notable analytic theorists such as Kernberg contend.

Gunderson has formulated a conceptual framework that organizes the *DSM* disorders in terms of a continuum from normality to psychosis. Those at the least pathological level, what Gunderson terms *trait disorders*, would include obsessive-compulsives, histrionics, avoidants, and dependents. The middle range, or what Gunderson terms the *self-disorders*, encompasses the *schizoid*, *antisocial*, and *borderline*. Those at the most severe level in this personality grouping are noted as *spectrum disorders*, owing to their close relationship with several of the major Axis I psychotic syndromes. Included in the spectrum group are the *schizotypal*, *paranoid*, and *depressive* personality disorders.

In his early work with Margaret Singer (1975), Gunderson reviewed a wide range of psychological test data and developmental histories, as well as engaged in the direct observation of borderline patients. Offering perhaps the clearest explication of the borderline construct in its day, Gunderson proposed a series of “criteria” for diagnosing borderline cases, notably minimal work achievement, impulsiveness, superficial social skills but disturbed intimate relationships, manipulative suicide gestures, and brief psychotic episodes. This work broadened the usage of the borderline construct beyond those oriented to psychoanalytic thought, providing the wider community of mental health clinicians

the fruits of his careful methodological and statistical analysis. As in the parallel work of Michael Stone, to be presented next, Gunderson has demonstrated the wisdom of marshaling a solid database in support of his hypotheses.

Gunderson's progression shows his continued adherence to traditional analytic concepts while, at the same time, extending his view to encompass newer models and approaches to the subject. Thus, his recent work includes the development of several structured interviews for the personality disorders, as well as attempts to synthesize dynamic, trait, biological, and sociological theoretical models, a view adopted recently by other multidimensionally oriented investigators (e.g., Paris, 1994, 2010).

### *Michael Stone*

Another recent contributor to the understanding of personality disorders, also noted by his highly informed contributions in explicating the borderline construct, is Michael Stone (1980, 1986, 1990, 2010). As with Gunderson, Stone's views, though broad-ranging and open-minded, remain deeply anchored to psychodynamic foundations. Not only has Stone articulated insightful proposals concerning the history and nature of the borderline but, in contrast to most analytically oriented thinkers, his scholarly work has been enriched by a series of carefully designed long-term investigations (1990). Most authors of note have espoused a singular approach to the subject, but Stone and Gunderson have become innovative and comprehensive personality disorder scholars as well; moreover, their analyses are clinically incisive and illuminating, as well as integrative of biogenic, psychogenic, and sociogenic propositions.

This clinically relevant and integrative mind-set is well illustrated in a major study undertaken by Stone in concert with his colleagues at the New York State Psychiatric Institute (Stone, 1990). They sought to investigate the history and course of some 502 patients hospitalized over a 14-year period. Analyses were undertaken at the culmination of the study and provided a detailed database on rehospitalization, work history, social activities, marital and child-rearing status, and subsequent therapy. As is typical of Stone, the presentation

of these otherwise dry data was gracefully written and provided numerous illuminating case vignettes. Most impressive was the unique character of this study, both in the size of the population investigated, and in the details it brought to light concerning the divergent course of these patients' histories.

### **Mid- and Latter-20th-Century Exponents of Statistical Models**

Factor and cluster analyses are statistical methods that calculate intercorrelations among a large group of variables such as traits, behaviors, and symptoms. Patterns or groupings among these correlations are referred to as *first-order*, or primary: The elements making up these factors or clusters are interpreted to provide them with relevant psychological meaning. Second- or higher-order groupings may be derived from the original components by combining them into larger units; it is usually these second-order groupings that possess the scope necessary to encompass the breadth of a concept such as personality.

As with the neurobiological temperament theorists, to be described shortly, models that employ statistical analyses seek to identify the basic dimensions or factors of personality through a variety of numerical methods. Once these elements have been identified, the task facing theorists is to regroup them into higher order combinations that correspond to various overt personality styles or patterns. The sequence is first analytic, and then synthetic.

Fundamental questions have arisen with regard to the specification of the basic dimensions, traits, or factors. How many are there? Are they consistent with one another? Do they conflict? Although ostensibly derived on objective numerical grounds, is there no subjectivity in how the basic elements were initially selected and subsequently recombined? This is not the place to elaborate these issues, but they raise significant questions, nevertheless. For example, impressive descriptions of personality derived by numerical approaches can provide only surface characterizations. Lacking is an understanding of how these elements relate dynamically. Moreover, there is no basis for tracing or understanding each disorder's developmental origins,

nor its etiologic course. Interesting though they may be, ostensibly objective and quantitative gauges of trait dimensions are insufficient to achieve a complete characterization of personality pathology (Davis & Millon, 1993). Finally, it would be difficult to justify a preference among alternate statistical schemas on descriptive grounds alone; extrastatistical information is needed, not only to understand the character of these disorders, but to specify why one's schema is preferable to the others.

Most theorists of a statistical bent share a common heritage in Great Britain. Almost all have been trained in English universities, carrying on a mathematical tradition laid down in the early part of the century by Spearman and Burt. The thinkers represented in the following sections are the most persuasive proponents of a psychometric/quantitative approach to the study of personality.

### *Raymond Cattell*

One of the earliest and most productive of those utilizing a factorial approach in constructing personality dimensions is Raymond Cattell (1957, 1965). His research led him to identify 16 primary factors, or source traits, which he then arranged in the following sets of bipolar dimensions: *schizo-thymia* (reserved, detached, aloof) versus *cyclothymia* (outgoing, warm, sociable); *dull* (low intelligence, concrete thinking) versus *bright* (intelligent, abstract thinking); *low ego strength* (easily upset, emotionally unstable) versus *high ego strength* (mature, calm, stable); *submissiveness* (obedient, conforming) versus *dominance* (assertive, independent); *desurgency* (serious, glum, sober) versus *surgency* (enthusiastic, happy-go-lucky); *low superego strength* (expedient, casual, undependable) versus *high superego strength* (conscientious, rule-bound, persistent); *threctia* (timid, restrained, fearful) versus *parmia* (adventurous, thick-skinned, uninhibited); *harria* (tough, self-reliant, realistic) versus *prensia* (sensitive, overprotected, tender-minded); *alaxia* (trusting, easy to get on with) versus *protension* (suspicious, jealous, opinionated); *praxemia* (practical, careful, conventional) versus *autia* (imaginative, unconcerned, unconventional); *naïveté* (forthright, guileless, natural) versus *shrewdness* (calculating, sophisticated,

polished); *confident* (self-assured, placid, unshakable) versus *guilt-prone* (apprehensive, troubled, insecure); *conservatism* (traditional, uncritical) versus *radicalism* (experimental, liberal); *group adherence* (joiner, follower, imitator) versus *self-sufficiency* (resourceful, independent-minded); *weak-willed* (aimless, careless, impulsive) versus *self-disciplined* (controlled, compulsive, socially precise); and *low ergic tension* (relaxed, tranquil, phlegmatic) versus *high ergic tension* (tense, overwrought, driven).

Cattell's second-order factor dimensions may be described as follows: creativity versus conventionality, independence versus dependence, tough versus sensitive, neurotic versus stable, leadership versus followership, high anxiety versus low anxiety, and introversion versus extroversion. Cattell gives primacy to the latter two second-order factors in constructing four personality types: The first type, *high anxiety-introversion*, is noted as being tense, excitable, suspicious, insecure, jealous, unstable, silent, timid, and shy. The second type, *low anxiety-introversion*, tends to be phlegmatic, unshakable, trustful, adaptable, mature, calm, self-sufficient, cold, timid, unconcerned, and resourceful. In the third personality type, the *high anxiety-extroversion* group is found someone who is tense, excitable, insecure, suspicious, jealous, and unstable but, at the same time, sociable, enthusiastic, talkative, practical, and dependent. The last of the types, *low anxiety-extroversion*, is identified by being phlegmatic, confident, unshakable, adaptable, mature, calm, warm, sociable, enthusiastic, practical, and conventional.

Problems arise when efforts are made to synthesize trait dimensions into a diverse set of coherent clinical types. This problem is evident in Cattell's typology since the traits that cluster factorially in his work neither consolidate into clinically relevant syndromes nor generate enough variety to comprise a comprehensive classification.

Several other factor analysts at work in recent years are worthy of note.

### *Hans Eysenck*

Eysenck (1952, 1960; Eysenck & Eysenck, 1969) has contributed to many areas of learning and behavioral research. On the basis of his studies

he selected three dimensions of personality that he judged as fundamental to psychopathology: *neuroticism*, *introversion-extroversion*, and *psychoticism*. Stimulated by the ideas of Jung, Kretschmer, and Pavlov, Eysenck has built an explanatory schema in terms of autonomic nervous system reactivity and ease of conditionability. Those who are highly reactive autonomically are prone to neurotic disorders, whereas those who readily form conditioned responses are inclined to introverted behavior. People at the high end of both conditionability and autonomic reactivity are disposed to develop fears and compulsions, whereas those who are subject to minimal conditioning are likely to become extroverted and potentially antisocial. As in the case of Cattell, Eysenck's formulations provide us with a rather skimpy range of clinically diverse personality types.

### *H. J. Walton*

Mention should be made of the work of the Scottish psychiatrist H. J. Walton and his associates (Walton, Foulds, Littman, & Presley, 1970; Walton & Presley, 1973a, 1973b). Although Walton has employed clustering procedures in his studies, this research has led him to conclude that a dimensional format is likely to be a more accurate means of representing personality than categorical schemas. Walton differentiates personality disorders into three levels of severity: *mild*, *moderate*, and *gross*: Mild personalities are individuals who are dissatisfied with the quality of their lives or relationships; they characteristically seek assistance on their own initiative rather than being brought to the attention of clinicians because of difficulties with others. Mild personality pathologies are termed *character disorders*, and Walton specifies three varieties: the *withdrawn* type, noted by being socially isolated and emotionally inhibited; the *dependent* type, characterized by compliance, helplessness, and a seeking of support; and the *overassertive* type, identified by an overbearing or officious style, often associated with feelings of guilt. Moderately severe personalities are those whose maladjustments are associated with other mental disturbances, such as psychosomatic ailments or neurotic symptoms; in addition, their behaviors are sufficiently unusual or eccentric

to be evident to others. Among moderately severe types, referred to by Walton as *personality disorders*, five varieties may be found: (1) the *schizoid* type, noted by being reserved, aloof, and lonely, often appearing queer and incapable of intimacy; (2) the *hysterical* type, characterized by histrionic dress and behavior, sociability, and vivaciousness, and a tendency toward the theatrical, shallow, and insincere; (3) the *paranoid* type, seen as basically mistrustful, hypersensitive, upset by imagined criticism, and envious and suspicious of others; (4) the *cyclothymic* type, giving evidence of mood phases, with spells of spontaneous, outgoing activity turning into dejection and loss of drive; and (5) the *obsessional* type, noted by being orderly, neat, punctual, and pedantic, and by tightly controlled emotions.

The third level of severity, the gross personality disorders, refers to persons whose deviance is so marked that they are unable to fit into their social group and often come into conflict with its laws and customs. Among these are two major types: the *aggressive sociopath*, who is unable to inhibit aggressive impulses, is affectionless and harmful to society, and cannot form close relationships or loyalty to others; and the *passive sociopath*, who is inept, inclined to poor judgment, lacking in drive and stamina, aimless, and having poor work records and few ties to others.

### *Peter Tyrer*

As noted previously, statistical methodologies have been especially prominent among British clinical psychometricians. Along with their forerunners, Cattell and Eysenck, as well as their contemporaries, Walton and Livesley, the group headed by Peter Tyrer (1988) have sought to specify a wide range of personality traits that they see as varying quantitatively from normal to disordered. Developing a factorially derived list of 24 separable traits, Tyrer calculated their intensity or severity with patients who were clinically diagnosed as having a personality disorder. In a series of studies, Tyrer sought to identify which traits clustered together to characterize various groupings or subtypes of personality. Four major clinical clusters were developed, termed *sociopathic*, *passive-dependent*, *inhibited*, and *anankastic* (obsessive-compulsive): In the sociopathic, for example, prominent

factors included impulsiveness, aggression, and irresponsibility. In the passive-dependent, primary factors noted were vulnerability, anxiousness, and lability. In the inhibited group, the factors listed were conscientiousness, anxiousness, rigidity, and shyness. In the withdrawn group, the primary features were sensitivity, anxiousness, lability, and shyness.

Following an earlier model proposed by Leonhard (1968), Tyrer and his associates employ their Personality Assessment Schedule (Tyrer, 1988) also to specify what they term *accentuated personality styles or traits*; this level of severity addresses the presence of factors that lie somewhere between normality and disorder. By employing this concept, Tyrer reinforces his belief that personality characterizations are best conceived on a continuum and that differences in personality accentuation or disorder reflect combinations of traits or factors that differ from person to person, even though they may be categorized under the same designation.

### *W. John Livesley*

Perhaps the most sophisticated of investigators employing the factorial structure of personality and pathology are W. John Livesley and his associates (Livesley, 1986, 1987, 2003; Livesley, Jackson, & Schroeder, 1989, 1992). Drawing initially on descriptive characterizations found in a wide range of personality-oriented texts and articles, Livesley generated a set of 100 separate traits for the personality disorders in *DSM-III* and *DSM-III-R*. Utilizing both self-report scales and psychiatrically rated trait/behavioral items, he has sought to evaluate the degree to which each trait item was prototypical of the disorder. Decomposing the correlation matrix on the basis of a principal components analysis of the 100 self-report and clinician-rated traits, he initially found that 15 interpretable factors could reliably be identified to account for a large proportion of the data's variance. Solutions with more components yielded factors with only one, usually unreliable trait-item. Conversely, solutions with fewer factors became highly complex in that many trait-items loaded on several factors, hence reducing their independence.

Specifically, the following initial components were identified and labeled: Identity

Disturbance, Rejection, Restricted Expression, Compulsive Behaviors, Perceptual-Cognitive Distortion, Insecure Attachment, Interpersonal Disesteem, Diffidence, Intimacy Avoidance, Narcissism, Passive Oppositionality, Stimulus-Seeking, Social Apprehension, and Conduct Problems.

According to Livesley, these components provide a readily interpretable and clinically meaningful structure that is consistent with a number of the *DSM* personality disorders. As he sees it, the obsessive-compulsive and narcissistic personality disorders are clearly represented by a single component. Others are represented by combinations of several components. For example, dependent personality disorder is represented by two components, insecure attachment and diffidence, whereas antisocial personality disorder is best represented by conduct problems and interpersonal disesteem.

In contrast with many of his statistically oriented colleagues, Livesley does not evince a naive empiricism. Although he sees factor analysis to be an appropriate tool for data reduction, he records several limitations, most notably the necessity to make numerous subjective decisions (e.g., in selecting criteria and items, choosing a method of factor rotation, refining imprecise diagnostic definitions, arranging appropriate patient populations, labeling statistically derived trait/factors).

### *P. T. Costa, R. R. McCrae, and T. Widiger*

The most vigorous and persuasive exponents of the dimensional approach to the study of personality and its disorders are those who follow the five-factor model (FFM), most notably Widiger, Costa, and McCrae (Costa & McCrae, 1985; Costa & Widiger, 1993; Widiger & Trull, 2007).

As early as 80 years ago, McDougall (1932), a leading theorist of personality and social psychology, suggested that personality may be best analyzed as expressions of five distinguishable but separable factors. Approaching the subject of personality from a different point of view, Thurstone (1934) analyzed 60 descriptive adjectives characterizing personality, and found that they could be reduced to five independent factors. Cattell (1947, 1965) followed up on Thurstone's work and concluded that

five higher-order factor solutions could be developed to represent the 16-plus basic factors that he had investigated. Drawing next on the work of Fiske (1949), Tupes and Christal (1961), Norman (1963), Goldberg (1990, 1992), as well as others, recent five-factor investigators contend that they have identified the core trait dimensions that characterize personality and its disorders.

The five-factor model derives its data primarily from studies of folk lexicals, that is, the codification of descriptive words found in the language of laypersons. Although disagreements exist regarding the labels to be used to represent the five factors, there is sufficient commonality from one context and culture to another to view the following as highly reliable: Factor 1, *neuroticism*, reflecting chronic levels of emotional instability and susceptibility to psychological distress; Factor 2, *extroversion*, signifying a disposition to interpersonal interactions, activity, and stimulus seeking, as well as a capacity for joy; Factor 3, *openness to experience*, seen typically in an appreciation for new experiences, a willingness to entertain novel ideas, as well as curiousness and imaginativeness; Factor 4, *agreeableness*, representing those who are disposed to be good natured, trusting, helpful, and altruistic; and Factor 5, *conscientiousness*, signifying a high degree of organization, reliability, persistence, ambitiousness, and control.

Although there have been serious criticisms of this model, both in its assumptions and empirical support (Davis & Millon, 1993), it can provide an interesting schema of factorial traits that may serve to characterize the *DSM* personality disorders. For example, histrionic and schizoid disorders appear to fall on opposite extremes of the extroversion factor. Agreeableness may be seen among dependents and compulsives, whereas deficits in agreeableness are likely to be found among antisocials and paranoids. Low scores on conscientiousness appear to be consistently associated with antisocial and passive-aggressive (negativistic) personality disorders. And neuroticism seems especially notable among borderline personalities.

Despite the extensive support garnered by Costa et al., favoring the view that FFM is the

dimensional model to subserve the personality disorders, all such schemas must be seen as essentially cross-sectional in nature; they fail to provide an understanding of their developmental background. Moreover, they fail to come to grips with numerous combinations and subtle variations that other theoretical schemas provide (Block, 1995; in press). Nevertheless, the FFM has proven to be extremely robust across numerous factor solutions, are found in a number of cultures and languages, appear stable across observers, and correlate well with a variety of nonfactorially based clinical measures.

### Latter 20th-Century Cognitive Thinkers

Few fields have gained as much ground in the past four to five decades as that of cognitive sciences. Along with the increasing significance of the personality disorders and rapid growth among neurosciences, there has literally been an explosion of both theoretical and empirical work centered on the role of cognitive processes in both the understanding and treatment of psychopathological conditions.

Cognitivists stress that individuals react to the world in terms of their unique perception of it. No matter how unconsciously distorted these perceptions may be, it is the person's way of construing events that determines behavior. Concepts and therapies must be formulated, therefore, not in terms of objective realities or unconscious processes, but in accord with how events are interpreted by the individual. Any datum that represents the person's portrayal of his or her experience is grist for the cognitivist's mill.

According to Murray (1988), the cognitive approach reflects the Kantian tradition in which the individual actively imposes meaning on life experiences, developing a schemata, or belief system, for organizing his or her physical and social world. As both Kelly (1955) and Beck (1963) have described it, significant cognitive structures are formed that categorize and organize these schemas into more complex hierarchies. Dysfunctional feelings and behaviors reflect the operation of consistently biased schemas and result in repetitive perceptual and

interpersonal errors. It is notable that the cognitive approach is based on the impact of attributional biases rather than motivational or unconscious ones. Hence, therapeutic change requires the reorientation of faulty assumptions, misperceptions, and erroneous expectancies.

### *Aaron T. Beck*

Beck has been the most prominent and insightful contributor to the methodology known as *cognitive therapy*, especially as it has applied to a wide range of Axis I disorders (Beck, 1963, 1967, 1976). More recently, he and his associates (Beck & Freeman, 1990b) have addressed the subject of personality, articulating *cognitive schemas* that shape the experiences and behaviors of numerous personality disorders.

In a manner similar to Millon (1990), Beck formulates a model anchored to evolution. He speculates on how the prototypes of personality may be derived from our phylogenetic heritage. What may be conceived as genetically determined strategies are seen to have facilitated survival and reproduction through natural selection. Derivatives of these evolutionary strategies may be identified, according to Beck, in exaggerated form among the Axis I clinical syndromes, and in less dramatic expression among the personality disorders.

The cognitive dimensions of these strategies are embedded in relatively stable structures labeled *schemas*, which then select and organize incoming experiences, translating them into habitual emotional and behavioral strategies. By assigning meanings to events, cognitive schemas start a chain reaction culminating in overt patterns of behavior that come to characterize what we call personality traits. Dysfunctional and distorting schemas give rise to maladaptive strategies that, in turn, make the individual susceptible to repetitive and pervasive life difficulties. For example, the dependent personality is hypersensitive to the possibility of a loss of love and help, and quickly interprets signs of such loss as signifying its reality. These highly personalized cognitive schemas displace and perhaps inhibit other schemas that may be more adaptive or more appropriate for a given situation. As a result, they introduce a persistent

and systematic bias into the individual's processing machinery.

Beck recognizes the presence of both overdeveloped and underdeveloped cognitive assumptions. Thus, individuals with a dependent personality will quickly activate their overdeveloped, widely generalized, and erroneous cognitive expectancies of personal loss. Conversely, other personalities will have comparatively underdeveloped cognitive schemas. For example, antisocial personalities are likely to have an underdeveloped disposition to find reasons to be responsible or to feel guilt for their behavioral deficiencies. Whereas obsessive-compulsives are disposed to judge themselves responsible and guilt-ridden, they show a marked underdevelopment in the inclination to interpret events spontaneously, creatively, and playfully.

Although Beck is fully acquainted with the role of both self-schemas and interpersonal schemas, his primary emphasis lies in the realm of the former, specifying in great detail distorting cognitive schemas for each of the personality disorders, and doing so in a manner that provides a basis for planning cognitive therapy.

### *Albert Ellis*

No less significant to the cause of the cognitive approach to pathology has been the work of Albert Ellis (1962, 1987). As the originator of what he terms *rational-emotive* psychotherapy, Ellis has argued vigorously for the view that psychological disturbances are largely a result of thinking illogically or irrationally. Moreover, he contends that mental unhappiness, ineffectuality, and other disturbances can be eliminated when people learn how to maximize their rational thinking. To Ellis, the task of the therapist is to show patients that their difficulties result largely from distorted perceptions and erroneous beliefs. All effective therapy teaches or induces patients to re-perceive or rethink their life events and thereby change their unrealistic thoughts. Ellis does not articulate a series of categories of personality disorders, preferring to address cognitive misinterpretations as the basis of psychic difficulties. He does state clearly

that personality difficulties reflect an individual's unrealistic and self-defeating assumptions about him- or herself and others.

### *Ronald Forgas and Bernard Schulman*

Prior to the recent work by Beck and Freeman (1990b), a book by Forgas and Schulman (1979) outlined an analysis of several major personality disorders in terms of cognitive processes. Like Ellis and Beck, they assumed that mistaken beliefs lie at the heart of maladaptive behaviors and feelings. The key organizational framework for these distorted belief systems was referred to as the *core rubric*, which comprised self-perceptions, worldviews, and behavioral instructions. The resulting lifestyle (a construct first enunciated by Alfred Adler) validates and perpetuates the basic beliefs that make up the core rubric. Each personality has a distinctive cognitive structure, but there are similarities among individuals in the nature of these cognitive structures. Forgas and Schulman outline the core rubrics for five personality disorders; three will be noted to illustrate their thinking.

*Paranoid* personalities believe that they are disliked by others, that life is a competitive struggle against external enemies, and therefore they can excuse themselves for their failures by attributing blame to others. For the *antisocial* personality, the core rubric encompasses the belief that they are entitled to what they want, that life is a "dog eats dog jungle," and therefore they would be guided by the behavioral dictum that they must "eat others before they are eaten" as well as defy the efforts of others to control them. Similarly, *obsessive-compulsive* personalities believe that they will be held liable and responsible for things that may go wrong, that life is unpredictable, and that they must stand guard to protect against anything that might go wrong.

### **Latter 20th-Century Scholars of the Interpersonal Circumplex**

The interpersonal perspective on personality and personality disorders has become a major direction of thought in recent decades. Despite variations among theorists in the specific constructs and rationales employed, there is agreement that personality can best be understood

in terms of recurrent interpersonal tendencies that shape and perpetuate styles of behavior, thought, and feeling. Those of the interpersonal point of view usually suggest that a circumplex structural model can serve best as a framework for organizing their fundamental dimensions. All share the view that there are maladaptive causal sequences between interpersonal perceptions, behavioral enactments, and psychosocial reactions. These interpersonal sequences are rigid and extreme, being activated regardless of their ultimate inappropriateness across numerous social situations. As instrumental styles of coping, these behaviors prove self-defeating in that they are adaptively inflexible and tend to perpetuate and foster difficulties rather than resolve them. As McLemore and Brokaw (1987) have noted, the avoidant personality, for example, enacts a consistently fearful and self-effacing stance toward an environment that resists exhibiting the very experiences of acceptance and intimacy so desperately desired. Such avoidant behaviors usually elicit rejection or allow others to be ignoring, and hence reinforce the person's avoidant tendencies.

We begin this contemporary historical review with reference to the work of Sullivan.

### *Harry Stack Sullivan*

Although central to the development of the interpersonal orientation in psychiatry, the personality typology presented by Harry Stack Sullivan (1947) is not notably interpersonal in character. Nevertheless, the framework he proposed in his general writings set the basis for seeing the interpersonal basis of clinical difficulties. In an attempt to identify syndromes seen in everyday clinical practice, Sullivan briefly outlined a set of 10 personality varieties.

The first type, labeled *nonintegrative* personalities, is characterized by fleeting involvements with people, a failure to profit from experience, and a disregard for the consequences of one's behavior. These individuals constantly disappoint others by their superficiality and wandering inclinations, but this does not dispose them to experience discontent or to wonder why others react as they do. The second personality

syndrome, termed the *self-absorbed*, or fantastic personality, is characterized by autistic and wish-fulfilling thinking. Conflicted as to whether the world is essentially good or bad, these persons see relationships as either marvelous or despicable; they engage in a series of intimacies that inevitably terminate in profound disillusionment, only to be sought after and repeated again. The *incorrigible* personality, the third syndrome, is identified by hostility toward others and a pattern of unfriendly, morose, and forbidding behaviors. Authority is viewed as especially hostile and there is a tendency to complain bitterly about those in superior positions. The fourth syndrome is the *negativistic* personality, individuals who cope with their considerable insecurity by refusing to subscribe to the views of others, by passively or subtly resisting social norms, or by a cynical form of conciliation. The fifth type, conceived by Sullivan as a supernegativistic variety, is the *stammerer*; stammering is perceived as a symptom disorder and rarely conceived as a personality type by most theorists. *Ambition-ridden* personalities are noted by their exploitation of others, their competitiveness, and their unscrupulous manipulations. Those with the seventh syndrome, *asocial* personalities, are typically detached and lonely, unable to establish and maintain warm and gratifying personal relationships. They seem unable to appreciate the possibility that others may value them; though some asocials are sensitive, others seem obtuse and drift through life without intimate relationships. The *inadequate* personality is distinguished by a need for guidance from a strong person who will take responsibility for everyday decisions; these persons appear to have learned that a clinging helplessness is an adequate adaptation to life. The ninth syndrome is labeled by Sullivan the *homosexual* personality; its distinguishing feature is that love appears to extend only to persons of the same sex. Here, again, a specific symptom is confused with the totality of personality. The final syndrome is labeled the *chronically adolescent* personality. These individuals are perennially seeking to achieve ideals but rarely are able to fulfill their aspirations in either love-objects or mature vocations; some will ultimately resolve their frustrations,

whereas some will become cynical, others will turn lustful, or celibate, and so on.

### *Timothy Leary*

Drawing inspiration from the work of Horney, Fromm, and Sullivan, Timothy Leary (1957), along with associates at the Kaiser Permanente Foundation, constructed an interpersonal typology based on two dimensions: dominance-submission and hate-love. Utilizing gradations and permutations, Leary separated 16 behavioral segments, which he then grouped into eight distinct interpersonal types. Each is identified by two variants, a mild and an extreme form; two labels are used here to designate each of the eight types, the first to signify the mild or more adaptive variant; the second, the more extreme or pathological variant.

The *rebellious-distrustful* personality is characterized by an attitude of resentment and by feelings of deprivation. These persons handle anxiety and frustration by actively distancing themselves from others and by displays of bitterness, cynicism, and passively resistant behaviors. Although not wishing to be distant, desiring both closeness and tenderness as alternatives, experience has taught them that it is best not to trust others, to be skeptical of the so-called *goodwill* of others, and to be alert to and rebel against signs of phoniness and deceit on their part.

In the *self-effacing-masochistic* personality, there is a modesty and an unpretentious reserve, a tendency to avoid appearing capable and confident; in extreme form, efforts are made to evoke deprecation and humiliation from others, with consequent feelings of depression and uncertainty. The behavior of the *docile-dependent* personality is primarily submissive and is characterized by overt displays of both friendliness and affiliation. Its central feature is that of soliciting help by behaving weakly and incompetently, and by voicing unusual trust and admiration of others; in the extreme form we might observe an ingratiating and clinging dependency, and a constant beseeching for help, advice, and direction.

The fourth pattern, the *cooperative-over-conventional* personality, identifies those who strive to be liked and accepted by others, and

who display an extraverted friendliness and sociability. There is a willingness to compromise to maintain harmony; in more extreme form this personality displays an effusiveness, a shallow optimism, an immature naïveté, a histrionic or dramatic expressiveness, and a hyperdistraibility.

The *responsible-hypernormal* personality is noted by efforts to maintain the appearance of personal integrity, self-sacrifice, and concern for others. Variants of this type strive excessively to achieve an inner ideal of proper and conventional behavior, and to avoid appearances of emotionality and weakness; they are orderly and perfectionistic, and are intolerant of impulsive feelings such as anger in either themselves or others. In extreme form, this personality may experience life as a "hollow man," isolated by pretensions of propriety and correctness from both the external realities of life and from one's own inner feelings.

The *managerial-autocratic* personality is characterized by an air of strength and confidence, and by communicating an attitude of leadership that often evokes obedience and respect from others. In the maladaptive form, we might observe domineering and dictatorial attempts to control others, power-ridden manipulations of their lives, an inability to relax, and an insistence that others behave efficiently and competently.

In the *competitive-narcissistic* personality is seen a proud, independent, self-enhancing style in which others are exploited, put down, or benignly invited to be submissive. These personalities are most secure when they are in control, independent of others, feel triumphant, or are assured of a competitive advantage or superior status. In pathological form, there is a blind selfishness, a frantic effort to impress, and a boastfulness and exhibitionism that becomes flagrant and irrational.

The eighth and final type is the *aggressive-sadistic* personality, individuals noted by their cold sternness and punitiveness, who gain security and pleasure in mocking others, acting hard-boiled, and in provoking fear through intimidating displays of power; although intentionally provocative, these persons may feel a measure of guilt over the consequences of their behaviors.

### *Lorna S. Benjamin*

As is characteristic of most innovative thinkers, Benjamin (1974, 1993a, 2003) recognizes the interplay of cognitive, affective, and interpersonal dimensions in her effort to articulate the fundamental qualities of each of the personality disorders. Thus, her model encompasses many of the elements of the work of Leary, and of Beck, no less those of a psychodynamic orientation. Her special venue, however, is centered on the interpersonal sphere (although her schematic includes intrapsychic features as well). Perhaps the most detailed and versatile model of interpersonal interaction, Benjamin brings into clear relief one of the major strengths of the interpersonal approach, namely that it can accommodate behavioral, self, and intrapsychic dimensions to personality analysis.

Benjamin terms her approach the Structural Analysis of Social Behavior (SASB), an orientation and methodology that permits an operational description, not only of the major interpersonal patterns, but also of their impact on one's concept of self. Her model of interpersonal interactions is built on three orthogonal dimensions: focus on others, focus on self, and introjective focus. Each of these dimensions can be organized in a circumplex framework. This schema enables one to test and understand, on a symptom-by-symptom basis, how the *DSM* personality disorders can be analyzed in terms of specific social learning experiences and the social context in which they are activated.

Personality is seen by Benjamin to be a consequence of early interactions with parents and later social learning experiences with significant others. Central to her thesis is that adult interpersonal patterns reflect (a) the development of instrumental interpersonal competence; (b) learning the consequences of neediness and illness; (c) the emergence of a self-concept and social identity; and (d) learning the interpersonal consequences of expressing affect. Translating the preceding into specific personality consequences of expressing anger, for example, Benjamin speculates as follows: In the borderline personality, anger is exhibited when the caregiver/lover is seen as neglectful and abandoning. The borderline wonders whether the significant other is caring and giving enough.

Activated by panic, borderlines will recklessly and erratically force the caregiver to provide the desperately needed nurturance. By contrast, the angry histrionic will also mount tantrums, but to manipulatively evoke praise and admiration. The angry antisocial will act cold, maintain control by distancing, and have no remorse for the damage these actions create. Narcissists, by contrast, will become angry if their needs are not automatically fulfilled, reacting with arrogance and withdrawal to elicit their desired attentions. To Benjamin, therefore, different precipitants of anger, and different forms of its expression, can be logically understood from differences in a personality's interpersonal history.

In contrast to many present-day theorists, Benjamin seeks to provide testable hypotheses, not only of the features or traits of each disorder, but of their social pathogenesis. She argues further that the dynamic interplay of the dimensions she articulates will give coherence to the overall personality configuration. Moreover, she believes that treatment interventions should be a natural outgrowth of her interpersonal analysis, hence coordinating both diagnosis and therapy, a necessary element for scientific and clinical progress.

### **Donald J. Kiesler**

Employing what has been termed *interpersonal communication theory*, Kiesler (1983, 1986a,b, 1996) has centered attention on the transactions that occur between individuals and others throughout their life experiences. As he has formulated it, people transmit an "evoking message" to others through various verbal and nonverbal channels; the message is intended to create a particular encoder-decoder relationship. Kiesler conceptualizes the emotional and personality difficulties of individuals as stemming from problematic countercommunications they unknowingly elicit from others.

In his highly detailed and precise analysis of the interpersonal circle formulated in 1982, Kiesler arranges his personality taxonomy in terms of two major dimensions: affiliation (love-hate) and control (dominance-submission). According to his developmental perspective, a child will settle on a distinctive interpersonal style, role, and self-definition early in life,

which then leads the child repeatedly to engage others in terms of how intimate and how controlling he or she wishes to relate them. These relatively constant interpersonal patterns and self-presentations are repeatedly validated in subsequent interactions by the responses the child "pulls" from others.

The classification Kiesler formulated contains some 350 bipolar interpersonal items, 3 to 9 of which define some 64 subclasses that may be grouped into 16 major segments. Kiesler offers a series of translations that relate the DSM personality disorders to their profiles in his interpersonal circle. For example, the histrionic personality fits the frenetically gregarious octant, the dependent personality parallels the unassured-submissive octant, and the passive-aggressive matches the antagonistic-alooft octant.

Kiesler recognizes that not all personality traits or dimensions apply to all people; each of us displays consistency only in those behaviors crucial to our interpersonal style. Accurate personality representations require, therefore, that we designate those styles of behavior that are most important or salient for an individual. It is notable that these central interpersonal styles are likely to be more resistant to situational influences than more peripheral behaviors. As with Benjamin, Kiesler has utilized his model as a basis for conceptualizing optimal approaches to interpersonal psychotherapy.

### **Jerry S. Wiggins**

This author (Wiggins, 1973, 1982; Wiggins & Pincus, 1989) is another creative theorist whose model is based on the interpersonal circumplex. According to his view, interpersonal dimensions of personality that are arranged in a circle have identifiable and useful properties. Adjacent dimensions should be more highly correlated than nonadjacent ones, and the degree of correlation between any two segments should be directly proportional to their distance from each other on the circle.

As with Kiesler, Wiggins organizes 16 segments of interpersonal functioning built around two axes: *affiliation* (warm-agreeable versus cold-quarrelsome) and *dominance* (ambitious-dominant versus lazy-submissive); as Wiggins sees it, each of the interpersonal segments

represents a blend of affiliation and dominance. Although the patterns of correspondence between his interpersonal model and the *DSM-IV* personality disorders have their shortcomings, a sufficient level of correspondence may be derived for several disorders. If we use numbers of the clock for reference, Wiggins locates the compulsive personality at 12:00, the histrionic at 3:00, the dependent at 4:30, the passive-aggressive at 6:00, and so on.

Specifically, Wiggins sees the compulsive personality as an exaggeration of the ambitious-dominant interpersonal segment, involving excessive formality and preoccupation with rules and trivial details. The narcissistic personality is judged to be an exaggeration of the arrogant-calculating segment and involves exhibitionism and a lack of empathy for others. The paranoid personality is considered an exaggeration of the cold-quarrelsome segment, involving hypersensitivity, readiness to counterattack, and restricted affectivity.

As with other circumplex models in which only two or three dimensions are employed to characterize the many variations of personality disorder, these models fall short of completeness in their formal derivations. Their richness derives as much from their authors' descriptive talents as from their formal theoretical structure.

### **Latter 20th-Century Neurobiological Scholars**

To get a clearer description of a complex system such as personality, many theorists attempt to dissect the phenomenon under analysis into its fundamental or underlying components and then synthesize them on the basis of how the components interrelate. Thus, if we examine the Interpersonal Circumplex section described previously, we can see that the processes of human relationships have been broken down into certain fundamental polarities; these are then combined (e.g., Leary) to give a more complete picture of each of several personality types. Similarly, in the section on statistical methods and constructions, theorists seek to break down the essential constituents or factors that underlie personality styles and disorders, segmenting personality into traits such as neuroticism,

extroversion, agreeableness, and so on. These are then recombined in various ways to account for the complexities of a personality disorder. Once again in this section, the majority of the theorists discussed attempt to identify the basic temperaments of personality and then to explicate the character of each disorder in terms of which components combine with which other components (e.g., Cloninger, 1986; Siever & Davis, 1991). Not all of those oriented to the understanding of personality disorders pursue this combinatorial or analytic-synthetic style. What is common among the theorists in this section is the belief that biological/constitutional mechanisms and dispositions are central to the understanding of personality disorders (Clark, 2005).

### **W. Thomas and S. Chess**

Although they have not derived clinical personality types from their work, mention should be made of the studies conducted by two groups of collaborators, one associated with the New York Medical School (Thomas & Chess, 1977; Thomas, Chess, & Birch, 1963, 1968) and the other with the Menninger Foundation (Escalona, 1968; Escalona & Heider, 1959; Escalona & Leitch, 1953; Murphy, 1962; Murphy & Moriarty, 1976). Their research has been especially useful in identifying temperament characteristics in the young child.

Several hundred infants were observed from birth through the early years of adolescence. Rating scales were employed to quantify behavior dimensions such as activity level, rhythmicity, inclinations toward approach or withdrawal, adaptability, intensity of reaction, quality of mood, and so on. It was found that the majority of children displayed a recognizable and distinctive way of behaving from the first few months of life. Some were predictably regular in their schedule, whereas others followed chaotic sequences. Some reached out for everything presented; others avoided anything new. Although any of a number of different dimensions could be used to differentiate children, two dimensions subsumed several characteristics considered significant, if not crucial, to later development. The first of these was labeled the child's *activity pattern*. Active children displayed a decisiveness and vigor in

their behavior; they related continuously to their environment and insisted that events take place in accord with their desires. In contrast, passive children displayed a receptive orientation; they seemed to be content to wait and see what would be done to meet their needs, accepting matters until their wishes were ultimately fulfilled. The second set of central temperament constellations was organized around what the researchers termed *adaptability*. One group of children was characterized by a regularity, a positive approach to new stimuli, and a high degree of flexibility in response to changing conditions. Another group displayed irregularity in their biological functions, exhibited withdrawal reactions to new stimuli, showed minimal flexibility in response to change, and expressed intense and often negative moods.

#### *Arnold Buss and Robert Plomin*

The temperament theory of personality development proposed by Buss and Plomin (1975, 1984) is grounded firmly on an empirical research base. They have suggested three fundamental temperaments: *activity*, *emotionality*, and *sociability*. Activity refers to total energy output such that active persons are typically busy, in a hurry, constantly moving, and seemingly tireless, whereas passive or lethargic persons display opposite inclinations. Emotionality is conceived as equivalent to intensity of reaction; thus, the emotional person is easily aroused, has an excess of affect, and displays strong tempers, violent mood swings, and a high degree of expressiveness. The third temperament, that of sociability, consists of a need to be with others. Those at the *gregarious* extreme of the sociability dimension find that interaction with others is gratifying, far more rewarding than nonsocial experiences; they contrast with those at the opposite extreme of the dimension, which are referred to as *detached*. Although all possible permutations of two or three temperaments might be expected theoretically, they are not yet supported in either the research or clinical literature. Low activity or passivity combined with high emotionality appears to underlie agitated depressions. Those high in emotionality and sociability would be inclined to seek the company of others but would perhaps be inhibited by strong anxieties

over potential rejection and ridicule. The combination of high sociability and high activity is seen as relating to the classical extrovert pattern, whereas those low in both temperaments are conceived as similar to the introvert.

#### *Donald Klein*

This theorist differs from most temperament/neurobiological thinkers in that he (Klein, 1967, 1972; Klein, Gittleman, Quitken, & Rifkind, 1980) is not impressed by efforts to explain the overt forms of psychiatric and personality disorders as mere outcroppings of a set of interacting underlying variables. To Klein, piecing together the manifest expression of a personality disorder with reference to ostensive deeper temperaments or neurohormonal processes is not the way to explicate the character of these disorders. Klein notes that each of these theoretical formulations is but one of several competing explanatory schemas, will often contradict other synthetic viewpoints, and that there are no methods available for determining which, if any, is correct.

The method that Klein prefers analyzes the overt pathology in terms of its response to medication. Rather than search for underlying temperaments or personality factors that can be combined into relatively discrete syndromes, Klein seeks to determine which specific psychiatric symptoms are optimally predictive of a criterion variable, such as prognosis or medication response. Thus, in the absence of firm etiologic knowledge, or objectively based syndromes, Klein would opt for the identification of features that are reactive to treatment success.

Using this preceding framework, Klein deduces a variety of different personality types: One group is termed the *hysteroid-dysphoric*, which he describes as emotionally labile, shallow, seductive, demanding, and love intoxicated. A second type is termed the *emotionally unstable*, noted by tension, empty unhappiness, withdrawal, irritability, sudden impulsiveness, and a shortsighted hedonism. Also described is what Klein refers to as the *phobic-anxious* type, characterized as socially backward, inept, and fearful, with notable anticipatory anxiety and low self-esteem.

### Larry Siever

In many regards, Siever's proposals concerning the temperamental underpinning of personality dispositions and disorders can be traced back through history to the humoral thesis of Hippocrates. However, as is evident from reading his papers (Siever & Davis, 1991; Siever, Klar, & Coccaro, 1985), the specificity and clarity of Siever's reasoning shows how advanced this old temperament notion has become. Although not intended to accommodate all of the particulars and complexities of the many varieties of personality disorders in the current classification system, it integrates the clinical characteristics of several of these disorders and their possible psychobiological and developmental roots.

Siever develops a dimensional model that has major Axis I syndromes at one extreme and milder personality inclinations at the other end. He proposes four major predispositions: *cognitive/perceptual organization*, *impulsivity/aggression*, *affective instability*, and *anxiety/inhibition*. For example: schizophrenic disorders are seen as disturbances of a cognitive/perceptual nature, exhibiting themselves in thought disorders, psychotic symptoms, and social isolation; the schizotypal disorder would serve as the prototype among the personality types. Disorders of impulsivity/aggression are hypothesized as resulting in poor impulse control, particularly as seen in aggressive actions. In the more distinct Axis I forms, this disposition is seen in its presence in explosive disorders, pathological gambling, or kleptomania. When this dimension is more pervasive and chronic, as in Axis II, the predisposition may be seen in persistent self-destructive behaviors, such as in Axis II borderline and antisocial personality disorders. Problems of affective instability are most clearly observed in the intensity and dysregulation of mood disorders. Where this inclination is more sustained over time, it may interfere with the development of stable relationships and self-image, as may be seen manifested in borderline or histrionic personality disorders. Last, the anxiety/inhibition dimension appears to be related to the Axis I anxiety disorders (e.g., social phobia, compulsive rituals); when present at a low threshold over extended periods of development, we may

observe a resulting avoidant, compulsive, or dependent Axis II personality disorder.

Siever hypothesizes biological correlates undergirding each of these dimensions, although this evidence is largely circumstantial and speculative. The rich possibilities in Siever's four-dimensional schema can readily be extended to cover numerous personality disorders beyond those in his current framework (e.g., in addition to affective dysregulation, one can hypothesize affective *deficits*, which might provide a grounding for the schizoid personality disorder). Thus, as proposed by Millon, the schizoid personality would not be seen as a milder variant of either the schizotypal personality, nor of the more extreme Axis I schizophrenic, the latter two resulting from cognitive/perceptual disorganization, but rather (despite the similarity in their names), reflect a deficiency in their affective temperament.

### C. Robert Cloninger

In a rather elegant model that seeks to draw on genetic and neurobiological substrates, Cloninger proposes a complex theory based on the interrelationship of several trait dispositions. Central to his formula are a series of heritable characteristics or dimensions, notably: novelty seeking, harm avoidance, and reward dependence. Each of these is associated with different neurobiological systems, respectively *dopaminergic*, *serotonergic*, and *noradrenergic*. The interaction of these heritable traits shapes the development of personality by influencing learning experiences, processing information, mood reactions, and general adaptation. Depending on the combinations of these three core dimensions, individuals will be inclined to develop particular patterns of behavior and personality styles.

More specifically, *novelty seeking* is hypothesized to dispose the individual toward exhilaration or excitement in response to novel stimuli, which leads to the pursuit of potential rewards as well as an active avoidance of both monotony and punishment. Second, *harm avoidance* reflects a disposition to respond strongly to aversive stimuli, leading the individual to inhibit behaviors to avoid punishment, novelty, and frustrations. Third, *reward dependence* is hypothesized

as a tendency to respond to signals of reward (e.g., verbal signals of social approval), and to resist extinction of behaviors previously associated with rewards or relief from punishment. Extending the theme of novelty seeking, for example, individuals with this disposition, but average of the other two dimensions, would be characterized as impulsive, exploratory, excitable, quick tempered, and extravagant, likely to seek out new interests, but inclined to neglect details and to become quickly distracted or bored. Anchored fundamentally to the dopamine neuromodulator, individuals who might be low in this neurobiological substrate (e.g., underaverage in novelty seeking) are likely to be characterized as slow to engage in new interests, be preoccupied with narrow details, and inclined to be reflective, rigid, stoic, slow-tempered, orderly, and persistent.

Drawing on various combinations of these three fundamental dispositions or temperaments, Cloninger describes a series of second-order personality trait patterns, as well as third-order clusters of personality types or disorders. For example, the histrionic personality is seen as exhibiting high-novelty seeking, low-harm avoidance, and high-reward dependence; these derive from second-order trait patterns of being impulsive, emotionally vulnerable, and narcissistic.

Cloninger, Svrakic, and Przybeck (1993) have extended the original model to include a fourth dimension, labeled *persistence*, and three dimensions of character, as they put it, that mature in adulthood and influence personal and social effectiveness as well as the acquisition of self-concepts. Each aspect of self-concept corresponds to the three character dimensions.

The process of deriving prototypal personality disorders through a sequence of analyses of fundamental neurobiological dispositions and their secondary behavioral characteristics is a potentially rich and fruitful schema for tying together the complex network of influences that give rise to these disorders. The recent expansion of the original neurobiological temperament model appears to weaken the strength of the original model by encompassing highly culturally bound and philosophically tenuous constructs.

Although the original neurobiological grounding of Cloninger's schema had its critics, it nevertheless sought to interrelate neurobiological processes and psychological disorders, albeit in a highly speculative manner. Despite these and other questions, the enterprise could serve as a heuristic model for future work in this area.

### *Hagop Akiskal*

Although Akiskal's (1981, 1984, 2003) contributions focus primarily on the depressive disorders spectrum, his proposals are of significance in that he seeks to articulate subtle variations within that problematic group of pathologies. His basic premise is that personality variants of depression represent milder expressions of basic, neurobiologically determined mood disorders. To him, personality traits and affective episodes are derived from the same underlying neurotransmitter dysfunctions. The core group of the affective spectrum is termed *subaffective dysthymics*; these individuals manifest a series of personality traits akin to those described by Schneider as possessing a depressive temperament.

Akiskal has extended his notions to encompass individuals with cyclothymic personality traits as well (e.g., tempestuous relationships, emotional instability, irritable periods). In a recent expansion of his affective spectrum concept, Akiskal has proposed a series of intermediary variables, termed *temperamental disorders*, which serve to link a number of etiologic risk factors to the clinical expression of an affective disorder. As Akiskal conceives it, these temperamental dispositions are subclinically active at all times and can be easily triggered by environmental challenges. Among the temperaments that Akiskal lists as inclining individuals into the affective spectrum are the following: cyclothymic, noted by abrupt shifts from one phase to another, and seen most prominently in what Akiskal terms the *irritable cyclothymic patient*; hyperthymic, characterized by exuberance, overconfidence, boastfulness, as well as meddlesomeness, and lack of judgment; depressive, typified by a persistent gloominess, brooding, lethargy, and self-reproach. Also included in the subaffective spectrum is a subgroup of borderline personalities with concurrent affective or mood disorders. What differentiates them

from other subaffective dysthymics is their "chronic tempestuous course," a developmental sequence that derives from a mixture of affective distress and impulsiveness, as well as the interpersonal consequences of these emotions and behaviors.

### Latter 20th-Century Evolutionary Thinkers

There are those who would view the preceding approaches and theories as being too doctrinaire in their assumptions and focus. In fact, the majority of theorists do recognize the interplay of several different sources of data and a variety of diverse influences. Even though we have categorized them for pedagogic purposes, the majority of theorists described previously are quite comprehensive and broad-ranging in their approach to the field. Some have made an effort to integrate the diversity of data relevant to understanding personality disorders (e.g., Cloninger).

Despite these pioneering efforts at partial integration, no theorist discussed thus far starts out with an integrative model as he or she seeks to locate the place and character of personality disorders. The following presentation represents approaches that are oriented to an integrative worldview of *personology*. It states that "nature is one," that all facets, both cross-sectionally and longitudinally, are unified by common principles, and compose an interwoven network of characteristics that have been segmented for either scientific or pedagogic purposes. Thus, chemistry is not merely an emergent property of physical phenomena; biological systems are not reducible to chemical and physical but are, in effect, one and the same thing, facets of nature expressed in different forms and processes. These formal and traditional subjects view nature from different vantage points, and analyze nature employing different methodologies.

It is argued in the second of the following sections that common principles underlie all scientific data levels. Moreover, these principles are anchored to the progression of evolution. The essential elements of evolution are seen to operate in all aspects of scientific endeavor, from cosmogony, at one end, to human interactions, at the other. *Pathological human functioning is*

*seen as disruptions or imbalances in these evolutionary principles.* From this viewpoint, personality disorders are not fully understood by addressing cognitive preconceptions, or unconscious repetition compulsions, or neurochemical dysfunctions. Rather they are most fundamentally seen as expressions of evolutionary processes that have gone awry. Cognitions, unconscious structures, interpersonal styles, and neurohormonal dynamics are viewed, in this formulation, as overt forms of expression or as underlying mechanisms that merely reflect and correlate with fundamental evolutionary processes. Each of them is important in that it identifies domains in which evolution's pathology manifests itself, and hence becomes a useful vehicle for specifying and understanding that pathology. However, these manifestations and correlates are not the pathology itself, but expressions and mechanisms of it in the cognitive, behavioral, affective, and biological realms.

### William Stern

William Stern achieved recognition as president of the German Psychological Society in 1934 and was in the midst of conducting its annual meeting when an appointee of Hitler arrived and ordered him to vacate the chair. He was forced to migrate soon thereafter to the United States, where William McDougall found a visiting professorship for him on the faculty of Duke University. An ally of McDougall's temperament orientation, Stern believed that life was goal-directed and, free of troublesome obstructions, would follow a creative course. In many regards his views were akin to the German Gestaltists but, in contrast to their focus on the process of perceiving, Stern's interest centered on the perceiver's nature. To Stern, all of a person's functional dispositions were of a piece, so to speak; however, two central elements existed: self-regarding tendencies (e.g., self-preservation and reproduction), and other-regarding tendencies (e.g., those connected with sympathy for one's fellow beings).

Founding the *Journal of Applied Psychology* in 1907, he also earned a worldwide reputation through his three-volume *Person und Sache* (1907). When Stern emigrated to the United States by way of Holland, Gordon Allport,

who introduced Stern's *personalistic psychology* to the country, acquainted American psychologists with his well-known work in Europe primarily through promotion. Stern stated his beliefs most clearly in *Algemeine Psychologie, auf Personalistischer Grundlage (General Psychology, from the Personalistic Standpoint, 1938)*. In this text Stern addressed several traditional content areas in psychology; for example, he contrasted his own views concerning perception from those of the gestaltists, stating that it is not the objective stimulus situation that is paramount but rather the person who forms the gestaltin. Adhering to the philosopher Dilthey's views regarding the ways in which psychological characteristics were organized to create a unique individual, Stern advocated the unity of the total personality rather than the division of quantitative separate traits and the individual differences each trait signified.

### **Gordon Allport**

Gordon Willard Allport, the distinguished American psychologist, centered his views on his unceasing efforts to represent the intrinsic complexity and uniqueness of individuals. To him, the diverse elements that comprise a person's psychological makeup exhibit an underlying congruence, or as Allport put it, a basic unity of style and function. Among his central concepts were those that represented such terms as *self* and *ego*. An early dissenter of the fusion of the concepts of character and personality, Allport argued in favor of "personality" owing to his assertion that the term *character* was a social evaluative judgment and therefore not subject for scientific study.

In contrast to his more analytically oriented associates, Allport stressed the importance of conscious motives and the impact of present life conditions rather than those of the unconscious or of the past (1937). In his concept of *functional autonomy*, he provided a rationale for investigators to concern themselves with contemporary motivations rather than those of childhood. Centering his concerns on the normal as opposed to the abnormal, on the human adult rather than the child or animal, Allport opposed his colleagues' focus on the experimental, part-function sciences rather than those that

pertained to the dynamic processes of the uniquely integrated person. He saw the concern of American psychologists with operationism, positivism, and measurement to be distracting, if not irrelevant. Furthermore, he recognized that traits and environments were not static but were ever changing through the life course.

In his first formal treatment of what he called *personalism*, a label borrowed from his friend and early mentor, William Stern, Allport stressed the uniqueness of the individual (1937):

*The outstanding characteristic of a man is his individuality. He is a unique creation of the forces of nature. Separated spatially from all other men, he behaves throughout his own particular span of life, in his own distinctive fashion. It is not upon the cell or upon the single organ, nor upon the group, nor upon the species that nature has centered her most lavish concern, but rather upon the integral organization of life processes into the amazingly stable and self-contained system of the individual creature. (p. 3)*

*The chief tenet of "personalistic psychology" is that every mental function is embedded in personal life. In no concrete sense is there such a thing as intelligence, space perception, color discrimination, or choice reaction: . . . nor can motives ever be studied apart from their personal setting; they represent always the striving of a total organism. (p. 18)*

Allport committed his position in favor of the study of the individual as opposed to the study of general or universal laws. This thesis derived from earlier philosophers who contrasted the idiographic, or individualistic focus, from the nomothetic, or universal focus.

### **Henry Murray**

Whereas Allport concerned himself with broad principles and abstract conceptions regarding the structure of personality, Henry Alexander Murray (1938), his erstwhile colleague at Harvard, addressed himself to the specific content and functions of personality, that is, the functional *needs* of which personality was composed in its varied surrounding environments or *press*. Murray spelled out the many traits and specific life conditions that addressed the

particulars of personality, rather than constructing the more-or-less abstract framework that Allport conceptualized. Both were committed to studying the unique configuration of traits of individuals, to the dynamically integrating qualities that gave them the essence and vitality of their lives. Their styles were complementary: Allport was more philosophical and academic, Murray was more clinical and literary, despite his early training in medicine and biochemistry and his use of experimental technologies to investigate psychoanalytic ideas and concepts.

Murray coined the term *personology*, describing it as follows:

*The prevailing custom in psychology is to study one function or one aspect of an episode at a time— perception, emotion, intellection or behaviour—and this is as it must be. The circumscription of attention is dictated by the need for detailed information. But the psychologist who does this should recognize that he is observing merely a part of an operating totality, and this totality, in turn, is but a small temporal segment of a personality. Psychology must construct a scheme of concepts for portraying the entire course of individual development, and thus provide a framework into which any single episode—natural or experimental—may be fitted.*

*The branch of psychology which principally concerns itself with the study of human lives and the factors that influence their course, which investigates individual differences and types of personality, may be termed “personology” instead of the “psychology of personality,” a clumsy and tautological expression. (1938, p. 3)*

As a thoroughgoing clinician, Murray believed that a full understanding of behavior called for a complete and detailed study of each individual. Clearly influenced by his friend and colleague, Gordon Allport, Murray asserted that efforts must be made to articulate the unique or idiographic features of a research subject.

### **Gardner Murphy**

Gardner Murphy (1947) contributed another dimension to the triumvirate that brought the concepts of personality to the foreground in the mid-20th century. As with Allport and Murray,

his mind was brilliant and erudite, capable of encompassing all facets of human endeavor, knowledgeable in grand detail of the early Greek philosophers, and thoroughly sophisticated with regard to the positivist philosophy of modern science. A more dazzling and charming threesome would be difficult to find in any review of the history of the personology subject. Many of those whose graduate careers crossed in mid-20th-century thought of these three giants as contemporary equivalents of Socrates, Plato, and Aristotle.

In his early papers and books, Murphy voiced his chagrin that those whose work was centered on the measurement of personality traits failed to apply their research findings to the need for personality theory. He bemoaned the fact that qualitative studies were based on an arithmetic summing of individual trait scores akin to the linear additive intelligence-testing model.

As Murphy wrote in the foreword to his later magnum opus, *Personality: A Biosocial Approach to Origins and Structure* (1947), his aim was to clarify the little that was known about the subject of personality and to show its potential relationship to a vast domain of nature not yet comprehended. He explored confusions about the subject and helped focus subsequent efforts to investigate them more fully and accurately. In his view, personality psychology was an active field that spread in numerous directions, a field that resisted efforts to make it stand still as a fixed and knowable subject. If his writings were successful, he anticipated that they would serve as a companion to guide future investigators. In this regard he was pleased to incorporate the psychiatric focus on personality as a unique representation of the persona as a whole, stating that it added richness to the team.

In 1944 Murphy was elected president of the American Psychological Association and received the gold medal of the American Psychological Foundation in 1972. The latter citation read: “To Gardner Murphy – A peerless teacher, a felicitous writer, an eclectic psychologist, of limitless range, he seeks to bring the whole of human experience to bear in understanding behavior.” In writing his biography (1990), his wife Lois noted that Gardner’s historical perspective enabled him to perceive relationships

not seen by those involved in usual academic and laboratory routines. She spoke of his classical education, including a mastery of ancient Greek and the history of philosophy, which, together with his deep commitment to an evolutionary view of human life, made it natural for him to see each new concept in terms of its origins and logic.

### *Theodore Millon: An Early Biosocial-Learning Theory*

This section turns to a contemporary, yet recently (1990) supplanted formulation for deducing and coordinating personality syndromes. The full scope of this schema was published by this book's author in a text some 40 years ago (Millon, 1969) and was elaborated in later writings (Millon, 1977, 1981, 1986a, 1986b, 1990, 1996, 2010b). Identified initially as a *biosocial-learning* theory anchored to the concepts of B. F. Skinner (1953) (and subsequently as an evolutionary model, to be described in the next section), Millon sought to generate the established and recognized personality categories through formal deduction and to show their covariation with other mental disorders.

A major theme of the biosocial-learning theory, which served to designate its title, was that personality and psychopathology develop as a result of the interplay of organismic and environmental forces that start at the time of conception and continue throughout life. Individuals with similar biological potentials emerge with different personalities and clinical syndromes depending on the experiences to which they were exposed. According to the theory, biological factors can shape, facilitate, or limit the nature of an individual's experiences and learning in a number of ways. For example, the same objective environment will be perceived as different by individuals who possess different biological sensibilities; people register different stimuli at varying intensities in accord with their unique pattern of alertness, sensory acuity, and temperamental disposition. From this fact, significant differences in experience itself are shaped at the outset by the biological equipment of the person.

The theory asserted further that the interaction between biological and psychological factors

was not unidirectional such that biological determinants always precede and influence the course of learning and experience; the order of effects can be reversed, especially in the early stages of development. Moreover, biological maturation was judged to be largely dependent on favorable environmental experience. The development of the biological substrate itself could be disrupted, even completely arrested, by depriving the maturing organism of stimulation at sensitive periods of rapid neurological growth, such as prenatally in utero (Paul, 2010).

Beyond the crucial role of these early experiences, the theory argued further that there is a circularity of interaction in which biological dispositions in young children evoke counterreactions from others that accentuate their disposition. Children play an active role, therefore, in creating their own environmental conditions, which, in turn, serve as a basis for reinforcing their biological tendencies.

Each person possesses a biologically based pattern of sensitivities and behavioral dispositions that shapes the nature of his or her experiences and may contribute directly to the creation of environmental difficulties. Two facets of this interactive biological social learning system were noted because of their special pertinence to the development of pathology, a theme that will be developed further in Chapter 2.

First, the biological dispositions of the maturing individual are important because they strengthen the probability that certain kinds of behavior will be learned. Second, it is clear that early temperamental dispositions evoke counterreactions from others that accentuate these initial tendencies; that is, a child's biological endowment shapes not only his behavior but that of his parents as well. The reciprocal interplay of temperamental dispositions and parental reactions has only now begun to be explored. It may be one of the most fruitful spheres of research concerning the etiology of psychopathology (Clark, 2005).

In reviewing the many theories presented in this chapter, the reader cannot help but be impressed by both the number and diversity of concepts and types. In fact, one might well be inclined to ask, first, where the catalog of possibilities will end and, second, whether these

different frameworks overlap sufficiently to enable the identification of common trends or themes.

In response to the second question, we find that theorists, going back to the turn of the 20th century, began to propose a threefold group of dimensions that were used time and again as the raw materials for personality construction. Thus Freud's "three polarities that govern all of mental life" were "discovered" by theorists both earlier and later than he in France, Germany, Russia, and other European nations, as well as in the United States. The dimensions of active-passive, subject-object, and pleasure-pain were identified either in part or in all their components by Heymans and Wiersma (1906–1909), McDougall (1908/1932), Meumann (1910), Kollarits (1912), Kahn (1931), Fiske and Maddi (1961), Buss and Plomin (1975), and others. For example, the subject-object distinction parallels Jung's introversive-extroversive dichotomy; active-passive is the same polarity utilized by Adler and is traceable directly to a major distinction drawn by Aristotle. A review of the basic ingredients selected for building personality typologies since the turn of the 20th century uncovers an unusual consensus. It is these very concepts that were "discovered" once more by Millon (1969).

When the theory refers to the *active-passive* dimension it means that the vast range of behaviors engaged in by a person may be fundamentally grouped in terms of whether the individual takes the initiative in shaping surrounding events or whether behavior is largely reactive to those events. The distinction of *pleasure-pain* recognizes that motivations are ultimately aimed in one of two directions, toward events that are attractive or positively reinforcing versus away from those that are aversive or negatively reinforcing. Similarly, the distinction of *subject-object*, or *self-other*, recognizes that among all objects and things in our environment there are two that stand out above all others in their power to affect us: our own selves and others.

Using this threefold framework as a foundation, Millon (1969) derived personality coping patterns that ultimately corresponded closely

in detail to each of the official personality disorders in the *DSM-III*. These coping patterns were viewed as complex forms of instrumental behavior, that is, ways of achieving positive reinforcements and avoiding negative reinforcements. These strategies reflect what kinds of reinforcements individuals learned to seek or to avoid (pleasure-pain), where individuals looked to obtain them (self-others), and how they learned to behave to elicit or to escape them (active-passive). Eight basic coping patterns and three severe variants were derived by combining the *nature* (positive or pleasure versus negative or pain), the *source* (self versus others), and the *instrumental behaviors* (active versus passive) engaged in to achieve various reinforcements. Describing pathological strategies of behavior in reinforcement terms merely casts them in a somewhat different language than that utilized in the past. A few quoted paragraphs from the 1969 *Modern Psychopathology* book may be a useful introduction here.

It will be instructive to approach these strategies in terms of three questions: (1) what reinforcements does the individual seek; (2) where does he look to find them; and (3) how does he perform to elicit them?

**Reinforcements Sought.** On what basis can relevant and fruitful distinctions among reinforcements be made? Two possibilities present themselves. First, whether or not the patient does find certain events to be reinforcing. And second, what the nature of these reinforcements is, that is, whether he seeks primarily to achieve positive reinforcements, or to avoid negative reinforcements.

1. Certain patients may be characterized by their failure either to seek or to experience *both* positive and negative reinforcements; they have neither a drive for pleasure nor a desire to avoid punishment; they possess either a deficit capacity to experience reinforcement or an inability to discriminate between nonreinforcing and reinforcing events.
2. Another group of patients may be distinguished by deficits in positive reinforcers, although they possess substantial numbers of negative reinforcers; they get little gratification but considerable pain from both themselves and

others. Although they experience few pleasures in life, they can “feel,” and do sense and react to discomfort and punishment.

**Source of Reinforcements.** Most people experience a wide range of both positive and negative reinforcers. However, some individuals acquire these reinforcements from a narrow band of events and objects; as a consequence, their behaviors and strategies are oriented toward these few prepotent highly rewarding and highly punishing sources.

How can patients be characterized in terms of the *sources* from which they experience their positive and negative reinforcements?

A listing of the varied and sundry places where reinforcements can be acquired will prove fruitless. But one distinction seems relevant and useful. It represents the observation that some patients turn to others as their source of reinforcement, whereas some turn primarily to themselves. The distinction between *others* and *self* as the primary reinforcement source underlies our categories of *dependent* and *independent* personalities.

In both dependent and independent patterns, the person demonstrates a distinct preference as to whether to obtain his reinforcements from others or from himself. Such clear-cut commitments are not made by all patients. Some people, those whom we shall speak of as *ambivalent*, remain unsure as to which way to turn, that is, they are in conflict as whether to depend on themselves for reinforcement, or on others. A number of these patients vacillate between submissive conformity, at one time, and aggressive autonomy, the next. Unable to resolve their ambivalence, they weave an erratic course from self-deprecation and guilt to stubborn negativism and resistance.

**Instrumental Behaviors.** On what basis then can a useful distinction be made among instrumental behaviors? A review of the literature in diverse fields such as constitutional psychology, psychoanalytic characterology and multivariate classification research suggests that the behavioral dimension of activity-passivity may prove useful. The causes of differences in the active-passive dimension may include biological dispositions (Murphy, 1962) and competence learnings (White, 1960) as well as specific conditions of training and prior reinforcement (Lefcourt, 1966); whatever the base, people do display consistent and impressive differences in the

degree, zealotness and vigor with which they utilize instrumental activities to pursue the reinforcements they seek.

*Active* patients may be characterized by their alertness, vigilance, persistence, decisiveness and ambitiousness in goal-directed behavior. They are firmly committed to secure what they want; they plan strategies, scan alternatives, manipulate events and circumvent obstacles, all to the end of eliciting pleasures and rewards, or evading the distress of punishment and anxiety.

*Passive* patients initiate few instrumental strategies; they display an inertness, an acquiescence, and a seemingly resigned attitude in which they wait for the circumstances of their environment to take their course. (Millon, 1969, pp. 193–195)

As pointed out in the preface, as well as elaborated further in Chapter 5, *three of the key conceptual elements of the forthcoming DSM-5 correspond almost exactly with the biosocial model set forth in 1969* as the basis for a disordered personality coping classification system (Millon, 1969). As should be evident, the *DSM-5* polar framework of *positive and negative emotionality* aligns fully with the theory’s *survival/existence* bipolarity of *pleasure* (life enhancement) and *pain* (death avoidance). Externalizing and internalizing concepts in the *DSM-5* proposal parallels in several regards the theory’s *adaptation mode* bipolarity of *active* (ecologic modification) and *passive* (ecologic accommodation). The central role given in the forthcoming *DSM* to the self-functioning and interpersonal functioning dimension coincides precisely with the theory’s *replication strategy* bipolarity of *self* (reproductive individuation) and *other* (reproductive nurturance).

However, the *DSM*’s polarity concepts are listed separately as independent formulations, thereby comprising a disconnected list of uncoordinated ideas scattered here and there. Their useful though highly derivative notions do not coalesce; nor are they interactive or reciprocal, possibly generating thereby a deductive arrangement from which several personalities might logically be derived, as we will illustrate they can be in both this and in Chapter 5.

As noted, a major theoretically derived distinction was that people could be differentiated

in terms of whether their primary source of reinforcement was within themselves or within others. This distinction corresponded to what were termed the *dependent* and *independent* patterns. Dependent personalities have learned that those feelings associated with pleasure or the avoidance of pain—feeling good, secure, confident, and so on—are best provided by others. Behaviorally, these personalities display a strong need for external support and attention; should they be deprived of affection and nurturance, they will experience marked discomfort, if not sadness and anxiety. Independent personality patterns, in contrast, were characterized by a reliance on the self. These individuals learned that they obtain maximum pleasure and minimum pain if they depend on themselves rather than others. In both dependent and independent patterns, individuals demonstrate a distinct preference as to whether to turn to others or to themselves to gain security and comfort. Such clear-cut commitments are not made by all personalities. Some, those whom Millon spoke of as *ambivalent*, remain unsure as to which way to turn; they are in conflict regarding whether to depend on themselves for reinforcement or on others. Some of these patients vacillated between turning to others, in an agreeable conformity one time, and turning to themselves, in efforts at independence, the next. Other ambivalent personalities displayed overt dependence and compliance; beneath these outwardly conforming behaviors, however, were strong desires to assert independent and often hostile feelings and impulses. Finally, certain patients were characterized by their diminished ability to experience both pain and pleasure; they have neither a normal need for pleasure nor a normal need to avoid punishment. Another group of patients are also distinguished by a diminished ability to feel pleasurable reinforcers, but they are notably sensitive to pain; life is experienced as possessing few gratifications but much anguish. Both groups share a *deficit capacity* to sense pleasurable reinforcers, although one is hyperreactive to pain. Millon described both of these as *detached* patterns; unable to experience rewards from themselves or from others, they drift increasingly into socially isolated and self-alienated behaviors.

Another theory-derived distinction reflected persons who instrumentally elicit the reinforcements they seek in essentially one of two ways: actively or passively. Descriptively, those who are typically *active* tend to be characterized by their alertness, vigilance, persistence, decisiveness, and ambitiousness in goal-directed behaviors. They plan strategies, scan alternatives, manipulate events, and circumvent obstacles, all to the end of eliciting pleasures and rewards, or avoiding the distress of punishment, rejection, and anxiety. Although their goals may differ from time to time, they initiate events and are enterprising and energetically intent on controlling the circumstances of their environment.

By contrast, *passive* personalities engage in few overtly manipulative strategies to gain their ends. They often display a seeming inertness, a lack of ambition and persistence, an acquiescence, and a resigned attitude in which they initiate little to shape events and wait for the circumstances of their environment to take their course.

Using these three pairs of polarities as a basis, Millon (1969) derived a biosocial-learning taxonomy that combined in a four-by-two matrix the dependent, independent, ambivalent, and detached styles with the activity-passivity dimension. This produced eight basic types, to which three severe disorders were added, for a total of 11 theory-derived personality patterns.

Despite their ultimate correspondence to the official 1980 *DSM-III* personality disorders, these coping patterns were considered to be conceptual and prototypal, and not reified diagnostic entities. In the following paragraphs, the eight basic pathological patterns are described first, followed by the three more severe variants:

1. The *passive-dependent* pattern (Millon Submissive personality; *DSM-III* Dependent disorder) was characterized by a search for relationships in which one can lean on others for affection, security, and leadership. This personality's lack of both initiative and autonomy was considered to be a consequence largely of parental overprotection. As a function of these early experiences, these individuals simply learned the comforts of assuming a passive role in interpersonal

- relations, accepting whatever kindness and support they found, and willingly submitting to the wishes of others in order to maintain their affection.
2. The *active-dependent* pattern (Millon Gregarious personality; *DSM-III* Histrionic disorder) shows an insatiable and indiscriminate search for stimulation and affection. This personality's sociable and capricious behaviors give the appearance of considerable independence of others, but beneath this guise lies a fear of autonomy and an intense need for signs of social approval and attention. Affection must be replenished constantly and must be obtained from every source of interpersonal contact.
  3. The *passive-independent* pattern (Millon Narcissistic personality; *DSM-III* Narcissistic disorder) is noted by an egotistic self-involvement. As a function of early experience, these persons have learned to overvalue their self-worth; their confidence in their superiority may, however, be based on false premises. Nevertheless, they assume that others will recognize their specialness, maintain an air of arrogant self-assurance, and, without much thought or even conscious intent, benignly exploit others to their own advantage.
  4. The *active-independent* pattern (Millon Aggressive personality; *DSM-III* Antisocial disorder) reflects a learned mistrust of others and a desire for autonomy and retribution for what are felt as past injustices. There is an indiscriminate striving for power and a disposition to be rejecting of others; these actions are seen as justified because people are unreliable and duplicitous. Autonomy and hostility are claimed to be the only means to head off deceit and betrayal.
  5. The *passive-ambivalent* pattern (Millon Conforming personality; *DSM-III* Compulsive disorder) is based on a conflict between hostility toward others and a fear of social disapproval. These persons resolve their ambivalence not only by suppressing resentment but by overconforming and overcomplying, at least on the surface. Lurking behind this front of propriety and restraint, however, are anger and intense oppositional feelings that, on occasion, break through their controls.
  6. The *active-ambivalent* pattern (Millon Negativistic personality; *DSM-III* Passive-aggressive disorder) represents an inability to resolve conflicts similar to those of the passive-ambivalent; however, this ambivalence remains close to consciousness and intrudes into everyday life. These individuals get themselves into endless wrangles and disappointments as they vacillate between deference and conformity, at one time, and aggressive negativism, the next. Their behavior displays an erratic pattern of explosive anger or stubbornness intermingled with moments of guilt and shame.
  7. The *passive-detached* pattern (Millon Asocial personality; *DSM-III* Schizoid disorder) is characterized by social impassivity. Affectionate needs and emotional feelings are minimal, and the individual functions as a passive observer detached from the rewards and affections, as well as from the demands, of human relationships.
  8. The *active-detached* pattern (Millon Avoidant personality; *DSM-III* Avoidant disorder) represents a fear and mistrust of others. These individuals maintain a constant vigil lest their impulses and longing for affection result in a repetition of the pain and anguish they have experienced with others previously. Only by active withdrawal can they protect themselves. Despite desires to relate, they have learned that it is best to deny these feelings and keep an interpersonal distance.
- Three additional personality patterns are identified at the moderately severe or borderline level of pathology. These are differentiated from the first eight by several criteria, notably deficits in social competence and periodic (but reversible) psychotic episodes. Less integrated and effective in coping than their milder personality counterparts, they appear especially vulnerable to the strains of everyday life. Their major features and similarities to the 1980 *DSM-III* personality disorders are briefly summarized.
9. The *cycloid personality* corresponds to the *DSM-III* Borderline personality disorder

and represents a moderately dysfunctional dependent or ambivalent orientation. These personalities experience intense endogenous moods, with recurring periods of dejection and apathy interspersed with spells of anger, anxiety, or euphoria. Many reveal recurring self-mutilating and suicidal thoughts, appear preoccupied with securing affection, and display a cognitive-affective ambivalence evident in simultaneous feelings of rage, love, and guilt toward others.

10. The *paranoid personality* is described in a similar fashion in both Millon and the *DSM-III*. Here are seen a vigilant mistrust of others and an edgy defensiveness against anticipated criticism and deception. There is an abrasive irritability and a tendency to precipitate exasperation and anger in others. Expressed often is a fear of losing independence, leading this personality to vigorously resist external influence and control.
11. The *DSM-III* Schizotypal disorder and Millon's *schizoid* personality both display a constellation of behaviors that reflect a poorly integrated or dysfunctional detached personality pattern. These persons prefer isolation with minimal personal attachments and obligations. Behavioral eccentricities are notable, and the individual is often perceived by others as strange or different. Depending on whether the pattern is passive or active, there will be either an anxious wariness and hypersensitivity, or an emotional flattening and deficiency of affect.

### ***Theodore Millon: The 1990 Evolutionary Model***

In 1990, Millon reconceptualized his earlier biosocial model of personality and its disorders. The fundamental shift reflected a reevaluation of the deeper or latent features that undergird human functioning. For the past 20 to 25 centuries, people have attempted to decode the underlying characteristics of personality functioning by reviewing the diverse forms in which behaviors, thoughts, and feelings are expressed. Drawing inspiration from Godel's incompleteness theorem (1931) that no self-contained system can prove its own propositions,

Millon made the decision to turn the spotlight away from psychology proper to expressions of nature that fall outside the field of psychology itself. Just as in Godel's theorem, Millon concluded that the deeper laws of human functioning may be best explicated by examining universal principles derived from other, nonpsychological manifestations of nature (e.g., physics, chemistry, and most relevantly biology). Within these other spheres, it was felt that one might uncover more than just the biophysical underpinnings of psychological functioning, or the unconscious forms in which experience takes root, or the phenomenological world of cognitive experience, or the behavioral consequences of the preceding.

As noted in the preface, what Millon deduced from these reevaluations was that the *natural selection* principles and processes of *Darwinian evolution* are essentially universal, expressed in a variety of different forms, as seen in diverse subjects such as physics, chemistry, biology, and psychology. Although brilliant and comprehensive notions relating evolution and personality and individual differences were elaborated by several theorists (Buss & Plomin, 1984; Confer et al., 2010; Tooby & Cosmides, 1990), they did not translate their ideas into explicit personality types.

In his 1990 book, Millon attempted to illustrate the universals he judged were fundamental to all spheres of evolution's progression, including those of human experience and personality. What was most gratifying in this exploratory search was the close correspondence between the 1969 biosocial-learning theory and the key elements of the evolutionary model. In addition, the ontogenetic theory of neuropsychological stages presented in the 1969 book also paralleled closely the new theoretical conceptions of evolutionary phylogenesis.

To summarize the preceding, we believe it was necessary to go beyond traditional conceptual boundaries in psychology to find a fresh and fundamental grounding for organizing and understanding both personality and its disorders. More specifically, we chose to explore carefully reasoned, as well as "intuitive" hypotheses that drew their principles, if not their

substance, from more established adjacent sciences, such as Darwinian evolutionary biology. Not only did such steps bear new conceptual fruits, but they provided a foundation that both undergirded and guided our explorations.

Much of personology, no less psychology as a whole, appears to have been adrift, divorced from broader spheres of scientific knowledge, isolated from firmly grounded, if not universal principles, leading psychologists and psychiatrists to continue building the patchwork quilt of concepts and data domains that has characterized the field. Preoccupied with but a small part of the larger puzzle of scientific endeavors, or fearing accusations of reductionism, most failed to draw on the rich possibilities to be found in adjacent realms of scholarly pursuit. With few exceptions, cohering concepts that would connect the subject of personality to those of its sister sciences have not been developed.

And what better sphere is there within the psychological sciences to undertake such syntheses than with the subject matter of personology? Persons are the only organically integrated system in the psychological domain, evolved through the millennia and inherently created from birth as natural entities, rather than culture-bound and experience-derived *gestalts*. The intrinsic cohesion of persons is not merely a rhetorical construction, but an authentic substantive unity. Personologic features may often be dissonant, and may be partitioned conceptually for pragmatic or scientific purposes, but they are segments of an inseparable biopsychosocial entity, as well as a natural outgrowth of Darwinian evolution's progression.

As noted in the preface, given the fractionalized character of theory in personology, which heretofore has exhibited no credible consensually shared concepts, nor possessing a synthesizing framework to guide the field satisfactorily, it appeared to me (Millon, 1990) that our "science" should begin to search for an overarching substantive system that would galvanize its disparate parts, a system *that was built on the variegated bedrock of Darwinian evolutionary principles*.

Without evolution's widely accepted intellectual grounding, I believed that our field would continue to be buffeted and misled by the arcana

of tangential concepts and doctrinaire hypotheses, as well as by weakly generalizable experiments that give legitimacy via clever statistical manipulation to data that offer the illusion of progress.

If we are to truly progress, however, we must not be too fearful of being too imaginative nor too timid to confront digressive ideologies or absurdist methodologies. It is time to put forth innovative and powerful visions that knit together the best of our historical achievements, as well as those of other subjects that derive from the theoretical foundation of all our life sciences, that of evolution.

What makes evolutionary principles as relevant as we propose? Owing to the mathematical and deductive insights of our colleagues in physics, we have a deeper and clearer sense of the early evolution and structural relations between matter and energy. So, too, has knowledge progressed in our studies of physical chemistry, microbiology, evolutionary theory, population biology, ecology, and ethology. How odd it is (is it not?) that we have only now again begun to investigate—as we did at the turn of the past century—the interface between the basic building blocks of physical nature and the nature of life as we experience and live it personally? How much more is known today, yet how hesitant are people to undertake a serious rapprochement.

As will be elaborated in later chapters, each evolved species displays commonalities in its adaptive or survival style. Within each species, however, there are differences in style and differences in the success with which its various members adapt to the diverse and changing environments they face. In these simplest of terms, *personality* would be conceived as representing the more-or-less *distinctive style of adaptive functioning* that an organism of a particular species exhibits as it relates to its typical range of environments. *Disorders of personality*, so formulated, would represent particular *styles of maladaptive functioning* that can be traced to deficiencies, imbalances, or conflicts in a species' capacity to relate to the environments it faces.

To provide a conceptual background from these sciences, and to furnish a rough model concerning the styles of personality, normal and

abnormal, four spheres in which evolutionary and ecological principles can be applied were labeled as *Existence*, *Adaptation*, *Replication*, and *Abstraction*.

The *first* relates to the serendipitous transformation of random or less organized states into those possessing distinct structures of greater organization; the *second* refers to homeostatic processes employed to sustain survival in open ecosystems; the *third* pertains to reproductive styles that maximize the diversification and selection of ecologically effective attributes; and the *fourth* concerns the emergence of competencies that foster anticipatory planning and reasoned decision making.

We will restrict this brief discussion to the first three principles to illustrate normal and abnormal processes. The various components of the fourth have been discussed elsewhere (Millon, 1990, 1996) and will be further elaborated in Chapters 2 and 5.

#### *Aims of Existence*

The following pages summarize the rationale and characteristics of the first of the four segments of the polarity model to be described. In each section, we draw on the model as a basis for establishing criteria for both *normality* and *abnormality*, grounding these interpretations in modern evolutionary and ecological theory.

***Life Enhancement and Life Preservation: Pleasure-Pain Polarity [Pl-Pn].*** Two intertwined strategies are required, one to achieve existence, the other to preserve it. The aim of the first is the enhancement of life, that is, creating or strengthening ecologically survivable organisms; the aim of the second is the preservation of life; that is, avoiding events that might terminate it.

Existence reflects a to-be or not-to-be issue. In the inorganic world, "to be" is essentially a matter of possessing qualities that distinguish a phenomenon from its surrounding field; that is, not being in a state of entropy. Among organic beings, to be is a matter of possessing the properties of life as well as being located in ecosystems that facilitate the enhancement and preservation of that life. In the phenomenological or experiential world of sentient organisms, events that extend life and preserve it correspond

largely to metaphorical terms such as pleasure and pain, that is, recognizing and pursuing positive sensations and emotions, on the one hand, and recognizing and eschewing negative sensations and emotions, on the other. An interweaving and shifting balance between the two extremes that comprise the pain-pleasure bipolarity typifies normality. Both of the following criteria should be met in varying degrees as life circumstances require. In essence, a synchronous and coordinated personal style would have developed to answer the question of whether the person should focus on experiencing only the pleasures of life versus concentrating his or her efforts on avoiding its pains.

***Life Enhancement: Seeking Rewarding Experiences.*** At one end of the *existence polarity* are attitudes and behaviors designed to foster and enrich life, to generate joy, pleasure, contentment, fulfillment, and thereby strengthen the capacity of the individual to remain vital and competent physically and psychically. This polarity asserts that existence/survival calls for more than life preservation alone; beyond preserving life via pain avoidance is pleasure enhancement.

A note or two should be recorded on the pathological consequences of a failure to attend to a polarity. These are seen most clearly in the personality disorders labeled *schizoid* and *avoidant*. In the former, there is a marked hedonic deficiency, stemming from an inherent deficit in affective substrates or the failure of stimulative experience to develop either or both attachment behaviors or affective capacity (Millon, 1981). Among those designated avoidant personalities, constitutional sensitivities or abusive life experiences have led to an intense attentional sensitivity to psychic pain and a consequent distrust in either the genuineness or durability of the pleasures, such that these individuals can no longer permit themselves to experience them. Both of these personalities tend to be withdrawn and isolated, joyless and grim, neither seeking nor sharing in the rewards of life.

***Life Preservation: Avoiding Danger and Threat.*** One might assume that a criterion based on the avoidance of psychic or physical pain would be sufficiently self-evident not to require specification. As is well known, debates have

arisen in the literature as to whether mental health/normality reflects the absence of mental disorder, being merely the reverse side of the mental illness or abnormality coin. That there is a relationship between health and disease cannot be questioned; the two are intimately connected, conceptually and physically. On the other hand, to define health solely as the absence of disorder will not suffice. As a single criterion among several, however, features of behavior and experience that signify both the lack of (e.g., anxiety, depression) and an aversion to (e.g., threats to safety and security) pain in its many and diverse forms provide a necessary foundation on which other, more positively constructed criteria may rest. Substantively, positive normality must comprise elements beyond mere non-normality or abnormality. And despite the complexities and inconsistencies of personality, from a definitional point of view normality does preclude non-normality.

It may be of interest to record some of the psychic pathologies of personality that can be traced to aberrations in meeting this second polarity. For example, among those termed *avoidant personalities* (Millon, 1969, 1981), we see an excessive preoccupation with threats to one's psychic security, an expectation of and hyperalertness to the signs of potential rejection that lead these persons to disengage from everyday relationships and pleasures. At the other extreme of the polarity, we see a risk-taking attitude, a proclivity to chance hazards and to endanger one's life and liberty, a behavioral pattern characteristic of those we label *antisocial personalities*. Here there is little of the caution and prudence expected in the normal polarity range of avoiding danger and threat; rather, we observe its opposite, a rash willingness to put one's safety in jeopardy, to play with fire and throw caution to the wind.

#### *Modes of Adaptation*

For an organism to maintain its unique structure, differentiated from the larger ecosystem of which it is a part, to be sustained as a discrete entity among other phenomena that compose its environmental field, requires good fortune and the presence of effective modes of functioning.

*Ecological Accommodation and Ecological Modification: The Passive-Active Polarity [Ps-Ac]*. This evolutionary principle relates to what we have termed the *modes of adaptation*; it is also framed as a two-part polarity. The first may best be characterized as the mode of ecological accommodation, signifying inclinations to passively "fit in," to locate and remain securely anchored in a niche, subject to the vagaries and unpredictabilities of the environment, all acceded to with one crucial proviso: that the elements making up the surroundings will furnish both the nourishment and the protection needed to sustain existence. Though based on a somewhat simplistic bifurcation among adaptive strategies, this passive and accommodating mode is one of the two fundamental methods that living organisms have evolved as a means of survival. It represents the core process employed in the evolution of what has come to be designated as the plant kingdom, a stationary, rooted, yet essentially pliant and dependent survival mode. By contrast, the second of the two major modes of adaptation is seen in the lifestyle of the animal kingdom. Here we observe a primary inclination toward ecological modification, a tendency to change or rearrange the elements constituting the larger milieu, to intrude on otherwise quiescent settings, a versatility in shifting from one niche to another as unpredictability arises, a mobile and interventional mode that actively stirs, maneuvers, yields, and, at the human level, substantially transforms the environment to meet its own survival aims. The active-passive polarity means that the vast range of behaviors engaged in by humans may fundamentally be grouped in terms of whether initiative is taken in altering and shaping life's events or whether behaviors are reactive to and accommodate those events.

"Normal" or optimal functioning, at least among humans, appears to call for a flexible balance that interweaves both polar extremes. In the first evolutionary stage, that relating to existence, behaviors encouraging both life enhancement (pleasure) and life preservation (pain avoidance) are likely to be more successful in achieving survival than actions limited to one or the other alone. Similarly, regarding adaptation, modes of functioning that exhibit

both ecological accommodation and ecological modification are likely to be more successful than either by itself.

As with the polarity pair representing the aims of existence, a balance should be achieved between the two elements comprising modes of adaptation, those related to ecological accommodation and ecological modification, or what I have termed in the biosocial-learning model as the *passive-active polarity*. Normality calls for a synchronous and coordinated personal style that weaves a balanced answer to the question of whether one should accept what the fates have brought forth or take the initiative in altering the circumstances of one's life.

**Ecological Accommodation: Abiding Hospitable Realities.** On first reflection, it would seem to be less than optimal to submit meekly to what life presents, to adjust obligingly to one's destiny. As described earlier, however, the evolution of plants is essentially grounded (no pun intended) in environmental accommodation, in an adaptive acquiescence to the ecosystem. Crucial to this adaptive course, however, is the capacity of these surroundings to provide the nourishment and protection requisite to the thriving of a species.

To the extent that the events of life have been and continue to be caring and giving, is it not perhaps wisest, from an evolutionary perspective, to accept this good fortune and "let matters be"? This accommodating or passive life philosophy has worked extremely well in sustaining and fostering those complex organisms that make up the plant kingdom. Hence passivity, the yielding to environmental forces, may be in itself not only unproblematic but, where events and circumstances provide the pleasures of life and protect against their pains, positively adaptive and constructive.

An example of the inability to leave things as they are is seen in what the *DSM* terms the histrionic personality disorder. The persistent and unrelenting manipulation of events by persons with this disorder is designed to maximize the receipt of attention and favors as well as to avoid social disinterest and disapproval. They show an insatiable if not indiscriminate search for stimulation and approval. Their clever and often artful social behaviors may give the appearance

of an inner confidence and self-assurance; but beneath this guise lies a fear that a failure on their part to ensure the receipt of attention will, in short order, result in indifference or rejection, and hence their desperate need for reassurance and repeated signs of approval. Tribute and affection must constantly be replenished and are sought from every interpersonal source. As they are quickly bored and sated, they keep stirring up things, becoming enthusiastic about one activity and then another. There is a restless stimulus-seeking quality in which they cannot leave well enough alone.

At the other end of the polarity are personality disorders that exhibit an excess of passivity, failing thereby to give direction to their own lives. Several Axis II disorders demonstrate this passive style, although their passivity derives from and is expressed in appreciably different ways. Dependents typically are average on the pleasure/pain polarity. Passivity for them stems from deficits in self-confidence and competence, leading to deficits in initiative and autonomous skills as well as a tendency to wait passively while others assume leadership and guide them. Passivity among obsessive-compulsive personalities stems from their fear of acting independently, owing to intrapsychic resolutions they have made to quell hidden thoughts and emotions generated by their intense self-other ambivalence. Dreading the possibility of making mistakes or engaging in disapproved behaviors, they became indecisive, immobilized, restrained, and passive. High on pain and low on both pleasure and self, masochistic personalities operate on the assumption that they dare not expect nor deserve to have life go their way; giving up any efforts to achieve a life that accords with their true desires, they passively submit to others' wishes, acquiescently accepting their fate. Finally, narcissists, especially high on self and low on others, benignly assume that "good things" will come their way with little or no effort on their part; this passive exploitation of others is a consequence of the unexplored confidence that underlies their self-centered presumptions.

**Ecological Modification: Mastering One's Environment.** The active end of the bipolarity signifies the taking of initiative in altering and shaping life's events. As stated previously, such

persons are best characterized by their alertness, vigilance, liveliness, vigor, and forcefulness, their stimulus-seeking energy and drive. Others exhibiting this tendency to master their environments become problematic owing to the fact that it is not balanced or oriented in psychologically healthful ways. This may be seen in the antisocial personality who is impulsive, precipitate, excitable, rash, and hasty, seeking to elicit pleasures and rewards in a less than culturally acceptable manner. Although specific expressions and goals vary and change from time to time, actively aroused individuals will intrude on passing events and energetically and busily modify the circumstances of their environment.

#### *Strategies of Replication*

If an organism merely duplicates itself prior to death, then its replica is “doomed” to repeat the same fate it suffered. However, if new potentials for extending existence can be fashioned by chance or routine events, then the possibility of achieving a different and conceivably superior outcome may be increased. And it is this co-occurrence of random and recombinant processes that leads to the prolongation of a species’ existence. This third hallmark of evolution’s procession also undergirds another of nature’s fundamental polarities, that between self and other.

***Reproductive Individuation and Reproductive Nurturance: The Self-Other Polarity [Se–Ot].*** Recombinant replication, with its consequential benefits of selective diversification, requires the partnership of two parents, each contributing its genetic resources in a distinctive and species-characteristic manner. Similarly, the attention and care given the offspring of a species’ matings is also distinctive. Worthy of note is the difference between the mating parents in the degree to which they protect and nourish their joint offspring. Although the investment of energy devoted to upbringing is balanced and complementary, rarely is it identical or even comparable in either devotion or determination. This disparity in reproductive investment strategies, especially evident among animal species (insects, reptiles, birds, mammals), underlies the evolution of the male and female genders, the

foundation for the third cardinal polarity we propose to account for evolution’s procession.

Of special interest is the extreme diversity among *and* within species in the number of offspring spawned and the consequent nurturing and protective investment the parents make in the survival of their progeny. Designated the *r*-strategy and *K*-strategy in population biology, the former represents a pattern of propagating a vast number of offspring but exhibiting minimal attention to their survival; the latter is typified by the production of few progeny followed by considerable effort to assure their survival.

Not only do species differ in where they fall on the *r*- to *K*-strategy continuum, but *within* most animal species an important distinction may be drawn between male and female genders. This latter differentiation undergirds what has been termed the *self-* versus *other-oriented* polarity. Humans can be both self-actualizing and other-encouraging, although most persons are likely to lean toward one or the other side. A balance that coordinates the two provides a satisfactory answer to the question of whether one should be devoted to the support and welfare of others or fashion one’s life in accord with one’s own needs and desires.

***Reproductive Individuation: Actualizing Self.*** The converse of reproductive nurturance is not reproductive propagation but rather the lack of reproductive nurturance. Thus, to fail to love others constructively does not assure the actualization of one’s potentials. Both may and should exist in normal/healthy individuals.

Carl Jung’s (1961) concept of individuation shares important features with that of actualization in that any deterrent to becoming the individual one may have become would be detrimental to life. Any imposed “collective standard is a serious check to individuality,” injurious to the vitality of the person, a form of “artificial stunting.” Where do we see failures in the achievement of self-actualization, a giving up of self to gain the approbation of others? One personality disorder may be drawn upon to illustrate forms of self-denial.

Those with dependent personalities have learned that those feelings associated with pleasure or the avoidance of pain—feeling good, secure, confident, and so on—are provided

almost exclusively in their relationship with others. Behaviorally, these persons learn early that they themselves do not readily achieve rewarding experiences; the experiences are secured better by leaning on others. They learn not only to turn to others as their source of nurturance and security but to wait passively for others to take the initiative in providing safety and sustenance. Clinically, most are characterized as searching for relationships in which others will reliably furnish affection, protection, and leadership. Lacking both initiative and autonomy, they assume a dependent role in interpersonal relations, accepting what kindness and support they may find and willingly submitting to the wishes of others in order to maintain nurturance and security.

**Reproductive Nurturance: Constructively Loving Others.** As described earlier, recombinant replication achieved by sexual mating entails a balanced though asymmetric parental investment in both the genesis and nurturance of offspring.

Before we turn to some of the indexes and views of the self-other polarity, let us be mindful that *these conceptually derived extremes do not evince themselves in sharp and distinct gender differences*. Such proclivities are matters of degree, not absolutes, owing not only to the consequences of recombinant “shuffling” and gene “crossing over” but to the influential effects of cultural values and social learning. Consequently, most “normal” individuals exhibit intermediate characteristics on this as well as on the other two polarity sets.

The pathological consequences of a failure to embrace the polarity criterion of “others” are seen most clearly in the personality disorders termed *antisocial* and *narcissistic*. Both personalities exhibit an imbalance in their replication strategy; in this case, however, there is a primary reliance on self rather than others. They have learned that reproductive success as well as maximum pleasure and minimum pain is achieved by turning exclusively to themselves. The tendency to focus on self follows two major lines of development.

In the *narcissistic* personality, development reflects the acquisition of a self-image of superior worth, learned largely in response to

admiring and doting parents. Providing self-rewards is highly gratifying if one values oneself or possesses either a real or inflated sense of self-worth. Displaying manifest confidence, arrogance, and an exploitative egocentricity in social contexts, this self-orientation has been termed the *passive-independent* style in the theory, as the individual already has all that is important—him- or herself. The person then blithely assumes that others will recognize his or her specialness.

Those whom the biosocial theory characterizes as exhibiting the *active-independent* orientation resemble the outlook, temperament, and socially unacceptable behaviors of the *DSM antisocial* personality disorder. They act to counter the expectation of pain at the hand of others by actively engaging in duplicitous or illegal behaviors in which they seek to exploit others for self-gain. Skeptical regarding the motives of others, they desire autonomy and wish revenge for what are felt as past injustices. Many are irresponsible and impulsive, actions they see as justified because they judge others to be unreliable and disloyal. Insensitivity and ruthlessness with others are the primary means they have learned to head off abuse and victimization.

#### *Processes of Abstraction*

The fourth level of analysis pertains to the capacity to symbolize one’s world, both internal and external. We postpone discussing the integrative elements involved in this evolutionary stage until Chapter 2, when we elaborate the features of neuropsychological development.

In the following chapters, we develop many of the themes generated by the evolutionary theory, especially as they serve deductively to generate each of the *DSM* and *ICD* personality disorders. These deductions will lead to the formation of the *Personality Spectra* that comprise clinical Chapters 6 through 20 of this book. As noted previously, we will argue that *deficiencies, imbalances, conflicts, and structural defects* that arise in these polarities are the most fruitful basis for deriving personality spectrum prototypes. Also to be described in these chapters are several normal *styles*, subclinical or moderate *types* and clinical *disorders* of the core spectrum prototype. These are variations in the manner

in which the theoretically derived prototypes are reshaped and manifested by virtue of the special circumstances of a person's distinctive upbringing and culture.

Although it is our belief that the evolutionary principles elaborated in the preceding paragraphs represent the most fundamental elements of nature's progressions, including those that manifest themselves in human functioning, we also believe that *these conceptions do not invalidate other theoretical models*. As we see it, there is no inherent inconsistency between our evolutionary formulations and those of other theorists (neurobiological, behavioral, etc.). In fact, they should parallel one another; however, we believe that all other models should be superimposed or mapped onto the evolutionary framework. This view may be seen by some as arrogant and presumptuous in that it asserts that other models are composed essentially of biological mechanisms (neurohormonal substrates) or psychological expressions (interpersonal behavior) of more latent and fundamental evolutionary processes; we ask the reader to forego conclusions until completing the text.

We conclude this chapter with reference to official manuals, initiating the presentation with the *DSM-III*, owing to its significance as a major breakthrough in our thinking about these disorders.

### Latter 20th-Century DSM Manuals

The Task Force assigned to develop the *DSM-III* acknowledged that the personality disorders represented syndromes that were "fuzzy at the edges" (Task Force, 1976). On the one hand, these disorders shade imperceptibly into "normal problems of everyday life"; and, on the other, they have few clear and distinguishing symptoms to serve as identifying markers. Nevertheless, the Task Force recognized that personality disorders possess features that are not shared with other syndromes, qualities noted more by the pervasiveness and duration of their expression than by their symptomatological distinctiveness. It was recognized, further, that personality *traits* had to be differentiated from personality *disorders*. Although the behaviors that signify traits often underlie and may

be difficult to discriminate from those constituting disorders, they can be distinguished on two grounds: Disorders are associated with subjective feelings of distress and/or significantly impaired social functioning.

This text is arranged in accord with *DSM-III*, *DSM-III-R*, and *DSM-IV* categories for several reasons other than the fact that they have been the standard and official schemas. Despite the many compromises their products represent, the end results achieved are a reasonable reflection of the state of the art as judged by a well-respected and highly competent committee of practicing clinicians and academic researchers. Moreover, the syndromes included in the final drafts had been extensively pretested with large and representative samples of mental health professionals. Earlier drafts were revised in light of these studies, and several categories were proposed anew while others were dropped.

A major goal of the *DSM-III* committee was to include as many clinically useful personality syndromes as justified. Despite objections from certain quarters, a decision was made to incorporate categories that had not been fully validated by systematic research but nevertheless had much to commend them in terms of their everyday clinical applicability. Failure to include these tentative, but clinically useful, categories would have deprived the profession of an opportunity to encourage the systematic research necessary to determine whether these syndromes hold up under careful clinical and research scrutiny.

The spelling out of formal *diagnostic criteria* was notably beneficial to the practitioner in that it served to highlight the specific inclusion and exclusion components of a diagnostic decision. It is this very precision in articulating specific and uniform rules of definition, originally and significantly termed *operational criteria*, that made the *DSM-III* so serviceable and potentially fruitful also as a research tool. Not only did the criteria delineate the components that would enable homogeneous group assignments, but its application as a standard national (and, it is hoped, international) gauge would ensure at least a modicum of reliability and comparability among studies undertaken at diverse research settings.

It is reasonable to assume that greater reliability and research comparability flow from the use of standard diagnostic criteria, but it should be recorded that increased reliability is no assurance of increased validity and that the criteria offered *no more than a promise* at that time.

At best, then, the diagnostic criteria of the *DSM-III* represented a significant *conceptual* step toward a future goal when clinical characteristics of appropriate specificity and breadth would provide both reliable and valid indexes for identifying the major syndromal prototypes. Although this chapter has neither the space nor is the setting within which to elaborate the theme, it should be said that the categorical syndromes of the *DSM-III* were conceptual prototypes and not tangible entities.

The formal adoption of the *multi-axial schema* in the *DSM-III* signified a reformulation of the task of psychodiagnoses that approached the magnitude described by Kuhn (1962) as a paradigm shift. It represented a distinct turn from the traditional medical disease model where the clinician's job was to disentangle and clear away "distracting" symptoms and signs so as to pinpoint the underlying or "true" psychophysiological state. By contrast, the multi-axial assessment model not only recognized that distracting features such as course, etiology, social functioning, and personality traits were aspects worthy of attention, but recorded each of them on its own representative axis as part of an integrative complex of elements that, only in their entirety, were the pathological state.

Henceforth, the official classification directed the clinician to address, not just the specific symptoms and signs that defined the disease entity, but an entire panorama of contextual dimensions, notably the person's overall style of psychological functioning, the qualities of his or her current situational environment, and his or her strengths and potentials for constructive and healthy coping.

It was not a failure to acknowledge axes beyond the five listed in the *DSM-III* that accounted for their absence. For example, *cause* and *severity* were debated extensively in Task Force discussions. In both cases, it was concluded that they lacked universal applicability and, hence, should be coded selectively in syndromal

categories where they would provide useful information. Unfortunately, the number of coded digits available for purposes such as these proved to be appreciably less than originally anticipated. Hence, severity, though originally scheduled for use in several diagnostic classes, failed to survive in any category. The fate of course as an informational code was only slightly less sullied; it survived as a recorded datum in a few syndromal categories, notably as the fifth digit code in both schizophrenic and substance abuse groups.

Considerable attention was given also to two other potentially quite useful informational axes: *etiology* and *treatment response*. Although insufficient time was available for an empirical field trial or even a systematic review, the notion of devising an etiologic axis that would permit clinicians to formulate their thoughts on both the origins and development of a disorder was an appealing one to several Task Force members.

The most important fact concerning the *DSM-III* personality disorders was their partition from the main body of clinical syndromes and their placement in a separate axis. Clinicians in the past were often faced with the task of deciding whether a patient was best diagnosed as possessing a personality or a symptom syndrome; that choice is no longer necessary. Henceforth, clinicians may record not only the current clinical picture, but also those characteristics that typify the individual's behavior over extended periods, both prior to and concurrent with the present complaint. The new multi-axial format enabled practitioners to place the clinical syndromes of Axis I within the context of the individual's lifelong and pervasive style of functioning, recorded as Axis II.

Although an early aspiration of the committee was the differentiation of personality types along the dimension of severity, criteria for such distinctions were never developed. Rather than drawing severity discriminations, as proposed by both Kernberg (1967, 1970) and Millon (1969), associates of the Task Force grouped the personality syndromes into three symptomatological clusters. The first includes the paranoid, schizoid, and schizotypal disorders, unified as a group in that their behaviors appear odd and eccentric. The second cluster

subsumes the histrionic, narcissistic, antisocial, and borderline disorders, grouped together on the basis of their tendency to behave dramatically, emotionally, or erratically. The third cluster groups the avoidant, dependent, compulsive, and passive-aggressive personalities on the grounds that these types often appear anxious or fearful. A memo distributed by the author for discussion at the *DSM-III* Task Force meeting of June 1978 addressed these recommended clusters as follows:

*I never quite understood the importance of those dimensions that led us to cluster personality disorders in the manner described. Any number of different dimensions could have been selected to group the eleven personality disorders in any of an almost infinite arrangement of sets or combinations. Why the specific one suggested in the text was selected out of these is not clear to me. Does it have some prognostic significance, some etiological import, logic in terms of a deductive theoretical model? If I were to develop a cluster or factorial framework for the personality disorders I am sure I would come up with a different schema than the one suggested. The characteristics specified are clear enough, but of what value is it to know that three are "eccentric," that four are "emotional," and that five appear "anxious"?*

*My own preference was either to drop the grouping entirely and list them alphabetically or to group them in terms of their known prevalence or potential severity. The likely severity of pathology, such as the probability to which these syndromes succumb to severe versus mild disorders, struck me as a useful distinction if we were to make any one at all among these disorders. If we looked through our *DSM-III* list we might have noted that disorders such as paranoid, schizotypal and borderline, and possibly schizoid and avoidant, were likely to exhibit a greater propensity to severe pathology than the others. Conversely, types such as the histrionic, narcissistic, antisocial, dependent and compulsive, and perhaps passive-aggressive, tend to stabilize at the mild-to-moderate level of severity.*

If the *DSM-III* had followed the preceding suggestion, we would have had a logical distinction of some clinical import among the

categories. It would be at least in line with earlier plans to note the dimension of severity with each personality disorder.

The *DSM-III-R* introduced a series of modest criterion changes (e.g., histrionic, avoidant, and schizoid disorders) as well as adding to the Appendix two highly controversial personality syndromes, the Self-Defeating (Nee Masochistic), and the Sadistic; as will be noted, these latter two disorders were dropped in the *DSM-IV*. Other changes of note involved the reformulation of all criteria sets into a uniform polythetic format. This resulted in an increased base rate and co-morbidity among the various disorders, as well as evoking concern regarding the disruption of ongoing studies.

*DSM-IV* was introduced with the thought that a firmer empirical base could be established to justify the characterizations and diagnostic criteria of the disorders it subsumed. Insofar as the personality disorders were concerned, discussions occurred regarding several major issues. At the most general level, questions were raised regarding the logic of the cluster system (eccentric, dramatic, and anxious) that served as a framework for organizing these disorders. Although evidence supporting this tripartite division was equivocal, and its conceptual grounding subject to numerous criticisms, it continued as a general schema for *DSM-IV*.

Proposals were made for the introduction of a dimensional system to supplant or supplement the categorical model used in the *DSM*. Several alternative schemas were evaluated but none achieved sufficient consensus. Specific modifications regarding the *DSM-III-R* criteria were introduced on the basis of the Axis II committee's review of numerous published and unpublished studies concerning the sensitivity, specificity, positive predictive power, and negative predictive power rates for the criteria sets. Also considered was the contribution of these criteria to the overlap or co-morbidity among the personality disorders. Several criterion items were deleted as a consequence of these empirical studies.

Major reviews were carried out and field trials conducted to examine the characteristics of the antisocial personality disorder and resulted in the elimination of several specific

behavioral indicators and the introduction of trait characterizations. On the basis of extensive literature reviews this past decade, there was an increased awareness of the importance of impulse regulation as a major component of the borderline personality disorder. An additional criterion was introduced to the borderline criteria list to reflect the frequency with which they evince transient, stress-related dissociative symptoms or paranoid ideation.

A notable modification occurred with the decision to place the passive-aggressive personality disorder in the *DSM-IV* Appendix. Discontent concerning the narrow characterization in prior manuals, its formulation in situation-specific terms, as well as its reflecting no more than a single symptom led the committee to recast their conception of the disorder as a *negativistic personality disorder*. More broadly conceived than heretofore, the changes introduced were of sufficient magnitude to justify placement in the Appendix, where its new definition and criteria could be evaluated in future work.

Joining the new passive-aggressive/negativistic formulation in the Appendix was the new Depressive personality disorder. This latter decision followed considerable debate concerning distinctions between it and similar formulations in Axis I (e.g., dysthymia).

Finally, and as noted previously, the self-defeating and sadistic personalities were dropped from the manual owing, in our judgment, more to political considerations than to substantive clinical ones. Hence, our decision in this text to include both as major forms of personality disturbance, as we are introducing what notable clinical theorists have termed the *ebullient/exuberant/turbulent* personality spectrum.

The Personality and Personality Disorders Work Group of *DSM-5* (APA, 2010 m) recommended in its proposal revisions a significant reformulation of personality psychopathology, including several severity levels, dimensions of personality traits, and a set of personality types. More specifically, they noted: (a) 5 identified severity levels of personality functioning; (b) 5 personality disorder (PD) types (proposed, pending empirical validation), each defined by core PD components and a subset of: (c) 6 broad,

higher order personality trait domains, with 4–10 lower order, more specific trait facets comprising each, for a total of 37 specific trait facets (proposed, pending empirical validation); (d) a new general definition of personality disorder based on severe or extreme deficits in core components of personality functioning and elevated pathological traits.

Although the author was not directly involved with the Work Group, it will become evident in the following chapters that he has formulated a diagnostic system that closely corresponds in its structure and content with the *DSM-5* proposals. This correspondence is also evident in the following “definition” of personality disorders promulgated by the Work Group; their definition directly corresponds to the third component of the author’s evolutionary model that related to the “self-other” bipolarity, to be elaborated in later chapters. The Work Group’s definition follows:

Personality disorders represent the failure to develop a sense of self-identity and the capacity for interpersonal functioning that are adaptive in the context of the individual’s cultural norms and expectations.

- A. Adaptive failure is manifested in one or both of the following areas:
  1. **Impaired sense of self-identity** as evidenced by one or more of the following:
    - i. **Identity integration.** Poorly integrated sense of self or identity (e.g., limited sense of personal unity and continuity; experiences shifting self-states; believes that the self presented to the world is a facade)
    - ii. **Integrity of self-concept.** Impoverished and poorly differentiated sense of self or identity (e.g., difficulty identifying and describing self-attributes; sense of inner emptiness; poorly delineated interpersonal boundaries; definition of the self-changes with social context)
    - iii. **Self-directedness.** Low self-directedness (e.g., unable to set and attain satisfying and rewarding personal goals; lacks direction, meaning, and purpose to life)

2. **Failure to develop effective interpersonal functioning** as manifested by one or more of the following:

- i. **Empathy.** Impaired empathic and reflective capacity (e.g., finds it difficult to understand the mental states of others)
- ii. **Intimacy.** Impaired capacity for close relationships (e.g., unable to establish or maintain closeness and intimacy; inability to function as an effective attachment figure; inability to establish and maintain friendships)
- iii. **Cooperativeness.** Failure to develop the capacity for prosocial behavior (e.g., failure to develop the capacity for socially typical moral behavior; absence of altruism)
- iv. **Complexity and integration** of representations of others. Poorly integrated representations of others (e.g., forms separate and poorly related images of significant others)

B. Adaptive failure is associated with extreme levels of one or more personality traits.

C. Adaptive failure is relatively stable across time and consistent across situations with an onset that can be traced back at least to adolescence. (APA, 2010 h)

### On Differentiating “Normal Styles,” “Abnormal Types,” and “Clinical Disorders”

Also notable in their preliminary proposals, the Work Group asserted four elements:

1) a reduction in the number of specified types from 10 to 5; 2) description of the types in a narrative format that combines typical deficits in self and interpersonal functioning and particular trait configurations; 3) a dimensional graded membership rating of the degree to which a patient matches each type; and 4) a rating of the personality traits most commonly associated each personality type. The justifications for these modifications in approach to diagnosing PD types include the excessive co-morbidity among DSM-IV personality disorders, the limited validity for some existing types, arbitrary diagnostic thresholds included in DSM-IV, and instability of current DSM-IV PD

criteria sets. The reduction in the number of types is expected to reduce co-morbid PD diagnoses, the use of a dimensional rating of types recognizes that personality psychopathology occurs on continua, and the replacement of behavioral PD criteria with traits is anticipated to result in greater diagnostic stability.

In a radical departure from both clinical practice and prior DSMs, the Work Group asserted that only five PDs deserve to be identified as key disorders owing either to their extensive supporting research or their clinical significance (Skodol, 2010a). They write:

*Five specific PDs are being recommended for retention in DSM-5: borderline, antisocial/psychopathic (possibly with subtypes), schizotypal, avoidant, and obsessive-compulsive. Borderline, antisocial/psychopathic, and schizotypal PDs have the most extensive empirical evidence of validity and clinical utility (e.g., Patrick, Fowles, & Krueger, 2009; Siever & Davis, 2004; Skodol et al., 2002; Skodol, Gunderson, Pfohl et al., 2002). For example, severe PD types, such as schizotypal and borderline, have been found to have significantly more impairment at work, in social relationships, and at leisure than patients with less severe types, such as obsessive-compulsive disorder, or with major depressive disorder in the absence of personality disorder. Avoidant PD was in between. Even the less impaired patients with personality disorders (e.g., obsessive-compulsive), however, have moderate to severe impairment in at least one area of functioning or a Global Assessment of Functioning rating of 60 or less) (Skodol et al., 2002). Patients with OCPD are also among the most common in community (Grant et al., 2004) and clinical (Stuart et al., 1998) populations, have increased levels of mental health treatment utilization (Bender et al., 2001), and along with borderline PD, are associated with the highest total economic burden in terms of direct medical costs and productivity losses of all PDs (Soeteman, Hakkaart-Van Roijen, Verheul, & Busschbach, 2008).*

Another negative judgment in response to this proposal is likely to be forthcoming shortly.

Particular interest was shown by Work Group members in developing criteria for establishing distinctions in levels of severity among the PDs. Also notable was their appreciation of the self-other component undergirding this distinction (Bender, 2010). They wrote:

*A recent study (Hopwood et al., in press) of patients with personality disorders participating in the Collaborative Longitudinal Personality Disorders Study, demonstrated that, in assessing personality psychopathology, "generalized severity is the most important single predictor of concurrent and prospective dysfunction." The authors concluded that personality disorder is optimally characterized by a generalized personality severity continuum with some additional specification of stylistic elements. This recommendation is fully consistent with Tyrer's (2005) assertion that severity level must be part of any dimensionally specified system for assessing personality psychopathology. Neither the DSM-IV general severity specifiers nor the Axis V GAF Scale have sufficient specificity for personality psychopathology to be useful in this regard. Consequently, the DSM-5 Personality and Personality Disorders Work Group has decided that a scale should be included in the updated Manual that would allow clinicians to determine the existence and severity of personality psychopathology.*

*... We have reviewed a number of reliable and valid measures that assess personality functioning and psychopathology, and it has been demonstrated that a self-other dimensional perspective is of significant utility, both clinically and empirically. Numerous studies utilizing these measures have shown that a self-other approach is informative in determining personality psychopathology phenomenology, in planning treatment interventions, as well as in anticipating treatment course and outcome.*

#### *Classifying Personality Severity*

In presenting the 15 personality spectra in the following chapters, this text organizes them in terms of our judgment of their level of severity. Before doing so, a question must be asked: How shall severity levels be gauged; that is, what criteria should be employed to determine whether one level of a personality spectrum is more or less severe than another, more

specifically, whether the personality pattern is a *normal style*, an *abnormal type*, or a *clinical disorder*?

Two theoretically derived classification systems have given special attention prior to the DSM proposals concerning criteria that would differentiate personality along the dimension of severity, those of Kernberg (1967, 1970) and of Millon (1969). Direct comparison is not feasible because the character types presented by Kernberg did not correspond to the DSM personality disorders. Nevertheless, it will be useful to put aside DSM-III comparability and consider the conceptual distinctions that differentiated Kernberg's views from those of Millon.

As noted earlier, Kernberg groups personality disorders into higher, intermediate, and lower levels of character pathology. Millon also categorized his types into several subsets, including those of mild, moderate, and marked severity. The major distinction between Kernberg and Millon was not found in the clinical signs they included to gauge severity but rather in the ones they chose to emphasize. For Kernberg, primary attention was given to the *internal* structural characteristics of the personality, whereas for Millon the *external* social system and interpersonal dynamics were given a status equal that of internal organization.

Kernberg focused on "nonspecific manifestations of ego weakness," as illustrated in shifts toward primary process thinking, defensive operations characterized as *splitting*, increasingly primitive idealizations, and early forms of projection and omnipotence. Though differences do exist, Millon and Kernberg identified the following similar features: loss of impulse control that disturbed psychological cohesion, rigid versus diffused ego functions, adaptive inflexibility, ambivalent or conflict-ridden defenses, blurrings of self and nonself, and so on. Millon went beyond these, however, by stressing a systems perspective that interprets the internal structure as being functional or dysfunctional depending on its efficacy and stability within the context of interpersonal, familial, and other social dynamics. Thus, he spoke additionally of such severity criteria as deficits in social competence, checkered personal relationships, digressions from early aspirations, and repetitive interpersonal quandaries and disappointments.

From this view, severity was conceived as a person-field interaction that includes not only intrapsychic dynamics but interpersonal dynamics as well. Although Kernberg (1975) recognized the importance of internalized object relations, Millon assigned them a major role by stressing both internalized past and contemporary real social relationships. In this way, the boundaries of both structure and dynamics were expanded such that internal structural features were placed within a context or system of external social dynamics.

A positive consequence of broadening the criteria of severity was that personality pathology no longer needed to be traced exclusively to intrapsychic origins in conflict and defense. By enlarging our vista to include interpersonal efficacy within a social context, the reference base for conceptualizing disordered personality has been expanded. A shift from the view that all pathogenic sources derive from internal conflicts was consistent with Fenichel's notion of sublimation character types and reinforced the ego analysts' assertion of conflict-free spheres of development and learning. No longer restricted by the limiting intrapsychic outlook, personality disorders could now be conceived as any behavior pattern that was consistently inappropriate, maladaptive, or deficient in the social and familial system within which the individual operated. And, in accord with this broader systems perspective, several personality syndromes described in Millon (1969) and formulated for the *DSM-III* were recognized as having developed "conflict-free"—they could be products of inadequate or misguided learning; others were conceived more traditionally as primarily "reactive"—they were consequences of conflict resolutions. For example, some dependent personalities unfold in large measure as a result of simple parental overprotection and insufficiently learned autonomous behaviors, and not from instinctual conflicts and regressive adaptations.

The logic for broadening the criteria of severity to include the interplay of both individual and social systems seems especially appropriate when considering personality syndromes. Not only do personality traits express themselves primarily within group and familial environments, but the patient's style of communication,

interpersonal competency, and social skill will, in great measure, elicit reactions that feed back to shape the future course of whatever impairments the person may already have. Thus, the behavior and attitudes that individuals exhibit with others will evoke reciprocal reactions that influence whether their problems will improve, stabilize, or intensify. Internal organization or structure is significant, but the character or style of relating interpersonally may have as much to do with whether the sequence of social dynamics will prove rewarding or destructive. It is not only the structural ego capacity, therefore, but also the particular features of social and familial behavior that will dispose the patient to relate to others in an increasingly adaptive or maladaptive manner.

Despite a number of useful ideas that have been proposed by the *DSM-5* Task Force and its committees, one cannot help but be dismayed by the "end-product," a composite of miscellaneous odds-and-ends, a scattered congerie of notions with no overriding logic or system to coordinate its parts—a camel, not a horse.

### How Shall We Organize the Personality Spectra?

Utilizing a systems perspective that includes the interplay of both internal and external dynamics has led us to group the 14 personality disorders listed in the *DSM-III*, *DSM-III-R*, and *DSM-IV*, plus one new one for a total of 15 personalities into several broad categories for the present text.

The first grouping includes the dependent and histrionic in one subgroup, and the narcissistic and antisocial personality in a second subgroup. These four personality patterns are conceptualized as being part of *interpersonally imbalanced* spectra. According to the theoretical model, they are *either* primarily oriented to relationships with others, the other-oriented subgroup, or primarily toward the fulfillment of their self-needs, the self-indulging group. We speak of the imbalanced spectra as *either* dependent or independent in its style of interpersonal functioning. The intrapsychic structures of these personalities enable them to conceive themselves and to deal with others in a relatively coherent, "nonsplit," or nonconflictful manner that is

consistent and focused rather than diffused or divided. Moreover, because the needs and traits that underlie their personality style dispose them either to seek out others consistently, or to orient their actions in their own favor consistently, they may be able to find a stable niche in their interpersonal environment, while maintaining psychic cohesion.

The second group includes what we are terming *intrapsychically conflicted* spectra, namely, the insecurely ambivalent subgroup of compulsive and negativistic personalities, and the masochistic and sadistic subgroup we term the *paradoxically discordant personalities*. These four conflicted types may reflect a somewhat more severe level of functioning than the first group for several reasons. Each possesses a split within both its interpersonal relations and intrapsychic structures; in other words, they are unable to maintain a coherent or consistent direction by which to orient both their personal relationships and their defensive operations. They are in conflict, split between assuming an independent or dependent stance for one pair, the compulsive and negativistic or, for the second subgroup, experience a marked discordance or reversal between their pain and pleasure polarities (the sadistic and masochistic). As a consequence, all four disorders regularly undo or reverse their interpersonal behaviors and frequently feel intrapsychically divided.

The third group has been termed the *emotionally extreme* spectra. It includes what we have labeled the *affectively impassive* subgroup, which further subsumes the schizoid and avoidant personalities, and a second subgroup we have labeled the *intensely expressive* disorders, namely the melancholic (depressive) and turbulent (manic) personalities. The emotionally extreme styles include what we previously labeled the *detached types, subsuming the schizoid, avoidant, and depressive* personalities in the *DSM-IV*. These variants are frequently at a mid- to moderate-level of severity. They often have few sublimatory channels and few interpersonal sources of nurturance and stability, the lack of which will dispose them to increasing social isolation or depressive regressions.

The fourth set of spectra, reflecting moderately severe levels of personality functioning, is termed the *structurally defective* spectra; it includes the *DSM-IV* schizotypal, borderline, and paranoid disorders. All three personalities are seen as socially incompetent, difficult to relate to, and often isolated, hostile, or confused; hence, they are not likely to elicit the interpersonal support that might bolster their flagging defenses and orient them to a more effective and satisfying lifestyle. Moreover, a clear breakdown in the cohesion of personality organization is seen in both schizotypal and borderline disorders. The converse is evident in the paranoid, where there is an overly rigid and narrow focus to the personality structure. In the former pair, there has been a dissolution or diffusion of ego capacities; in the latter, the paranoid pattern, there is an inelasticity and constriction of personality, giving rise to a fragility and inadaptability of functions.

This spectrum of structurally defective persons also includes those of marked severity. Here, we will address patients—the schizophrenic, cyclophrenic, and paraphrenic—who give evidence of a relatively permanent state of personality disintegration in which all psychological functions have been seriously compromised.

Also worthy of note in this introduction to the following chapters (6-20) are the important distinctions to be made concerning levels of personality functions—the normal to the subclinical to the distinctly pathological. Each chapter presents three levels on each spectrum continuum; the normal (mild) *style*, the abnormal (moderate) *type*, and the clinical (severe) *disorder*. Two examples of each spectrum style, type, and disorder will be described.

Before proceeding to the spectra to be detailed in this text, let us discuss the foundations of our subject in chapters dealing with development, assessment, therapy, and classification. To aid the reader to better understand how the various personalities came to acquire and display their traits, we turn next to Chapter 2 on the diverse origins and dynamics of development.