Babies and Bathwater

Considering an attachment based classification of Personality Disorder

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In abandoning concepts of neurosis & defence mechanisms, we have...

"thrown out the baby with the bath water"
Psychiatrically speaking, are you...

In the beginning...

....before the DSM

The restricted
repeated
inflexible

& ultimately maladaptive use of a
defence or coping mechanism
Character Neurosis...

The habitual use, across time and place, of the same narrow range of immature & ultimately maladaptive coping or defence mechanisms
Definitions: *Personality*

- "The habitual mode of bringing into harmony the tasks presented by internal demands and by the external world"
  - Fenichel (’45)

- "The dynamic organisation within the individual of those psychophysical systems that determine his...unique adjustment to his environment"
  - Allport (’37)
Definitions: *Personality Disorder*

When *Personality* doesn’t work very well!

- Maladaptive, cultural deviance
- Pervasive, enduring & inflexible
- Distress or impairment
Problems with definitions...

C: Consciously chosen?
B: “Learnt” but automatic
A: Inherited tendencies

Personality??

Character?
Temperament?
Other?

Temperament?

Does $P = A + B + C$?  $A \times B \times C$? $\int_{\text{birth}}^{\text{now}} f(A,B) \times C$?
Personality & Disorder: Convergent and Divergent research…

- Trait theory - *Personality*
- Psychoanalytic theory – (oral/anal/genital)
- Biology and Genes
- Interpersonal theory
- DSM “A-theoretical” theory…
- Trait theory – *Disorder*
- Integrated Models??
Hippocrates (~400 BC),
Galen (~160 AD):
The four humours
Personality Traits: The “Big 5”

- Neuroticism
- Extroversion
- Open-ness
- Conscientiousness
- Agreeableness
Interpersonal theory (Freedman, 1951)
DSM III
(1980)

- “Objective” criteria
- “A-theoretical”

...fitting old ideas into new boxes?
The “Trait” perspective on PD

- Extreme degrees of normal traits… (eg Costa & McRae)
- Significant degrees of abnormal traits… (eg Mulder, Livesley)
- Maladaptive variants of common traits… (eg Widiger)
DSM-IV
(1994)

Distinguishes

• General definition of PD, from
• Definitions of specific PD’s….

…….but…. 
Cluster analysis of PD traits:

<table>
<thead>
<tr>
<th>Trait</th>
<th>Cluster 1</th>
<th>Cluster 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Open-ness?</td>
<td>(Cloninger/Svrakic ’08)</td>
<td></td>
</tr>
<tr>
<td>Agreeableness?</td>
<td>Novelty Seeking</td>
<td></td>
</tr>
<tr>
<td>Introversion?</td>
<td>Reward Dependence</td>
<td></td>
</tr>
<tr>
<td>Neuroticism?</td>
<td>Harm Avoidance</td>
<td></td>
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<tr>
<td>Conscientiousness?</td>
<td>Persistence</td>
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</table>

Mulder R, “97
Livesley W, “98
Antisocial
Dissocial
Asthenic
Inhibition
Anankastic
Compulsivity
Harm Avoidance
Persistence
Problems...

- Validity
- Overlap
- Dimensions/Categories
- Co-morbidity
- Statistical ranges...
- Socially defined?
DSM5: Another “new” beginning??

• General definition of PD
• Specific PD’s
• Traits
• Level of function
• (deleted PD’s)
Warning: May contain traces of theory

COMpletely

MicLDLSS!
“it is easy to confuse the process of uncovering the structure of a given set of items and uncovering the structure of the human psyche”

Griffin D, Bartholomew K 1994
Does trait theory carve nature at the joints?

...The problem with the analogy is in the focus on carving, not in the existence of joints.

The leg of lamb we put in the oven is good for eating but useless for walking...
Disorder of Personality?
Disorder of Adaptation?

- “Extreme personality traits are not ipso facto dysfunctional” (Svrakic ’08)

- Personality can be described independent of social context

- Personality disorder cannot!
Personality disorder... not just-
  – statistically extreme traits, or
  – maladaptive behaviours, or
  – social deviance, but

failure to flexibly integrate traits and states to overall good effect in that setting

The perils of dimensionalisation, J. Wakefield ‘08
Understanding, functional meaning, validity

Diagnosis, objective criteria, reliability
Some integrated models...

(...Nature, Nurture, Niche...)

- Additive genetic 22-46%
- Non-Additive genetic 1-19%
- Shared Environment 0-11%
- Non-Shared and error 44-55%
“Personality is … an individual's unique variation on the general evolutionary design …

• dispositional traits,
• characteristic adaptations, and
• self-defining life narratives,
• complexly & differentially situated in culture and social context”

D. McAdams 2006
“inborn dispositions … are elaborated into competencies-
negative forms of relating [not] as the extreme of normalforms, [but] from the imperfect acquisition of competencies”

Birtchnell J, 1997
Robert Cloninger’s model

• Temperament...
...the way we are born...

• Differences in voluntary goals and values...based on insight learning

(what about what we learn? ...
what we make of ourselves... "what we make of ourselves..."
Cloninger: temperament and character

Temperament variables - (Genetic)

- Novelty seeking
- Harm avoidance
- Reward dependence
- (Persistence)

Novelty Seeking (Dopamine ↓)

Reward Dependence (Noradrenaline ↓)

Harm avoidance (Serotonin ↑)
Cloninger: temperament and character

Character variables-
(Environmental)

- Co-operativeness
- Self-directedness
- Self transcendence

Co-operativeness
Self Transcendence
Self-directedness
Cloninger

*Character* extremes predispose to Personality Disorders,

....the specific type dictated by *temperament*
Making the most of the available fibre!

(...& we have some capacity for “making” ourselves!)

Fibres -
Silk, Hemp, Cotton, Jute, Wool, etc

Environment -
Locally determined, socially shaped requirements for rope

Rope-making -
• Cultural traditions of rope making
  • Familial idiosyncrasies
    • Individual competence: Dexterity, etc

(Making the most of the available fibre! (...& we have some capacity for “making” ourselves!))
Personality Disorder & Attachment
Bowlby (’73): Attachment as *central* to PD

- “…whether or not the attachment figure is judged to be the sort of person who in general responds to calls for support and protection, &

- …whether or not the self is judged to be the sort of person towards whom anyone, and the attachment figure in particular, is likely to respond in a helpful way"
Personality Disorder & Attachment
(Carlo Perris, ’99)

- withdrawal from others (spacing), or intrusive control of others.
- active or passive dependence on others (linking).
- incapacity to establish stable relationships and a chaotic, at time oscillating, spacing/linking behaviour.
## "The First 10,000 AAI’s"

Main, Goldwyn, and Hesse (2003) system

<table>
<thead>
<tr>
<th>%</th>
<th>Dismissing</th>
<th>Autonomous</th>
<th>Preoccupied</th>
<th>Unresolved</th>
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<td>Non Clinical (Mothers)</td>
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<td>19</td>
<td>-</td>
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“The First 10,000 AAI’s”
Main, Goldwyn, and Hesse (2003) system

“Disorders with an internalizing dimension (e.g., borderline personality disorders) were associated with more preoccupied and unresolved attachments… Disorders with an externalizing dimension (e.g., antisocial personality disorders) displayed more dismissing as well as preoccupied attachments”

Attachment & Adaptation
(Pat Crittenden)

So what must we do?

- Protect ourselves
- Have babies
- Protect our babies – until they reach reproductive maturity
....back to “Neurosis”: defence mechanisms-

• “innate involuntary regulatory processes” …reduce discomfort by altering perception

• “mature defences are arguably more conscious…”

• “it is tempting to view mature defences as a by-product of middle class socialisation or at the very least of loving parents”

(suggestive data discounted as not significant)

Ego mechanisms of defence and personality psychopathology, G. Vaillant, ‘94
People with PD use *immature* defences:

- passive aggression
- acting out
- dissociation
- projection
- autistic fantasy
- devaluation
- idealisation
- splitting
but they do “grow up” over time:

- We all get better at suppression!
- We develop some capacity to “re-make” ourselves
But *why* do they do it?

- Difficulty making decisions... So as not to displease AF?
- Others to assume responsibility... Helpless, or fitting in?
- Reluctance to disagree... Concur with AF?
- Difficulty initiating... Helpless, or vigilant, cautious of disrupting AF?
- Seeking nurturance (tolerating discomfort)... Other > Self?
- Helpless when alone... Why?
- Urgently seeks new relationship... Why?
- Preoccupied with abandonment... Why?
A3: Compulsive Caregiving
“Protect themselves by protecting their attachment figure… often … rescue or care for others”

A4: Compulsively compliant
“Try to prevent danger, inhibit negative affect and protect themselves by doing what attachment figures want them to do, especially angry and threatening figures”
Histrionic PD

- Uncomfortable if not centre of attention...
- Seductive/Provocative...
- Shifting and shallow emotions...
- Focus on appearance...
- Impressionistic...
- Self dramatization...
- Suggestible, easily influenced...
- Exaggerates depth of relationships...

Why?
Strategic Function?
C3-4: aggressive-feigned helpless

Alternating aggression with apparent helplessness to cause others to comply out of fear of attack or assist out of fear that one cannot care for oneself.

Individuals using a C3 (aggressive) strategy emphasize their anger to elicit caregivers' compliance or guilt.

Those using the C4 (feigned helpless) give signals of incompetence and submission. Their vulnerability elicits rescue.
Borderline PD

- Frantic to avoid abandonment
- Extreme and unstable relationships
- Identity disturbance
- Impulsivity
- Suicidal behaviour and self-harm
- Affective instability
- Emptiness
- Inappropriate anger
- Paranoia, Dissociation

A/C?
A-C:

- Individuals using these strategies display either very sudden shifts in behavior (A/C) or, in the case of blended strategies (AC), they show very subtle mixing of distortion and deception.
Otto Kernberg -

Borderline spectrum

* Dependent
* Histrionic
* Narcissistic
* Borderline
* Sociopathic
Direct mapping of DSM labels onto DMM concepts is unlikely:

(What little internal validity the DSM labels have is confined to descriptive groupings: Cluster A,B,C)

Clinical experience suggests existing DSM labels encompass a variety of pathologies…
Dependent & Independent Variables

What is the “Gold Standard”?

- Ainsworth’s SSP findings…
- DSM criteria…
- AAI’s (M-G, DMM)
- Clinical wisdom…
- Sophisticated interviews…
- Documented abuse…
- Diagnostic instruments, Personality inventories…
Questions...

• Does everyone with PD have a “non-Ainsworth” (A+, C+, A-C or A/C) classification?

• Does everyone with “non-Ainsworth” have a PD?
Does everyone with a PD have a “pathological” (non-Ainsworth) classification?

<table>
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<th>Sample</th>
<th>Date</th>
<th>n</th>
<th>Author</th>
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<td>Avoidant PD</td>
<td>2000</td>
<td>12</td>
<td>Rindall*</td>
<td>100</td>
</tr>
<tr>
<td>Fostered children</td>
<td>2002</td>
<td>15</td>
<td>Gogarty*</td>
<td>94</td>
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<tr>
<td>Eating Disorders</td>
<td>2007</td>
<td>62</td>
<td>Ringer &amp; Crittenden</td>
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<td>Eating Disorders</td>
<td>2008</td>
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<td>Crittenden &amp; Heller*</td>
<td>95</td>
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<tr>
<td>PTSD</td>
<td>2010</td>
<td>15</td>
<td>Crittenden &amp; Newman</td>
<td>95</td>
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* Unpublished, cited in Crittenden 2010
Does everyone with “non-Ainsworth” have a PD?

No! Perhaps a third or more of “normal” samples show a strategy outside the Ainsworth range…
“The First 10,000 AAI’s”
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“...Having a third of cases on the two central variables misclassified is not clinically useful.”

(Crittenden 2010)

Overstated?

• We would expect “sub-clinicals” and some “clinicals” to occur naturally in a “normal” sample: The AAI as screening tool.

• Not all psychopathology will be reducible to attachment-related phenomena

• But discriminant validity of ABC-D is poor

• How to conceptualise so-called “normals” with non-Ainsworth strategies?
Complexities of classification...
Complexities of aetiology...
Most adaptive function if they coincide...
“Successful” impairment?

- Psychotherapists!
- Successful Psychopaths…
- Compulsive carers…
- Some actors, entrepreneurs, eccentric professors…
  …etc

Good luck (Fewer stressors, congruent niche),
Pre-clinical Vulnerability, or
Good management (Niche-picking)
Diathesis Tendencies, Genes etc

Stressors

Illness and Chaos

Supports

Networks
Diathesis
Tendencies
Genes etc

Personality

Coping Skills

SUPPORTS

STRESSORS

NETWORKS

Stressors

Stressors

Stressors

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Personality
Diathesis Tendencies Genes etc

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personality & disorder: perhaps...

• Attachment profile (?DMM)
  – Normative range (ABC)
  – Simple bias (A+, C+)
  – Complex bias (AC, A/C)

• Functional profile
  – Generally adaptive
  – Adaptive limitations (breadth, depth)
  – Generally maladaptive

• Trait profile (?FFM)
• PD’s framed as attachment strategies is plausible, but largely untested

• Be wary of a theory that attempts to explain everything

• Degrees of habitual “strategic” maladjustment, & Categories of discreet disorder will co-exist

• DMM concepts are useful in clinical practice, but existing instruments impractical
What would an “autonomous” researcher or clinician bring to the understanding and management of personality disorder?

**Synthesis:**

Not reflex abandonment of old knowledge for new, but Reflective integration of new knowledge with old

Don’t throw out the baby with the bathwater!