

Credit

PERSONALITY DISORDER

Excellent but sometimes very judgemental
a creative, thoughtful
paper. However you
are sometimes judgemental
and although I'm sure
you are not you phrase
certain things in a manner
which sounds punitive

Phillip Weiss
SSW 713
Dr. Golden
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Also - all ~~of~~
personality disorders
are not the same -
no treatment has to
vary for some

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You concern
yourself with
the victims
of the personality
disordered client
They are also
victims

The personality disorder is a form of mental illness resulting from inadequate superego development. An individual fails to mature psychologically and remains fixated at the oral or anal stage of development. This is unlike the neuroses where there is a regression to an earlier stage of development due to the failure of the ego to keep anxiety in check.

Very good
was formerly called
just
One form of personality disorder is the character disorder. In the character disorder there is characterological difficulty. The character of the person is fixated on either the oral or anal stage. Before going into the etiology of the character disorder, a definition of the term "character" ought to be presented:

Character consists of those characteristics or qualities impressed by nature or habit on a person which individually or in their relationship to each other both distinguish him from others or make him resemble others.¹

Most analysts define character on the basis of ego functioning. Fenichel says that

the ego's habitual modes of adjustment to the external world, the id, and the superego, and the characteristic types of combining these modes with one another constitute character.²

There are several factors that influence character formation:

- yes - biopsychosocial factors*
1. Heredity - Intelligence and physical characteristics are important in character formation. They play a crucial role in determining the potentiality for ego development, strength of instinctual drives, and the strength and choice of ego defenses.
 2. Constitution - Constitutional variations help or hinder the individual dealing with all the problems in the development of the id, ego, and superego. Such variations may determine the extent to which an individual is traumatized by the demands of a mother or the environment.
 3. Rate of Physical and Psychological Maturation -

A demand may be readily accepted by one two-year old but be obviously traumatic to another due to different rates of development. The child who is able to talk at an early age does not need to communicate through action as much as a child who is forced to act to express needs which may become an emotional pattern. *Good*

4. Congenital Defect or Early Illness - A deformity or an early illness may traumatize an individual and lead to major personality disorder. The effect that early illness may have on personality development is illustrated in the novel Looking for Mr. Goodbar by Judith Rossner. In this story the main character, Theresa Dunn, had been hospitalized for polio when she was four. Though she remembered none of it,

The illness was said to have altered her personality...; she'd become another person. A quiet, withdrawn girl with kinky red hair and pale green eyes and pale, pale skin beneath her freckles. Not the same child as the little girl who babbled incessantly in a near language for months before she could slow herself down enough to attempt English.³ *Challant*

5. Identification - The ability to imitate and identify develops early in a child's life. Identification with the parents determines much of what becomes a person's conscience and ideals in life.
6. Psychosexual Development - Many factors affecting psychosexual development may also affect character formation. However it culminates when the oedipal conflict is resolved or when there is failure of resolution. It is at this time that regression occurs, identifications are established, and modes of defense become crystallized.
7. Defense Mechanisms - In the process of erecting defenses the ego always undergoes changes that are either modifying or inhibiting in nature.⁴

Character traits are a person's habitual modes of reaction. The character traits in character disorders have certain qualities that distinguish them from both psychoneurotic symptoms and from "normal" character traits. Normal character traits have always existed in a person's adult life while psychoneurotic symptoms usually have a more limited history and the patient can often state when they began. Character traits involve broader, more complex reactions than psychoneurotic symptoms do; character traits also have the quality of predictability. It may also be present in pathological character formation as when a girl repeatedly falls in love with the wrong man. *hpc*

There is a problem of defining character disorder and breaking it down into specific classifications.

Character disorders are a large and heterogeneous group of emotional or developmental disturbances that are usually ego-syntonic and that evidence themselves primarily by abnormalities in the person's habitual pattern of behavior.⁵

There are different kinds of character disorders and many other terms are used synonymously with it. Also further confusion in classifying character disorders arises in that several different frames of reference can be used. One can speak of anal characteristics or oral characteristics or phallic characteristics. Also one can speak of character disorders in terms of defense mechanisms, social standards or descriptive similarities. One frame of reference, the descriptive approach, has to do with mode of behavior or symptoms. A second frame of reference, the dynamic approach, has to do with the motivation of these symptoms or behavior, conscious or unconscious. A third frame of reference is society's reaction to the behavior of the person - "the sociopathic personality disturbances" - which include such entities as antisocial reaction, dyssocial reaction, the sexual deviations, and the addictions. *Yes deviance is an interaction product* *hpc*

Fenichel attempted to classify character disorders according to the reaction of the individual (ego) to

internal needs. One group is classified on the basis of reactions to conscience (or superego); others are defined by how the individual reacts to his sexual and aggressive drives. These groups are then subdivided.⁶ *good*

There are many factors that contribute to the formation of character disorder, though the specific causes of this type of disturbance can be held up to speculation. Yet the fact remains that this disturbance warps a man's personality and makes him capable of the most violent and anti-social acts. The most interesting aspect of the character disordered person is his inability to feel guilt and a compulsive need to justify the commission of the most serious violent acts. The fact that man is susceptible to this kind of disturbance leads to the question of how inherently "good" man is: Is man by nature a violent animal? And if he is violent by nature, is it worth the effort to try to change this or should we instead concentrate on ways to control ourselves so as to at least reduce the amount of violence we perpetrate on each other. Throughout history there is an abundance of evidence to show how man has acted inhumanely to his fellow man. It seems that violence within man, either individually or collectively, remains in remission until he is faced with a crisis that is so anxiety provoking that it breaks down all the social controls that keeps man's violence in check. The Catholic Church consistently justified the Grand Inquisition as being consistent with the teachings of Christ. Millions of persons have been killed in the name of some ideal by men who saw themselves as doing the world some good without having any insight into the consequences of their actions. Unbridled violence is a form of behavior that marks all history. Under certain circumstances we can kill, maim, and plunder - and do it coldly and systematically - without feeling the slightest tinge of guilt. Without social controls over our behavior we become violent. Violence is a way of relieving tension, especially when it erupts in massive bursts and no account is taken of its

Not only social controls but socialization + opportunities for identification with nonviolent models

consequences. There are mothers who ~~willfully~~ kill their own children without realizing that they have done something wrong. Pollack describes the character disorder as being a

some doubt if the mentally ill person has control over his will

constellation of massive projection, ego-syntonic behavior, insistence on self-justification, and the need for change in others, insensitivity to the needs of others, hopelessness, and inefficient exploitation of others.⁷

In 1946 Rudolf Hoess, commandant of the Auschwitz concentration camp was interviewed by G.M. Gilbert, the prison psychologist at the Nuremburg Trial of Nazi War Criminals. Hoess neither expressed or showed any guilt over his role in the extermination of the Jews. When asked how it was technically possible to kill 2½ million persons, Hoess responded "in a quiet, apathetic, matter-of-fact tone of voice."⁸ His affect was one of apathy with no insight that he had done anything wrong. Other Nazi criminals also sought to justify their acts to Dr. Gilbert and, with one exception, none were willing to come right out and admit their own guilt. It is important to note that these men were not psychotic and were generally above average in intelligence. They knew exactly what they were doing when they embarked upon their policy of war and extermination and were not sorry for anything that they had done. These men were not common criminals; in fact, there was very little that distinguished them from other men. Yet they committed some of the most violent acts in history, and did so coldly and ruthlessly. It is worthy to note that these men could not be reasoned with and it finally took violence of even a greater magnitude to destroy them.

yes!

One of the major symptoms of the character disorder is "acting out." This term originated in psychoanalysis. "Acting out" persons were people who tended to use action as a means of dealing with tension. The major characteristics of the acting out person are:

1. An inability to tolerate tension in general accompanied by a need to discharge tension

in action. Frustration tolerance is minimal and postponement of gratification is impossible.

2. Intolerance for ANY unpleasant affect. When threatened by such a feeling he must immediately do something to get rid of it.
3. Pervasive mis-understanding of the present in terms of the past. People in the present are used as stand-ins for re-enactments of childhood conflicts and defenses. *good*
4. A tendency to repeat again and again the same experiences or behavior patterns.

Superficially the reaction of the person who acts out may resemble the typical transference reaction of the neurotic. However it is much more indiscriminate and often takes place with people the client scarcely knows and is based on the role of the person, not the person per se.⁹ *interesting*

part object
The "borderline state" is a descriptive rather than a dynamic term and is used to describe persons who are seriously ill but not clearly psychotic. The term "borderline state" may be used as a temporary diagnosis pending a more definitive diagnosis. It is made on the assumption that a patient must be psychotic. *schizophrenic*

Not a personality disorder
The "borderline" term may also be used to describe persons who are overtly psychotic at certain times and latently psychotic at others. In other words, a person may have sufficient ego to be in contact with reality, but ego adjustment is so tenuous that a minor upset can result in a psychotic breakdown. At the time when the condition is severe the diagnosis may be schizophrenia and the pre-psychotic state may be regarded as either a character disorder (less disturbed) or a borderline state (more disturbed). *Borderline usually refers to borderline schizophrenic*

Probably not
A third situation in which a person may be labelled "borderline" is when the person is not psychotic, not neurotic, and not healthy - "borderline." The difference between the character disorder and the borderline state is one of degree, depending on the extent to which psychotic thinking has invaded the ego.¹⁰

*Read Knight in Study manual on Borderline
He would disagree with this*
6

As for the functioning of the psychic structure in the person with a character disorder, it is marked by an underdeveloped superego and functioning at the pre-genital stage of development. As a result, an adult with this problem will cope with stress the same way as, let's say, a five year old child might, except that the adult may become a threat to others as he seeks immediate relief from tension. ~~This is especially true of alcoholics and drug addicts.~~ Sandor Rado postulates a "tense depression" as the basic emotional state relieved by opiate intoxication. Rado found that addicts respond to frustration in life with this depression, marked by tension and an intolerance to pain which is relieved with drugs.¹¹

The character disorder personality is not psychotic however as the ego structure is sufficiently developed so as there is no cognitive confusion and reality testing is intact. Knight points out that it is possible for some ego functioning to be damaged while others remain relatively intact. In most borderline patients the ego functions that are impaired are integration, concept formation, judgement and realistic planning. Defense against eruption of id impulses into consciousness is also weak. On the other hand, the more general intellectual functions, their conventional adaptation to the environment, and ability to maintain superficial object relationships may be well-maintained.¹² These people can be highly successful in their vocations, but usually their accomplishments are not in line with their abilities. *Not personality disorders*

Arrested superego development leaves a person with an immature superego that is rigid and harsh. This probably caused by failure to resolve the oedipal crisis by means of identification. Due to the inadequate superego development, projection and denial are used in massive ways to cope with stress. Also the immature superego produces the rigidity in behavior which is found in fanatics like the Nazis. *Good application*

There is a rigidity in the reactions or behavior of a person suffering with a

character disorder that is not present in the character traits of the normal person.¹³

This rigidity of behavior is found in all situations the person may be in, whether the behavior is justified or not.

Socio-cultural factors play an important part in the formation of character disorder. Character formation is influenced by many factors. These factors are in turn influenced, either directly or indirectly, by the social setting in which the individual develops and the culture which imparts to him a set of values to live by. If an individual grows up in a home that is broken and does not receive much nurturing, it is likely that his basic emotional needs will not be satisfied and that as a result he may develop a character disorder. Isador Chein, in a study in the the early 1950's, found that narcotic addicts had a delinquent orientation to life. They had an attitude favorable to experimentation with drugs, reinforced by a home life conducive to the development of disturbed personalities - "emotional divorce" between parents if not an outright broken home; symbiotic attachment between mother and son involving a seductive-destructive relationship; remote or shadowy father figure (if present); absence of consistent or rational authority in the home; view of authority as corrupt and to be manipulated.

Excellent synthesis on your part

Chein's description of delinquent orientation corresponds in many respects to other concepts such as alienation and anomie. Merton said that when people are denied access to the goals that society values, they may retreat from these goals and have recourse to deviant activity such as drug use. Cloward said that there are pressures for delinquent behavior in the lower classes due to frustration of aspirations for middle-class status. This frustration may lead to drug use as a form of retreat.¹⁴

In short, if an individual grows up in a setting in which he receives little nurturing, has poor parent figures to identify with and fails to resolve the oedipal crisis,

Good!

then it is much more likely that the child will develop a characterological pathology that will effect his behavior as an adult as he seeks to satisfy the needs of his early childhood years in ways that may not be socially acceptable. *yes excellent*

Treatment of individuals with character disorders is difficult. Clients with this pathology do not see themselves as having problems. It is extremely difficult to engage such a client in a meaningful and productive case-work relationship. If the **client** does not see himself as having any problems, it makes the social worker's job almost impossible to perform. Social workers need to work with clients who feel that they have problems and usually do not have the time, training, or endurance necessary to meet the special needs of those suffering from pathological disturbances but who are not clearly psychotic. Social workers like to see improvement in their clients' ability to cope with their problems, but improvement does not come either easily or fast with clients suffering from character disorders. In fact, such clients tend to react to a treatment situation with indifference or resentment.

Until the client is helped through treatment to become aware of having a problem that requires him to make a change in himself, little can be accomplished.15 *for*

Actually it comes down to the question of whether a person suffering from a character disorder can be helped. Since they lack insight into their problems and need to use all their energy to cope with anxiety that is intolerable to them, the social worker first has to build up such clients emotionally before even considering some kind of viable treatment plan. This means that the social worker has to assume the role of surrogate mother or father to meet the emotional needs of the client. Unfortunately, the reality of the situation is that most social workers are either unable or unwilling to assume such a role and soon become disgusted with such clients. Look at how unsuccessful social workers are in treating alcoholics

discouraged

We can't never say that a life is too expensive to save!
and drug addicts. These people can be reached, but the time and energy needed to help them is ~~so great~~ that it becomes prohibitive. How many drug addicts and alcoholics are actually rehabilitated? Is it reasonable to set limited goals for these kinds of clients knowing that without constant supervision and support they will slip back to their old behavior patterns. *Yes! You are sometimes very judgemental*

Clients with character disorders are severely disturbed persons. Their psychological functioning is at a primitive level. The social worker will be making progress with the client if the client becomes depressed or anxious or develops neurotic or psychosomatic symptoms. It represents growth of superego functioning with improvement in ego functioning. When the client starts feeling guilty then progress is being made. The social worker who fails to recognize these symptoms as progress may become angry at the client at the very time when the client is improving. But until this occurs, the social worker should not set treatment goals too high. *Yes! You did in the preceding paragraph*

Otto Pollak cites three groups of difficulties in treating character disorders. First, due to primitive ego structure, the therapist and client must engage in process of unlearning faulty reaction patterns. Clients require therapy which emphasizes nurturing more than gains in understanding and therefore acceptance of limitations.

Second, we live in a materialistic society that stresses immediate gratification of our instinctual needs undermining the strength of the superego. Our society furnishes us with many rationalizations for acting out rather than internalizing conflict; it elicits development of character disorders and feeds strength into the resistiveness of treatment. *Good*

Third, caseworkers appear to be trapped by the principles of the methods of casework which do not seem appropriate to the type of clients in family welfare agencies today. The successful fight against symptom neuroses has increased our difficulties in finding means of effectively treating character disorder.¹⁶

The caseworker and client cannot get together because their personality orientations are so different. The caseworker is a giving person while the client cannot give. On the conscious level, the personality of the caseworker may represent a reproach to the client with a character disorder.

Clients with character disorders will be tempted to exploit the caseworker by using his skills for their own pathological needs. Such clients come to the agency because they have found their exploitative efforts in human relations ineffective. They want to become better exploiters, not more giving persons. They will use the agency as an instrument of exploitation of others. For instance, a husband may report that his wife is neglecting the children in an attempt to use an agency to impose his will on her, using the welfare of the children as a pretext for intervention.

Since it is almost impossible to establish a common frame of reference with the character disordered client, the treatment goals the caseworker has to be limited. The caseworker is a giving person by profession while the client while the client cannot give at all and is interested in gratifying his immediate needs. The conflict between caseworker and client due to the client's pathological condition expresses itself clearly in treatment goals. Social workers see the treatment process as liberating rather than binding. Guilt and anxiety are decreased; spontaneity is increased, self-blame and self-restriction are eased. However the client with the character disorder has a personality structure which requires binding, creation of a major of guilt and anxiety rather than emotional release, restriction of behavior in place of maladaptive spontaneity.

In the treatment of character disorder there is a surface implication of taking away, not of giving, which is in direct contradiction with the culture of casework and with society in general. The goal is to take away the

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You do not have person to have any sympathy for the personality disordered client. Role is on picture too!

spontaneity in acting out his needs for gratification and expression; his freedom from guilt, his unconcern with others. THE CASEWORKER IS TAKING AWAY FREEDOM FOR THE ID. This is why the client with the character disorder will become hostile and resistive of treatment. The caseworker cannot support and maintain strengths in such a client because the client has very little emotional strength to support. Also the goal of increasing the client's understanding of his own problems is not appropriate because it will not happen until the caseworker has at least succeeded in establishing an interpersonal relationship with the client.

Social policies toward persons with character disorders are determined by the behavior that such persons exhibit. Even though the person with a character disorder is suffering from pathology and is ill, the kind of illness he has can produce a pattern of behavior that can hurt others. These persons cannot be reasoned with as they have no insight that they have done something wrong. Before anything else is done with them, the clients with character disorders must be isolated from others. This may happen in the context of a criminal arrest. Or the client may be committed to a mental institution or some other kind of setting for rehabilitation. *Some need to be socially controlled*

Any social policy regarding persons with character or other personality disorders has to be based on the premise that these people do not want help and have to be either enticed or coerced into getting help. How many drug addicts voluntarily seek help? How many alcoholics run to therapy? How many sociopaths commit themselves to treatment? A disturbed person is potentially a dangerous person, especially if he cannot control his need for immediate gratification. It is bad enough when someone kills someone else deliberately and then justifies it afterwards; it's worse when it is done on an impulse because such behavior is totally uncontrollable. The best that society can do is try to seek out and identify those individuals who may act in such a way and one way or another get them in a treatment setting or otherwise isolate them from others.

FOOTNOTES

1. Jackel, Merl, "Clients with Character Disorders," Study Manuel 2, p.40
2. Jackel, p.41
3. Rossner, J., Looking for Mr. Goodbar (Pocket Books, N.Y.), 1976, p.15
4. See Jackel, pp.42-43
5. Jackel, p.44
6. Jackel, p.45
7. Pollak, Otto, "Treatment of Character Disorders: A Dilemma in Casework Culture," Social Service Review, Vol.35, 1961, p.128
8. Gilbert, G.M., Nuremburg Diary, (Signet Book, N.Y.), 1961, p.229
9. See Jackel, pp.47-48
10. See Jackel, pp.48-49
11. "The Dynamics of Defining Deviance," Study Manuel 1, p.165
12. Jackel, p.48
13. Jackel, p.43
14. Study Manuel 1, p.162
15. Jackel, p.49
16. Pollak, p.127