Introduction

Personality Disorder and the Philosophy of Psychopathology

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Within the increasingly vast literature in the philosophy of psychopathology (a subset of the philosophy of psychiatry), little attention has been paid to personality disorder. This is somewhat surprising given that personality disorder has become one of the most conceptually contentious topics in clinical psychology and psychiatry (Kotov et al., 2017; Krueger et al., 2018). With this in mind, to encourage and support more interdisciplinary work on personality disorder, in 2019 Konrad Banicki established the Understanding Personality Disorders Network (as part of the Collaborating Centre for Values-based Practice in Health and Social Care: https://valuesbasedpractice.org/), invited members, and began a series of events and, with this book, publications.

The initial idea for the book was to potentially alter the scholarly landscape by encouraging more philosophers to tackle the complicated issue of personality disorder. A second important goal was to demonstrate to psychologists and psychiatrists the relevance of some philosophical theories and perspectives for conceptualizing personality disorder. Psychology and psychiatry books often address conceptual and historical issues for personality disorder, but less typically explicitly philosophical ones.

Our initial group of chapters were selected from responses we received after issuing a call for papers, and these were further augmented by asking additional colleagues to consider contributing a chapter. Some of the proposed chapters were about personality disorder in general and others were about one or more personality disorder types. As our ideas evolved, we also gravitated toward chapters that offer new and novel approaches to conceptualizing personality disorder.

As the writing commenced, we asked authors to be mindful of the ongoing transition to dimensional models. Dimensional models describe personality pathology using profiles of continuous traits on which every person in a population has a standing such as "neuroticism" and "impulsivity." One impetus for the transition to dimensional models was the discovery of unexpected comorbidity between different personality types such as borderline,

1

histrionic, and narcissistic. This comorbidity calls into question the notion that these personality disorders are distinct categories. Many psychologists in particular consider well-known categories of personality to be scientifically invalid (Kotov et al., 2017).

One barrier to transitioning to dimensional models is that certain diagnostic categories have become a part of everyday psychology and cannot just be plucked out and eliminated from our language. An example of an entrenched everyday concept would be air. Although air is no longer considered an element in current scientific theory, it is still an understandable notion in the English language, especially in words like airplane and air conditioner. Depression is potentially like air in that sense. Even when someone claims we should not be talking about and studying depression, they often continue to refer to depression.

Although borderline personality disorder and narcissistic personality disorder are not as deeply entrenched in everyday psychology as depression, they have both everyday psychological and professional senses. Indeed, the *Diagnostic and statistical manual of mental disorders*, 5th edition (DSM-5)'s initial proposal to eliminate narcissistic personality disorder and the *International classification of diseases*, 11th revision (ICD-11)'s initial proposal to eliminate borderline personality disorder met with intense opposition (Campbell & Miller, 2011; Watts, 2019). These concepts are of historical importance for the concept of personality disorder; for many professionals they are part of their default conceptual schemata, and for dimensional models, borderline and narcissistic features are used to define the nature of personality disorder (Waugh, chapter 4). With these considerations in mind, if people were not writing about personality disorder in general, we asked that they focus on the borderline or the narcissistic patterns.

The book is divided into five sections. The first section includes three chapters with a historical focus. The first chapter examines how, after the concept of personality was popularized in the early twentieth century, personality disorder transitioned from being a feature of psychopathology in general to being an independent domain in psychopathology (Zachar). There is a chapter on Ribot's ground-breaking work on the importance of indecisiveness to personality and psychopathology. Ribot's ideas have been lost in history but can be seen as precursors to current interests in transdiagnostic concepts (Proust). A chapter rooted in Mischel's interactionist criticism of personality trait theory argues that maladaptive personality traits must be rooted in behavioral consistency across situations, which increases the risk of over-diagnosis. From this perspective, some dimensional personality disorder constructs such as negative emotionality and detachment may be too broad to be clinically informative (Sakakibara).

The second section includes a series of chapters describing contemporary approaches to traditional conceptual perspectives on personality disorder. There are chapters on psychodynamic (Waugh), systems theory (Cramer and

Borsboom), interpersonal (Wright and Nielsen), phenomenological (Sterna, Moskalewicz, Schmidt-Boddy, and Fuchs), pharmacological (Jerotic and Kostic), and evolutionary (Cheli and Brüne) approaches.

The third section includes chapters that address the call for novel conceptual approaches to personality disorder. These include a chapter on a cybernetic perspective, which argues that psychopathology understood as a persistent failure to move toward one's goals is inseparable from personality (DeYoung and Krueger). One chapter explores the ambiguity regarding whether a personality disorder reflects who someone is or rather reflects an imposed affliction – which may be particularly complex with personality disorder if one disidentifies with maladaptive traits (Dings, de Boer, de Buin, and Glas). A chapter calling into question the view that personality traits are causes of behavior casts doubt on scientific realism about the five-factor model and offers an alternative causal account grounded in motivation (Boag). A chapter advocating for a dual-aspect approach to personality disorder views personality pathology as in a dialectical relationship between disorders as residing in an individual versus disorders as constituted by external, social, and culture contexts (Green). A chapter rejecting an essentialist, common-cause model of comorbidity in the realm of personality disorder offers instead a relational, causally connected systems view from the perspective of network theory (Köhne and Isvoranu).

The next chapter in section three explores approaches that have recognizable spiritual or religious underpinnings. In particular, the ontological model of the Christian theologian Paul Tillich is discussed in terms of its dialectic character and the how dialectics can be applied to elucidate personality pathology. This framework is then compared with Marsha Linehan's dialectical behavior therapy rooted in Zen Buddhism and Thomas Lynch's radically open dialectical behavior therapy founded on Malâmati Sufism (Banicki). The last chapter in this section addresses the debate about whether cluster B personality disorders are actual disorders or are morally disvalued problems-in-living, showing that whether any action is one or the other depends on whether it results from a failure to self-regulate (Leder and Zawidzki).

The fourth section explores potential harmful consequences and misuses of personality disorder concepts. The first chapter in this section argues that the diagnosis of aversive and antagonistic personality disorder among indigenous people typically fails to take into account the importance of displacement in post-colonial worlds (Gillett and Tamatea). The second chapter in this section shows how injustifiably dismissing as inappropriate the anger associated with borderline personality disorder is a form of affective injustice that potentially undermines people's moral agency (Ordesson and Lippert-Rasmussen).

The fifth section presents different approaches to conceptualizing borderline and narcissistic features. Feelings of emptiness can be excruciating and seem

quite intractable, yet this criterion of borderline personality disorder is far less examined. The first chapter in this section argues that emptiness is not a distinct concept and, furthermore, is not specific to borderline personality disorder or, indeed, to people who are diagnosed with psychiatric disorders. Following Linehan's treatment model, the chapter argues that, albeit the concept of emptiness is distinct from its western concept, Buddhist meditation can, for some people struggling with feelings of emptiness, be a pathway toward healing (Potter).

The next chapter in section five examines empathy deficits in narcissistic personality disorder. Empathy – a complex phenomenon – is interpreted as a set of mechanisms that enable humans to understand others. Narcissistic personality disorder is construed as the result of persistent doubt about other people's perspectives and about one's own social standing. This is referred to as status blindness (Schramme). A chapter that combines both phenomenology and the perspective of philosophical counseling argues that narcissistic personality is a disorder of intentionality related to being disconnected from and out of resonance with one's interaffective community and thus with oneself (Ferrarello). The last chapter in this section offers a narrative account of pathological forms of narcissism. It argues that rather than seeking accurate self-understanding, narcissistic individuals curate a self-story that is constructed to ease their insecurities and then try to compel others to affirm that curated story (Williams).

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Part I

Historical Perspectives

1 How Personality Disorder Became an Independent Domain in Psychopathology
A History

Peter Zachar

1.1 From Psychopathology to Normal Personality

It would not be surprising for someone to claim that *certainly, people have personalities but asserting that a personality can be disordered is taking it too far.* To claim that the notion of personality pathology is medicalizing a normal psychological process, however, may be putting the cart before the horse. In a historical irony, the contemporary concept of personality was introduced in the nineteenth century to make sense of some puzzling psychiatric phenomena.

Lombardo and Foschi (2002, 2003) emphasize the origins of "personality" in abnormal psychology, pointing to Théodule Ribot, the founder of experimental psychology in France. Ribot claimed that clinical phenomena are akin to natural experiments that can be used to understand the components of normal psychology. The clinical phenomena that were most important at this time were dissociation and what was called the doubling of consciousness. An example of doubling would be the case of Félida – a woman who was usually sad, emotionally unstable, and beset with multiple physical ailments, but would switch to another state in which she was extroverted and happy – and there was no continuity of memory between those distinct states of personhood (Hacking, 1995). In *Diseases of the personality*, Ribot (1885) claimed that in normal psychology there is a coordination of intellectual, affective, and physical features that can break down in illness – and named the normal coordination of psychological features "personality."

Another contributor to the French tradition was the psychologist and physician Pierre Janet. For much of the nineteenth century, discussions of individuality, personhood, and continuity over time were framed using a metaphysical notion of the self. The metaphysical self is akin to an enduring essence that makes someone who they are and is known through introspection. Janet did not consider introspection a reliable way to study the self. Inspired by the work of the neurologist John Hughlings Jackson and Ribot, Janet argued that "the

7

pathological method" (i.e., observations of individual clinical phenomena) pointed the way to developing an empirically based psychology rather than a metaphysical one (Berrios, 1996; Lombardo & Foschi, 2003).

Due to his extensive travels throughout Europe, William James was familiar with French ideas and promulgated them in the United States. For instance, Perry (1935) reports that James, referring to Janet, claimed that the study of psychopathology, especially dissociation, is worth more than all exact laboratory measurements put together. Indeed, James taught four classes on psychopathology in the 1890s, based in part on the idea that the best way to understand the normal is to study the abnormal (Richardson, 2006).

In *The principles of psychology*, James (1890) described hysterical phenomena, including a lack of feeling in one part of the body and blindness for part of the visual field. Rather than inferring that these phenomena represent a lack of conscious experience (tactile or visual), James said consciousness was split into parts that mutually ignore each other. According to James, even though the primary consciousness may have no awareness of feeling in the affected part of the body, the secondary consciousness does. He also used primary and secondary *self*, primary and secondary *personage*, and primary and secondary *personality* to describe these phenomena.

The psychiatrist Morton Prince also played a role in promulgating the concept of personality. Roback (1940) describes Prince as a Francophile who, like James, was familiar with the work of Janet and his advocacy for the clinical, case-study approach. Prince's 1906 book, *The dissociation of personality*, according to Henry Murray (1956), created a sensation wherever English was read.

Most assuredly, people recognized personality traits long before the twentieth century. Character types were present in the Greek tragedies and the characters of Theophrastus, in books such as the *Canterbury tales*, and the plays of Shakespeare. What seems to be different with the fin-de-siècle notion of personality is a shift in emphasis in which individuality takes center stage.

A relatively new feature of early twentieth-century American life was the growth of mass media. Various self-help books and self-improvement manuals associated with the mental hygiene movement promulgated the importance of personality in the 1910s. With advancements in photographic, radio, and film media, celebrity itself increasingly became associated with the larger-than-life "personality" (Grout, 2019).

This notion of personality became a trendy folk psychological concept (Barenbaum & Winter, 2003; Nicholson, 2003). In the new popular lexicon: everyone has a personality; it represents what they are like as an individual; and it is something they need to actively develop. For example, in *The Great Gatsby*:

Mrs. Wilson . . . was now attired in an elaborate afternoon dress of cream-colored
chiffon . . . With the influence of the dress her personality had also undergone
a change. The intense vitality that had been so remarkable in the garage was converted
into an impressive hauteur. (Fitzgerald, 1925, pp. 30–31)

Or in *Arrowsmith*:

Knowledge is the greatest thing in the medical world but it's no good whatever unless
you can sell it, and to do this you must first impress your personality on the people who
have the dollars. (Lewis, 1925, p. 87)

In contrast, in 1896's *The red badge of courage*, we find:

He felt that something of which he was a part – a regiment, an army, a cause, or
a country – was in crisis. He was welded into a common personality which was
dominated by a single desire. For some moments he could not flee no more than
a little finger can commit a revolution from a hand. (Crane, 1896, p. 56)

The incorporation of personality into the American cultural landscape raises
the interesting issue of the relationship between folk psychological and scien-
tific psychological concepts. Every new student brings their folk psychological
understanding to their initial exposure to scientific psychology. Hopefully the
exposure to scientific psychology alters some folk concepts, but newly emer-
ging folk concepts can also be assimilated into psychology.

By the 1920s, the younger generation of Americans would think about
themselves and others as having "personalities" and bring this perspective to
psychology. Indeed, the time was ripe for a science of personality. As students
in the history of psychology learn, in the late nineteenth and early twentieth
century, psychology was a specialization within philosophy (i.e., experimental
philosophy). When the United States entered World War I in 1917, psycholo-
gists believed that they could use their skills in intelligence testing to assign
recruits to appropriate positions in the military and convinced the leaders of the
military to fund such an effort. Greenwood (2015) reports that ultimately the
military did not see the mass testing as useful, but after the war there occurred
a perceptual shift in the public's opinion of psychology. It was newly seen as
a scientific discipline that could produce practically useful knowledge.

This shift in perception resulted in large increases in economic support
available for psychological research. To further increase the scope and utility
of testing, psychologists began assessing nonintellectual traits. Given the great
popularity of personality in the larger culture, personality traits were a natural
choice. The psychologists also contrasted their preferred psychometric
approach with the clinical–pathological approach of physicians such as
Prince (Danziger, 1990).

Nicholson (1998) reports that in the 1920s when psychologists began offer-
ing personality courses, "personality" was seen as a value-neutral term that was

more appropriate for an empirical science than the value-laden term of "character." In retrospect, this is at least a little strange, because personhood was also an unambiguously moral concept. Both Locke and Kant used "personality" as a synonym for "personhood." In any case, the measurement of personality (broadly construed) came to be seen as a distinguishing feature of psychology as a field. As stated by Roback (1933, pp. 214–215):

That personality tests . . . would follow close upon the heels of the intelligence tests was after all to be expected, but could anyone have predicted . . . the avalanche which bids to sweep away from the foreground nearly all interest in American psychology, to the exclusion of personality measurement?

1.2   From Psychopathology to Personality Disorder

Doubtlessly, some readers have noticed that dissociation and split personality are not what is usually meant by personality disorder. The history just recounted describes the beginnings of a bifurcation between the clinical–pathological and the psychometric approaches to studying personality and psychopathology, but not the genesis of the contemporary concept of personality disorder.

In writing histories of personality disorder, many thinkers have looked back to Prichard's (1835/1963) concept of moral insanity, construing it as an early version of psychopathic–antisocial personality. Moral insanity played an important role in the history of personality disorder, but not in the way it is often discussed. Rather than psychopathic–antisocial personality disorder, moral insanity referred to insanity with an absence of delusions. Its symptoms included excitement or dejection, impulsivity and anger. According to Prichard, moral insanity was his preferred term for Pinel's *manie sans délire* (of 1801) and Esquirol's monomania (of 1810). The main idea behind each was that insanity can occur in people with intact intellects and adequate reality testing – thus expanding the scope of nineteenth-century psychiatry to include more than institutionalized patients.

Horwitz (2023) argues that the first "personality disorder" was Koch's concept of psychopathic inferiority, introduced in 1891. Psychopathic inferiority includes traits such as high-strung, capricious, rigid, and grandiose (Schneider, 1950/1958). It also has a significant blemish, because it was partly formulated in the context of degeneration theory. What was degeneration theory? Under the influence of the scientifically mistaken view that evolution aims at the development of more complex and advanced life-forms, in the latter part of the nineteenth century some thinkers inferred that the process could go the other way – a devolution to a more primitive, less-advanced form. This process, called degeneration, supposedly ran in families, with each subsequent

generation being increasingly degraded, eventually culminating in the extinction of that family line. People with violent and aggressive personalities were readily considered to be degenerates.

Koch proposed three broad groups of psychopathic inferiorities, only one of which was tied to degeneration theory (Schneider, 1950/1958). Even so, in later years those who emphasized the biological and genetic determination of personality pathology seemed to prefer the term constitutional psychopathic inferiority.

It is important to note that the distinction between personality pathology and other forms of psychopathology was wobbly well into the twentieth century. Among the "types" identified by various thinkers were neurasthenic, hysteric, hypochondriacal, depressive, and manic personalities. A loose distinction between personality pathology and other forms of psychopathology is nicely illustrated by the Minnesota Multiphasic Personality Inventory (MMPI), which was developed in the early 1940s. Hysteria and psychopathic deviate were part of this personality inventory, but so was hypochondriasis, depression, schizophrenia, and mania (Hathaway & McKinley, 1940). To this day, moderately elevated MMPI-2 scores are given personality-trait interpretations. For example, a moderate score on hypochondriasis indicates being a complainer; on schizophrenia it indicates being alienated and withdrawn.

1.3   "Psychopathic" Personality

The concept of psychopathic personality is closely associated with Kurt Schneider (1950/1958), who in 1923 published a book titled *Psychopathic personalities*. Psychopathic was used broadly to mean "psychopathological." Those with psychopathic personalities were also called psychopaths. An English translation of the ninth edition of Schneider's book was published in 1958. In that edition he described 10 distinct types. Examples include the fanatic, depressive, and attention-seeking psychopaths.

Schneider was a German psychiatrist who publicly opposed Nazi eugenics and its advocacy for degeneration theory, stating that the concept of degeneration is worth mentioning for historical purposes only. He believed that pathological personality was rooted in one's innate dispositions and constitution, and claimed that dispositions are not morbid organic processes in the sense of physical disease or illness but just variations, nothing else.

He also made a distinction between personality pathology and neurosis. For personality pathology the concern is with what the person is like, for neurosis the concern is how experience has altered typical functioning. Unlike Kraepelin and Kretchmer, Schneider did not believe that psychopathic personalities were milder versions of serious mental illnesses such as schizophrenia. He accepted that there are recognizable premorbid personalities associated