

DELUSIONS OR ILLUSIONS AND THE PERSONALITY DISORDERS

By Julie Le Franc Psychoanalytic Psychotherapist and Psychologist

Personality Disorders are characterised by socially abnormal feelings and behaviours that can create a life of instability. When the DSM-IV describes the symptoms of the various personality disorders it refers to the pervasive pattern of those symptoms, characteristics with well developed roots reaching deep into the unconscious. These ingrained qualities and patterns of behaviour describe the way that person relates to, perceives and thinks about the world and themselves. The DSM lists ten personality disorders, grouped into three clusters.

Cluster A : Paranoid, Schizoid, Schizotypal (odd or eccentric disorders)

Cluster B : Antisocial, Borderline, Histrionic, Narcissistic (dramatic, emotional or erratic disorders)

Cluster C : Avoidant, Dependent, Obsessive-compulsive (anxious or fearful disorders) ⁽¹⁾.

The Five Factor Model of personality are broad descriptive dimensions of personality that are; openness, conscientiousness, extraversion agreeableness and neuroticism.

However, as a psychotherapist, simply knowing the personality disorder diagnosis does little to explain the nature of a person's unique, individual problems.

History and changing accounts: During the eighteenth century insanity was explained by the Lockean philosophical framework of enlightened rationality: delusions or illusions, fallacious thinking led human reasoning into the wrong ⁽²⁾.

By the nineteenth century the realm of unsoundness changed to moral insanity the term used for criminals with an absence of conscience and with no self-control or sense of ethics ⁽²⁾. Dr Prichard emphasised that people with this mental disorder displayed eccentricity of conduct, singular and absurd habits combined with a wayward and intractable temper, with a decay of social affection and an aversion to relatives and friends formerly beloved ⁽²⁾. These individuals were considered to have normal intellectual capabilities but their behaviour was improper and indecent.

In the twentieth century the American Psychiatric Association constituted the psychopath as amoral, antisocial, impulsive, an irresponsible individual satisfying their egocentric needs without concern for consequences and had little guilt or anxiety ⁽¹⁾. Specifically, the psychopath displayed superficial charm with callous-unemotional traits (eg lack of guilt, persistent lying, callous use of others, good at persuasion due to a trait known as an absence of empathy or cold empathy) relatively stable across childhood and adolescence, youth and adults with a particularly severe, aggressive and stable pattern of antisocial behaviour ⁽³⁾. The terms sociopaths versus psychopath were defined as; sociopaths were thought to act within the law and psychopaths violated the law ⁽⁴⁾.

What causes the illness: Genes and environment have been linked in shaping human behaviour, and psychosocial stressors have been shown to have profound effects of a biological nature by changing the functioning of the brain ⁽⁵⁾.

In the decade of the brain, brain research and the genetics of brain disorders are more apparent. In fact Brain Imaging is developing the ability to measure correlations between brain activation, psychological states and traits ⁽⁶⁾.

With the development of functional neuroimaging lying has been shown to activate the anterior cingulate cortex that is typically involved in tasks that evoke cognitive conflict, and prefrontal areas important for holding task contexts in working memory and retrieving long-term memory. A critical part of the limbic system is the amygdala, the amygdala is important for the generation of emotions; moral decision-making is emotional in nature. Psychopaths lack emotions and empathy and this can be partly explained by a volume reduction in the amygdala and poor amygdala functioning in the psychopath. In The British Journal of Psychiatry, frontotemporal lobar degeneration (FTLD) was linked to complex behavioural changes in substrates of personality. The study involved thirty participants' that underwent volumetric brain magnetic resonance imaging. A VBM analysis was implemented regressing change score for each trait against regional grey matter volume across the FTLD group. The quantitative measures of personality change in FTLD were correlated with changes in regional grey matter. It was established that the neuroanatomical profiles for personality traits overlap brain circuits previously implicated in aspects of social cognition and suggest that dysfunction at the level of distributed cortical networks underpins personality change in FTLD ⁽⁶⁾.

References:

- (1) American Psychiatric Association. (1995). *Diagnostic and statistical manual of mental disorders (4th ed.)*. Washington, DC: American Psychiatric Association, 1995
- (2) Prichard, J.C. (1996). *Concept of moral insanity: A medical theory of the corruption of human nature*. *Medical History*, 40: 311-343.
- (3) Frick, P.J., & White, S.F. (2008). *Research Review: The importance of callous-unemotional traits for developmental models of aggressive and antisocial behaviour*. *Journal of Child Psychology and Psychiatry*, 49; Issue 4, 356-375.
- (4) Pickersgill, M. (2010). *From psyche to soma? Changing accounts of antisocial personality disorders in the American Journal of Psychiatry*. *History of Psychiatry*, 21 (3) 294 – 311.
- (5) Gabbard, G.O. (2005). *Mind, brain and personality disorders*. *Am J Psychiatry* 162: 648 – 655.
- (6) Mahoney, C.J., Rohrer, J.D., Omar, R. Rossor, M.N., & Warren, J.D. (2011). *Neuroanatomical profiles of personality change in frontotemporal lobar degeneration*. *The British Journal of Psychiatry*. Published online ahead of print March 3, 2011, doi: 10.1192/bjp.bp.110.082677.



Julie Le Franc

Psychoanalytic Psychotherapist & Psychologist

JP (Qual), B.A. Psych., Post Grad.Dip. Psych., M.A. Psychoanalytic (Melb) MAAP, MAPS, Post.Grad. Nutritional and Environmental Medicine (ACNEM)

For the resolution of unconscious psychological conflicts. Available to individuals, couples (marital), families and doctors.

- Major Depressive Disorders • OCD • PTSD • Anxiety Disorders
- ADD/ADHD • Dysphoria • Sleep Disorders • Grief/Loss • Coping with Change
- Relationship/Marital • Chronic Pain • MVA & Workcover

Rooms: Level 1 Specialist Centre, 95 Nerang St, Southport Qld 4215
Consultations Saturday – Shop 49, Tweed Mall Centro, Tweed Heads 2485

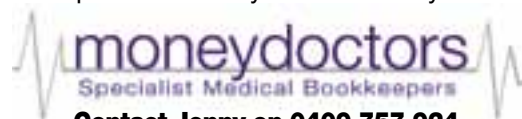
Bulk Billing (conditions apply)

For appointments: 0407 385005 or 5578 7577 (fax 5528 4822)

Bookkeeping for Medical Practices

*Do you need more time?
Are you setting up a new practice?*

We're qualified accountants providing bookkeeping services. We can save you money, stress and free up time to allow you to do what you do best.



**Contact Jenny on 0409 757 924
www.moneydoctors.com.au**