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Personality Disorders and Mental Health

Overview of symptom patterns and effects on parenting and co-parenting

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Separation, Divorce and Mental Health

Separation and divorce can challenge mental health due losses and changes in status and belonging (family, community etc.:

- Sense of abandonment, contributing to loneliness and isolation
- Intense reactivity: shame, guilt, anger, resentments, regrets
- Disconnection, avoidance, withdrawal
- Superiority, competitiveness, aspirations ("I am the better .....")

Divorce can also consolidate mental health and proactive functioning:

- Detachment from dysfunctional, pathological environment or interactions
- Functional improvement with new determination and direction
- Determination to provide something protective, supportive or different for the child/children

Personality Functioning and Pathology in Context of Separation and Divorce

Separation and divorce can activate more or less reality anchored or perceived sense of loss, fight, abandonment, or defeat which can escalate range of personality pathology:

- Overwhelming affects and intense reactivity
- Competition, rivalry, manipulation, retaliation
- Avoidance, withdrawal, escape
- Reactivate early trauma related to experiences of own parents' separation, loss or abandonment
- Major mental illness, i.e., substance abuse, major depression, PTSD, anxiety disorder, gambling addiction, suicidality

From Reactions to Psychopathology

Differentiate between:

- Real separation/divorce related circumstances that influence normal personality functioning and evoke reactions
- Personality style with underlying capability for care, negotiation and tolerance of challenges
- Pathological personality traits that escalate in specifically challenging situations or are more consistently present
- Personality disorder with consistent patterns of behavior, cognition, emotions and internal experiences, that are inflexible and more or less uncontrollable in the moment

Personality Disorder Diagnosis and Co-morbidity

Borderline Personality Disorder, BPD Categorical Diagnosis DSM 5 Section II

1. Frantic efforts to avoid real or imagined abandonment.
2. Unstable and intense interpersonal relationships – idealization and devaluation.
3. Identity disturbance: unstable self-image or sense of self.
4. Impulsivity
5. Suicidal behavior, gestures or threats, or self-mutilating behavior.
6. Affective instability and reactivity
7. Chronic feelings of emptiness.
8. Intense anger or difficulty controlling anger
9. Paranoid ideation or dissociative symptoms.

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BPD Hybrid Dimensional and Trait Diagnosis DSM 5 Section III (1)

A. Difficulties in two or more of the following four areas:

1. **Identity**: Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; Chronic feelings of emptiness; dissociative states under stress

2. **Self-direction:** Instability in goals, aspirations, values and career plans

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BPD Hybrid Dimensional and Trait Diagnosis DSM 5 Section III (2)

3. **Empathy**: Compromised ability to recognize the feelings and needs of others as associated with interpersonal hypersensitivity (i.e., prone to feeling slighted or insulted); Perceptions of others selectively biased towards negative attributes or vulnerabilities.

4. **Intimacy**: Intense, unstable and conflicted close relationships, marked by mistrust, neediness and anxious preoccupation with real or imagined abandonment; Close relationships often viewed in extremes or idealization and devaluation and alternating between overevaluation and withdrawal

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BPD Hybrid Dimensional and Trait Diagnosis DSM 5 Section III (3)

Four or more of the following seven pathological personality traits, at least one of which must be (5) Impulsivity, (6), risk taking or 7(hostility).

1. **Emotional liability** : Unstable emotional experiences and frequent mood changes; Emotions that are easily aroused, intense and/or out of proportion to events and circumstances

2. **Anxiousness:** Intense feelings of nervousness, tenseness or panic, often in reaction to interpersonal stresses; Worry about the negative effects of past unpleasant experiences and future negative possibilities; Feeling fearful, apprehensive, or threatened by uncertainty; Fears of falling apart or losing control

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BPD Hybrid Dimensional and Trait Diagnosis DSM 5 Section III (4)

3. **Separation insecurity:** Fears of rejection by - and/or separation from – significant others, associated with fears of excessive dependency and complete loss of autonomy

4. **Depressivity**: Frequent feelings of being down, miserable, and/or hopeless; Difficulty recovering from such moods; Pessimism about the future; Pervasive shame; Feelings of inferior self-worth; Thoughts of suicide and suicidal behavior

5. **Impulsivity:** Acting on the spur of the moment in response to immediate stimuli; Acting on a momentary basis without a plan or consideration of outcomes; Difficulty establishing or following plans; a sense of urgency and self-harming behavior under emotional stress

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BPD Hybrid Dimensional and Trait Diagnosis DSM 5 Section III (5)

6. **Risk taking:** Engagement in dangerous, risky and potentially self-harming activities, unnecessarily and without regard to consequences; Lack of concern for one's limitations and denial or the reality if personal danger

7. **Hostility:** Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults

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Narcissism - Range and Fluidity

HEALTHY

OVERT

COVERT

GRANDIOSE

VULNERABLE

OTHER-ORIENTED

SELF-FOCUSED

PATHOLOGICAL

Narcissistic Personality Disorder, NPD
Categorical Diagnosis DSM 5 Section II

1. Grandiose sense of self-importance
2. Fantasies of unlimited success, power, etc.
3. Believes being special and unique
4. Requires excessive admiration
5. Sense of entitlement
6. Interpersonally exploitive
7. Lack of empathy
8. Envious of others
9. Arrogant, haughty behavior or attitude

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Shortcomings in Categorical NPD Diagnosis

Does not capture the range and process of narcissism and its pathology:

- phenotypes of pathological narcissism:
  grandiose and vulnerable with co-interactions and fluctuations
- expressions of pathological narcissism:
  overt - external/interpersonal and
  covert - internal/subjective
- self-regulatory processing and fluctuations in
  self-esteem, emotions, empathy and interpersonal relations

NPD Hybrid Dimensional and Trait Diagnosis DSM 5 Section III (1)

A. Difficulties in two or more of the following four areas:

1. **Identity**: Excessive *reference to others* for self-definition and self-esteem regulation;
   Exaggerated self-appraisal may be *inflated or deflated, or vacillate* between extremes;
   Emotional regulation mirrors fluctuations in self-esteem.

2. **Self-direction**: Goal-setting is based on *gaining approval* from others;
   Personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement;
   Often unaware of own motivations.

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NPD Hybrid Dimensional and Trait Diagnosis DSM 5 Section III (2)

3. **Empathy**: Impaired ability to recognize or identify with the feelings and needs of others;
   Excessively *attuned to reactions of others*, but only if perceived as relevant to self; Over-or underestimate own effect on others.

4. **Intimacy**: Relationships largely superficial and exist to *serve self-esteem* regulation;
   Mutuality constrained by little genuine interest in others' experiences and predominance of a need for personal gain.

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NPD Hybrid Dimensional and Trait Diagnosis DSM 5 Section III (3)

B. Both of the following pathological personality traits:

1. **Grandiosity** : Feelings of entitlement, either overt or covert; Self-centeredness; Firmly holding to the belief that one is better than others; Condescending toward others.

2. **Attention seeking:** Excessive attempts to attract and be the focus of the attention of others; Admiration seeking.

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Advantages with a Dimensional Approach to Personality Disorders

- Captures a broader range of personality functioning; fluctuations, variability, and rage of phenotypic and clinical presentation
- Includes self-agency, competence, decision making, and sense of control (internal and external)
- Attends to sense of self and identity and how confusion in this area relate to personality functioning
- Interpersonal relationships are influenced by self-regulatory patterns affected by emotions, empathic capability and self-esteem
- Empathy is a capability with *impairment* and *fluctuations* (NOT a lack of empathy usual assigned to NPD)

Personality Disorders and Co-morbidity of Mental Illness

- Common mental conditions, such as depression, anxiety and substance use disorder are often co-occurring with personality disorders, especially the narcissistic and borderline type.

- Such co-morbidity can escalate in context of challenging life experiences such a separation and divorce, and contribute to episodes of or consistent severely pathological personality functioning

Depression –
Major Depressive Disorder or Self-negativity

Depression can range from

- Major Depressive Disorder, MDD, DSM 5, Axis I
- Dysthymia
- Depressivity – types and levels of self-negativity, pessimism, avoidance, passivity or harmfulness related to pathological personality functioning, DSM 5 Axis II or III

These different types and range of "depression" require and respond to different treatment, i.e., psychiatric (ECT, TMS, Ketamine etc.), psychopharmacological or psychotherapy (different modalities)

Anxiety – Mental Disorder or Reactivity

Anxiety can primarily be:

- A major Axis I psychiatric disorder
- Associated with intense reactivity, avoidance or self-esteem fluctuations in personality disorders.
- Related to feelings of fear, shame, loss of control, negative anticipations , but experienced and perceived as anxiety

Anxiety can be expressed in different ways – i.e., loss of functional capacity, deliberate avoidance, or interpersonal reactivity

Substance Use Disorder

Substances can be motivated by and impact personality disorders in different ways:

- Escalate lack of judgment, impulsivity, and/or erratic or risky behavior,
- Used for avoidance and defense against intolerable emotions
- Promote sense of omnipotence, and determined risk taking
- Withdrawal into protective retreat from life responsibility

Controlled substance use in high functioning individuals can also have a sustaining or enhancing effect on self-esteem, sense of agency and organization

Gambling Disorder

In context of divorce gambling can be associated with:

- Envision of being the “best” or superior parent, be able to optimally support and provide for the children
- Avoidance and getting entrenched in a separate world perpetuating a “failure” or "looser” identity associated with facing repeated losses
- Impulsivity related to reactivity or substance use
- Reactions to commitment, responsibility (“forced to gamble to meet obligation”) or associated with retaliation, revenge

Trauma and Post Traumatic Stress Disorder, PTSD in Context of Separation and Divorce

- The process of separation, litigation, custody and divorce can evoke memories of own traumatizing early experiences related to own parents, i.e., fights, disagreements, or divorce

- For individuals with personality disorder, traumatic memories can escalate shifts in perspective, hyper vigilance and intense reactivity or even distortions of context or reality

- Facing separation and divorce can for individuals with specific sensitivity and reactivity escalate subjective meanings related to loss, rejection and abandonment that in and by itself can be experienced as traumatizing

Honesty vs Deception vs Lying

- Pretend mood - engaging in narratives that are to some degree disconnected from reality and emotions, and that can block authentic self-reflection. The individual may be more or less aware of, or even unaware of this behavior
- Deception - can be occasional or consistent, related to external gain, avoidance , or assuming a sick role.
- Manipulation – more or less intentional or deliberate based
- Dysregulate mood or emotion related
- Knowingly and intentionally deceiving or lying

Suicidality
in Context of Separation and Divorce

- Suicidality (ideations, plans, or attempts) can emerge unexpectedly or can relate to underlying passive ideations or previous suicidal crises that can escalate in a challenging life context like a separation/divorce
- Suicidality can relate primarily to internal experiences of abandonment, or loss of belonging, self-worth or purpose, and to intense feelings of shame, regret, rage or fear
- Suicidality can also serve interpersonal intents, i.e., providing a message having impact, or be associated with retaliation or revenge

A child may perceive themselves as the prime or only reason a divorced parent is staying alive

Personality Disorders - Impact on Parenting

Parental Functioning in Context of Separation and Divorce #1

- High stable functioning , professionally and financially reliable, responsible and caring
- Some functional variability, instability or lapses (occasional withdrawal, unpredictable reactivity, actions or decisions etc.)
- Unreliable, unstable, with interpersonal functional and emotional oscillations between devotion, ambivalence or disconnect
- Low functioning due to mental illness, substance abuse, antisocial/criminal behavior,

Parental Functioning in Context of Separation and Divorce #2

Ability to

- handle the child's needs, specific developmental stage, temperament, opposition, disagreements, fluctuations etc.
- face, tolerate and process the child's understanding of and reactions to parent's separation and divorce
- tolerate the child's experiences of differences between parents and preferences related to resources, activities, way of relating, rules, values, living context, culture, etc.

Personality Pathology and Parental Functioning

- Self preoccupation
- Perspective taking deficits
- Difficulties with accountability
- Limited, conditional or fluctuating emotion tolerance and empathy
- Limited and distorted perception of self and others
- Unhappiness, negativity, emptiness
- Highly dysfunctional interpersonal relationships
  (lack of interest, exploitative, lack of regard, unstable, extreme shifts from closeness to distance)

Parental Identity and Personality Disorder

Parental idealization of :

- Self as a parent
- The child ("is my life"; "my child will do what I could not do" etc.)
- The parent – child bond ("we are the best")

Parental ambivalence or negativity:

- Compromised ability or unwillingness to form an attachment to the child
- Experiences parenthood incompatible to own self, profession, interests
- Unable or unwilling to take ownership of and engage in parenthood, regret becoming a parent

Parental Self-esteem and Personality Disorder #1

- Feeling insufficient or incompetent as a parent
- Negative comparison of oneself to other parents
- Feeling guilt and/or shame for insufficient parenthood
- Perceiving the child (behavior, identity, functioning) as indications of own incompetence or failure
- Child and parenthood - experienced as a burden, threat or challenge to own, self-esteem, intentions and/or ideals leading to feelings of envy and resentment

Parental Self-esteem and Personality Disorder #2

- Feeling good, exceptional and important as a parent
- Perceiving oneself above and beyond in comparison to other parents
- Critical and devaluing towards other parents
- Perceiving the child as an extension of self, i.e., child's performance and accomplishments reflect parent's seld-esteem, status and parental value and competence
- More or less intolerant of and reactive towards child's actual interests and direction, choice of friends and activities disagreements, failures/shortcomings etc.
- Discrepancy between positive external exposure of parenting vs internal doubts, insecurity, frustration or negativity

Parental Personality Disorder and Child Development

Child - Parent Interaction

- Child *integrates* parental preferences, style, direction, expectations, etc., develops own identity and behavior in a healthy attachment with separation-individuation and identification process
- Child *adheres* to parental demands, ideals and expectations, develops an adjusted compromised identity, feeling protected, special and idealized,
- Child *shields* the parent and takes on an observant, protective and/or understanding role vis a vis parent (parentified/adultified child)
- Child *protests or dismisses* parental demands, fluctuations and expectations, develops own identity, seeking and integrating support from others
- Child feels significantly *different* from parent, but remains connected, develops early competence, and relationships with external support

Personality Disorder Related Parent – Child Attachment Patterns

- Dismissive - (avoidant) caregiver inaccessible, rejecting, unresponsive; emotional, physical and psychological withdrawal
- Preoccupied – (anxious) caregiver's strong need for closeness and reassurance, fear of abandonment and difficulties with boundaries
- Insecure – (ambivalent) caregiver's intense and inconsistent responsiveness; availability and accessibility depend on their own feelings and emotional state (not children's needs and wellbeing)
- Disorganized – frightening or frightened caregiver responses, relate to unresolved trauma causing difficulties to identify, respond to and empathize with child's needs

Parental Personality Pathology - Impact on Child Development

- Identity diffusion, feeling unintegrated and confused about self related to facing different parental behavior and reactions (criticism vs adulation, verbal, emotional, physical abuse vs caring affectionate attention, etc.)
- Insecurity, uncertainty and fear related to parental contradictory or unreliable functioning (in bed drunk all day vs suddenly organize a party)
- Self-reliability split sense of identity, being competent and independent and compartmentalize rage, shame, confusion and fear
- Self-blame, shame, rage and fear causing interpersonal difficulties, isolation, drop out of school, inability to function and pursue age appropriate activities, interests and independent functioning
- Trauma and psychopathology related to abuse, unpredictability, unreliable care and emotional attention

Personality Disorder - Impact on Co-parenting

Contextual Reality Related to Co-parenting

Differences between parents that can affect parental functioning and co-patenting

- Financial/socioeconomic context and resources
- Sociocultural background or direction (religious, ethnic, cultural, hobbies and interests etc.)
- Opportunities and ability to care for and contribute to child's development and specific needs, functioning, interests etc.
- Parental personality style (introvert/isolated vs socially engaged; curious, adventurous vs restricted, limited etc.)
- Mental health, level of functioning

Personality Disorder Traits and Dimensions Impacting *Co-parenting* in Divorce #1

- Control, stubbornness, perfectionism
- Competitiveness, manipulation or maneuvering
- Retaliation, envy, resentment
- Avoidance, withdrawal
- Hypervigilance and/or intolerance of disagreements, opposites, differences
- Impulsivity, hyper-reactivity,
- Criticism, blame, aggressivity (verbal, emotional, physical)

Personality Disorder Traits and Dimensions Impacting *Co-parenting* in Divorce #2

Personality traits and pathological patterns can be:

- Noticeable and evident in unexpected occasional, or repeated or consistent patterns.
- Hidden or expressed indirectly in more or less organized way
- Fluctuating between social competence with ability to make positive trustworthy, reliable impression in one context, and suddenly swing to critical aggressive, blaming, rage outbursts, or victimized, compassion and help seeking behavior
- Influenced by substance abuse, gambling, illegal behavior, employment instability or financial irresponsibility

Personality Disorder Traits and Dimensions Impacting *Co-parenting* in Divorce #3

Personality traits and pathological patterns can contribute to:

- Escalating disagreements
- Retaliation, threats and extreme/non-negotiable conditions
- Unreliability related to co-parent planning , financial agreements, etc.
- Public enactments to embarrass or hurt ex-spouse and harm or destroy co-parenting
- Non-cooperative, undermining behavior related to co-parenting (go away with children at time of agreed pickup; imposing negative attitude/information about co-parent)
- Avoidance, disconnect or disappearance

Strategies Promoting Co-parenting and Parental Collaboration

Encouraging client's motivation for, and learning and practicing approaches to:

- Accepting and managing parental differences in values, interpersonal style, aims and approaches to children's development (education, interests, values
- Balancing and managing differences and disagreements about what can be in the child's best interest (values regarding education, interests and activities, religion and sociocultural standards)
- Establish strategies for handling conflicts, dysfunction and unresolvable disagreements in ways that prevent negative impact on child development

Promoting Change in Personality Functioning in Litigation process

The process of litigation may provide opportunity to promote change in client's personality functioning and pathology through realizations related to:

- Consequences of own behavior (“If I don’t change or stop x y z I will lose custody, and not be able to contribute to my child’s life and development”)
- Understanding and acceptance of actual real conditions for co-parenting and care child’s optimal wellbeing
- Awareness of and responsibility for own limitations

Strategies with Clients with Personality Disorders in Litigation Context

- Invite reality anchored information and collaboration
- Outline conditions and boundaries for lawyer-client alliance and litigation
- Reality anchor conditions regarding client's accounts of ex-spouse's/ co-parent's behavior, parental collaborative reliability etc.
- Validate client's concerns, reactions and challenges, and invite his/her perspectives and understanding
- Engage the client's reflective ability – "How do you want to organize and manage the co-parenting?" "what is in your and/or your child's best inters now and/or for the future ?"
- Avoid escalating disagreements, conflicts or power struggle, that can spiral the client's reactivity and anxiety (BPD) or need for power, control or dominance (NPD)

Q&A