



Schema modes and childhood abuse in borderline and antisocial personality disorders

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Abstract

Complex personality disorders (PDs) have been hypothesized to be characterized by alternating states of thinking, feeling and behavior, the so-called schema modes (Young, Klosko, & Weishaar (2003). *Schema therapy: A practioner's guide*. New York: Guilford). The present study tested the applicability of this model to borderline personality disorders (BPD) and antisocial personality disorders (APD), and related it to a presumed common etiological factor, childhood trauma. Sixteen patients with BPD, 16 patients with APD and 16 nonpatient controls (all 50% of both sexes) completed a Schema Mode Questionnaire assessing cognitions, feelings and behaviors characteristic of six schema modes. Participants were interviewed to retrace abusive sexual, physical and emotional events before the age of 18. BPD as well as APD participants were characterized by four maladaptive modes (Detached Protector, Punitive Parent, Abandoned/Abused Child and Angry Child). APD displayed most characteristics of the Bully/Attack mode, though not significantly different from BPD. The Healthy Adult mode was of low presence in BPD and of high presence in APD and the nonpatients. Frequency and severity of the three kinds of abuse were equally high in both PD groups, and significantly higher than in nonpatients.

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1. Introduction

Recent insights have led to the view that complex personality disorder (PD) are not characterized by one set of pathogenic schemas, but by different sets that can be activated in alternation. Young for instance, has proposed schema modes as relatively independent organized patterns of thinking, feeling and behaving that underlie the different states of severe PD patients (Young, Klosko, & Weishaar, 2003). In Young's view borderline personality disorder (BPD) and antisocial personality disorder (APD) patients are characterized by various pathogenic schema modes. They are assumed to suddenly flip from one mode into another, especially in reaction to environmental changes caused by important events. Young hypothesized that four modes are central to BPD: the Detached Protector, the Angry and Impulsive Child, the Abandoned Child (in following with the second author in order to emphasize the central role of abuse, this mode will be further referred to as the Abandoned and Abused Child (Arntz & Bögels, 2000)) and the Punitive Parent. There also is a Healthy Adult mode, however due to extreme psychopathology of these patients it is assumed to be of low presence. Young's schema-mode model is the basis of his schema therapy for severe PD, an increasingly popular therapeutic approach of which the effectivity is high (Giesen-Bloo et al., 2005; Nordahl & Nysæter, 2005).

When patients find themselves in the Abandoned and Abused Child mode, they feel the enormous pain and fear of abandonment caused by their abusive history which expresses itself in depressive, fearful, desperate, and inferiority feelings. This mode can be evoked by (perceptions of) (threatening) abandonment and abuse. Sometimes the patient becomes rebellious against the (supposed) injustice (s)he had experienced; this elicits the state of the Angry and Impulsive Child in which all bottled up aggressive feelings discharge so that anger, manipulation and greed are acted out. The evocation of these two child-modes usually leads to activation of self-punishing moral rules, mostly the direct internalizations of the punishing behavior of one of the caregivers, accounting for the symbolic mode name of the Punishing Parent. In this mode, the patient is afraid (s)he did something wrong, sees him/herself as evil and worthless because of feelings and desires that are (threatened to be) activated. As a consequence of this self-directed anger and hate develops and the patient will punish him/herself in one or another way. Most of the time however, the patient finds him/herself in the Detached Protector mode, where (s)he does not have to feel the emotions and pain caused by the three other modes. The patient does not feel emotions, is unaware of any problems and is seemingly compliant (Arntz & Bögels, 2000; Arntz & Kuipers, 1998; Young et al., 2003).

As to APD, Young states that beside the Healthy Adult mode and the four modes described above, there is a fifth pathological mode present in antisocials called the Bully and Attack mode. In this mode, the antisocial hurts other people to overcompensate or to cope with mistrust, abuse, deprivation and defectiveness (Young, 2002; Young et al., 2003).

A study by Arntz, Klokman, and Sieswerda (2005) investigated whether the four maladaptive schema modes are specific for BPD patients and whether BPD-relevant

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