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Dysfunctional beliefs discriminate personality disorders

Aaron T. Beck *, Andrew C. Butler, Gregory K. Brown, Katherine K. Dahlsgaard, Cory F. Newman, Judith S. Beck

Department of Psychiatry, School of Medicine, University of Pennsylvania, Room 754, The Science Center, 3600 Market Street, Philadelphia, PA 19104-2648, USA

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Abstract

This study examines whether specific sets of dysfunctional beliefs are differentially associated with five personality disorders (PDs) as predicted by cognitive theory. Seven hundred fifty-six psychiatric outpatients completed the Personality Belief Questionnaire (PBQ) at intake and were assessed for PDs using a standardized clinical interview conducted by assessors who were blind to patients' PBQ responses. Findings showed that patients with avoidant, dependent, obsessive–compulsive, narcissistic, and paranoid PDs preferentially endorsed PBQ beliefs theoretically linked to their specific disorders. The study results support the cognitive theory of personality disorders. Suggestions are made regarding the clinical utility of the PBQ with personality-disordered patients and future research on the PBQ.

Keywords: Personality disorders; Dysfunctional beliefs; Cognitive therapy; Assessment measurement

A prominent feature of the cognitive theory of personality disorders is its emphasis on the role of dysfunctional beliefs. According to cognitive theory, the essence of a personality disorder is revealed in the dysfunctional beliefs that characterize and perpetuate it (Beck & Freeman, 1990; Pretzer & Beck, 1996). For example, people with avoidant personality disorder hold key beliefs such as "I am socially inept and undesirable" and "I cannot tolerate unpleasant feelings", among others. Such beliefs can parsimoniously explain a wide range of avoidant personality disorder thoughts and behavior, such as frequently expecting rejection and consequent unbearable psychic distress, focusing inordinately on one's flaws and others' potential negative evaluation, and avoiding or retreating from social situations where others might discover one's shortcomings.

* Corresponding author. Tel.: +1-215-898-4102; fax: +1-215-573-3717.
E-mail address: becka@landru.cpr.upenn.edu (A.T. Beck).

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An emphasis on key dysfunctional beliefs is one component that distinguishes cognitive theory from other theories of personality disorders including psychoanalytic (e.g., Kernberg, 1996), evolutionary (Millon & Davis, 1996a), interpersonal (Benjamin, 1996), and neurobiological (e.g., Cloninger, 1987; Depue, 1996). Consistent with their prominence in cognitive theory, dysfunctional beliefs are a primary focus of treatment in cognitive therapy of personality disorders (Beck 1996, 1998). They form the central component of a cognitive case conceptualization and are a prime target for intervention. When correctly identified, key dysfunctional beliefs reflect one or more conceptual themes that link a patient's developmental history, compensatory strategies, and dysfunctional reactions to current situations. As therapist and patient work together to identify and modify these key beliefs, improvements may be seen simultaneously across many areas of functioning (Beck, 1998).

Although assessment of patients' dysfunctional beliefs is primarily accomplished through clinical interviewing techniques (see Beck, 1995), self-report questionnaires can facilitate this process. For instance, the Dysfunctional Attitude Scale (Weissman & Beck, 1978) is a self-report questionnaire that has been used to help identify the attitudes and beliefs that underlie a patient's depression. Many personality disorder beliefs may be accessible via a similar self-report measure.

A number of structured or semi-structured clinical interview protocols are available for diagnosing personality disorders (e.g., the Structured Clinical Interview for DSM, First, Spitzer, Gibbon & Williams, 1995; the Personality Disorder Examination, Loranger, Susman, Oldham & Russakoff, 1987; and the Structured Interview for DSM Personality, Pfohl, Blum & Zimmerman, 1997). However, none of these instruments specifically assess dysfunctional beliefs. The same is true for self-report instruments such as the Personality Diagnostic Questionnaire—Revised (PDQ-R; Hyler, Skodol, Oldham, Kellman & Doidge, 1992) and the Millon Multiaxial Clinical Inventory (MMCI; Millon, Millon & Davis, 1994). Thus, there is a need for a measure that will help clinicians and researchers assess the dysfunctional beliefs associated with specific personality disorders.

Jeffrey Young developed a measure of maladaptive schemas relevant to personality disorders called the Schema Questionnaire (Young 1990, 1991). Young's heuristic use of the term schema refers to behavior patterns (e.g., subjugation) as well as core cognitive themes (e.g., abandonment). His Schema Questionnaire comprises a mixture of dysfunctional beliefs (e.g., "I'm incompetent when it comes to achievement") and descriptions of maladaptive behavior patterns (e.g., "I don't let people know the real me") and symptoms (e.g., "I am a fearful person" and "I often feel that I'm going to have an anxiety attack"). The 16 primary schemas assessed by the schema questionnaire were not developed to correspond directly with Axis II personality disorders. However, subjects that score highly on the Schema Questionnaire also tend to score highly on a questionnaire measure of personality disorder symptoms (Schmidt, Joiner, Young & Telch, 1995).

Arntz, Dietzel and Dreessen (1999) developed a measure called the Personality Disorder Beliefs Questionnaire (PDBQ) and tested it among patients with personality disorders. Borrowing from the list of personality disorder beliefs proposed by Beck, Freeman & Associates, 1990 (see below), and including additional beliefs identified in their own work, the short version of the PDBQ includes six sets of 20 assumptions each. The assumptions are hypothesized to be characteristic of avoidant, dependent, obsessive–compulsive, paranoid, histrionic and borderline personality disorders. Arntz et al. (1999) focused primarily on borderline personality disorder. They found that PDBQ borderline assumptions successfully discriminated borderline from cluster C personality