



A psycho-ethical approach to personality disorders: The role of volitionality



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ABSTRACT

The rupture between psychology and ethics has led to an oversimplification of the study of personality disorders (PD). We claim that an integrated view could enrich and widen the study of PD. This article is an attempt to reconceptualize PD from a psycho-ethical perspective, which includes the dimension of volitionality, to clarify how moral decisions can undermine psychological capacities and contribute, to a greater or lesser degree, to a progressive depersonalization. It is proposed that behaviors with a strong similarity with types of classical vicious character can be categorized into different typical PDs. Using the contributions of theorists who have described types of cognitive biases, in light of virtue epistemology and the underlying motivation, we present an understanding of how vicious cognition develops, which is a step in the crystallization of vicious character. This approach, also, offers a distinction between disharmonic and fragmented personality that allows establishing different levels of severity from the psychological and ethical perspective.

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1. Introduction

Personality disorder (PD) is a construct that social and clinical scientists use to deal with complex psychological phenomena that result when the personality is seriously dysfunctional. Despite many decades of research, the most straightforward method of identifying and understanding the different PDs involves the identification of a constellation of symptoms thought to stem from a common cause or that simply indicate an abnormal condition. This approach has produced no evidence supporting the syndrome interpretation (Widiger, Costa, Gore, & Crego, 2013). The etiology of PDs is multifactorial and complex, probably with many developmental pathways. Attempts to reduce the cause of a complex phenomenon to one level of causation such as trauma, biological, social or interpersonal factors are likely to be fruitless. This is why Millon, Blaney, and Davis (1999, chap. 4, p. 551) stated, “no other area in the study of psychopathology is fraught with more controversy than the PDs.”

In all this process, the interaction between social factors with

biological influences has been studied. Nevertheless, little or no attention has been paid to the participation of the human will in PD development. In fact, from the beginning of the twentieth century, the consideration of the “will”, especially the study of how active participation in decision-making may lead the progressive depersonalization, has diminished in psychiatry and psychology. As Berrios (1995) stated:

“It created a conceptual vacuum in the domain of the voluntary domain which has since been unsatisfactorily filled by notions such as instinct, drive, motivation, decision making and frontal lobe executive” (p.88).

The rupture between philosophy and psychology, especially moral philosophy, has brought on the idea that personality itself is the result of either biological or/and social conditions. The underlying connection between ethics and psychology has not been explicitly addressed. We believe this has contributed to much confused psychological theory. However, an approach involving philosophy as it bears on the person has been suggested by theorists of personality such as Rychlak (1973), who, in the preface of his book *Introduction to personality and psychotherapy: a theory construction approach*, states:

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“The best schema and series of issues to unify personality theory would seem to be drawn from the history of philosophy and science.”

More recently, a fruitful debate about the nature of mental health and ethics (Martin, 2006, chap. 1) and more specifically, of PD and ethics has appeared and some authors have pointed out the legitimate philosophical problems regarding the construct of personality disorders. Charland (2004) defends the thesis that Cluster B PDs are moral categories and not genuine medical conditions.

Zachar and Potter (2010a) are reluctant to reduce PDs to moral conditions. They note the overlap between PDs and immoral behavior because of the complexity of both psychiatric nosology and moral theory but does not believe the two domains can be so cleanly demarcated. Our attempt to study the relationship between virtues and PDs converges with Zachar’s proposal that the study of virtue ethics will help clarify our understanding of PDs. The present investigation then does not proceed from any specific empirical foundation; instead, it is primarily an ethics and psychology dialog to analyze the nature of PDs from a new conceptual perspective.

Zachar has stated that it is a mistake to conceptualize the relationship between the moral and psychiatric condition dichotomously, and Martin (2006, chap. 1) proposes that personality problems can be both moral and therapeutic matters. Therefore, we propose a psycho-ethical approach (Echavarría, 2005, 2013a, pp. 51–73; Rielo, 2004, chap. 2) that will help us to understand this complex interaction. Allport (1963, chap. 12) himself recognized that a psycho-ethical approach allows some kind of continual growth and development into the stage of maturity.

The approach of this article is constructed of three elements: the dual process of human cognition, virtue ethics, and volitionality. We rescued the “domain of voluntary” to enrich and widen the development of PDs. Under our model, we offer a distinction between disharmonic and fragmented personality, which allows us to establish different levels of severity from the psychological and ethical perspective. It will allow us secondarily to explore the similarity between four PDs and the classical vices, that is, to explore the flawed characters it may lead to.

2. Theory

2.1. What does virtue ethics bring to the comprehension of personality?

The DSM project remains the most rigorous and best-researched diagnostic tool available in clinical psychology. However, the principal dissatisfaction with the DSM is that human experiences are not examined in the context of what constitutes the complete, flourishing person and that it ignores the self-agency capacity that virtue ethics implies (Scrofaní & Ross, 2009). As many authors have pointed it out, DSM–IV diagnostic criteria for PDs clearly include traits that involve failings of morality or virtue (Pickard, 2011).

Under our model then, there is no doubt that social and organically predisposed factors exist, but we propose that the volition dimension can take part in the transformation of a mere predisposition into a well-established disorder that has similarities with particular classical vice characters.

Volitional dimension implies two basic assumptions: the establishment of known and wanted life goals and the ordination of human dimensions in unity with these goals (harmony) which leads to virtues unfolding. We will develop the possible consequences for personality development based on these two assumptions and finally we will contrast it with vices unfolding.

2.1.1. Volitionality and life goals in virtue theory

As Gene Heyman (2010) states “the degree to which an activity is voluntary would be the degree to which systematically varies as a function of its consequences, and the degree to which it is feasible to apply such consequences”. Accepting the domain of volitionality implies then that humans are not inexorably moved to their ends but rather move themselves to their ends. In ordinary situations the person has multiple ways of respond to; even passivity is one of them, it is an “action” in the sense that it always shows at least some degree of choice among alternative possibilities. In spite of particular limitations and barring complete incapacitation, ordinary life steps would always involve, at some level, active responses to life problems. Understanding virtues as “character strengths that makes it possible for individuals to pursue their goals and ideals and to flourish as humans beings” (Fowers, 2005, chap. 3, p. 4) help us grasp the riches that the integration of virtue ethics and psychology would imply. It recognizes the possibility of flourishing based on the goal we chose and the effort we made to follow them. Acting in the best way would create then a reliable disposition or *habitus* of acting well, and this activity further strengthens the disposition to act well in pursuing worthwhile aims. Therefore, *habitus* would tie who we are to what we are disposed to do, because “it moves closer to actualizing (making real) the goods we value, desire and seek until we cohere with them ... It implies that our actions become more attuned to their goals as they approach them” (Hampson, 2012, p. 7). It encompasses both what we do and why (Hulsey & Hampson, 2014).

One crucial aspect of this approach is the recognition of its teleological dimension because virtues include both cognitive understanding of the character strength and its relationship to good self-ideals. To consider actions virtuous the person needs the proper motivations, affects and cognitive understanding (Fowers, 2005, chap. 3). Proper motivation implies the attainment of internal goods by acting in the ways that embody those goods. “The virtues are not means, which can be adequately described without any reference to their goal and which are only one of the main possible routes to the latter. They are, rather, a necessary and central component of *eudaimonia* and the life worth being chosen” (Banicki, 2014, p. 28). We take in consequence a neo-Aristotelianism (*responsibilism*) approach, which states that being of the right sort of epistemic character often means not only reliably reaching virtuous ends/*teloi* but also being virtuously motivated (Samuelson & Church, 2015).

Both Hulsey and Hampson empathize the “pull” element of the “*habitus*-virtue model” because it focuses on the role of striving toward self-ideals. It implies a volitional dimension that allows the person not to stay passive under external influences but rather to choose actions in constancy with self-ideals which reinforces moral identity. Under this perspective it is possible to modify beliefs as our actions are more attuned the goals that we approach to, because we acquire more discernment. Repeated actions which have goals and entail accountability shape emotional attitudes and *habitus*, which in turn become the foundation of personality (Gasper, 2006).

Section III of the new DSM-5 proposes an alternative model for personality that rescues to some extent the teleological dimension in the *self-direction* factor of personality function. *Self-direction* is defined as “a pursuit of coherent and meaningful short-term and life goals, utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively” (American Psychiatric Association, 2013, p. 762). This aspect of personality functioning represents people’s internal ability to establish and achieve reasonable expectations of themselves, personal goals and standards of personal conduct. A person with little to no impairment sets realistic goals based on an accurate appraisal of strengths

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