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The ideal type and Personality Disorders.**Focus on the anankastic personality disorder an anthropological perspective***Mircea Lăzărescu*Psychiatry Clinic "Eduard Pamfil",
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The ideal type is more adequate in the field of Personality Disorders than the polythetic one, because it imposes very clear limits. Its problem is that it usually refers to a "typical" "unique feature, without a compensation principle. The perturbation of the interpersonal relations would still be used (the feature is very specific for Personality Disorders) as Millon stated (as a very useful suggestion).

That makes the difference between the anankast (obsessive-compulsive) personality disorder and the schizoid-detached, paranoid-suspicious, antisocial-dominative and manipulative, histrionic-over-expressive and attention-seeking, borderline- over implicated and oscillator, avoidant, dependent.

Focusing on the analysis of interpersonal relations (in a typical ideal perspective) has the advantage of making the usage of the "interpersonal circumplex" possible, and of analysing the "inner psychic" relation towards the self represented "imago of the others" (Benjamin).

The polythetic models (also theoretical issues) would have, in the system of the "ideal types" a reference frame-work. As Millon suggested, it is possible to elaborate (in the framework of the polythetic system), subtypes on the basis of clinical cases. Clinical research and practice concerning Personality Disorders need - as in the whole field of psychopathology - to accept the fact that the basic (reference) descriptions are theoretical constructions.

Key words: ideal type, anankast personality disorder, interpersonal circumplex

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In the beginning of the 21st century, the main quantitative knowledge about the personality disorders emerged on the basis of categorial studies.

In this framework, the basic delimitation of the "types" is represented by the "clinical experience" of experts, by referring to the recognized mental disorder categories and by some psychopathological doctrines.

The main objections to the present polythetical categorial system are concerning the fact that there is a lack of precise limits between categories and that almost all cases belong to more than one category. There is also no homogeneity between the numbers and types of items that characterize the types; the decision about the characteristic items is given by the score and the vote of the experts (1).

Correlations between the types of PD and
Axis I Diagnostic Category

PD TYPE	PD TYPE	MENTAL DISORDER
DSM-IV	ICD-10	
Paranoid	Paranoid	Delusional/Paranoid
Schizoid	Schizoid	Schizophrenia
Schizotypal		
Histrionic	Histrionic	Dissociative Disorder
Borderline	Borderline (emotionally- unstable)	Bipolar Disorder
Narcissic		
Antisocial	Sociopath	Impulse control Disorder
Dependent	Dependent	Substance abuse Disorder
Avoidant	Avoidant	Social Phobia
Obsessive- compulsive	Anankastic	Obsessive-compulsive Disorder

The categorial system became more flexible through the perspective of clusters (A, B, C, but also the "psychopathic cluster") and subtypes (Millon) (2).

The dimensional systems (FFM - Five Factor Model, Interpersonal Circumplex - IPC, Cloninger, Livesley, etc) allow a more individualized diagnosis and include intermediary cases

between categories, as well as an identification of the "passages" and the "nuances" towards normality.

The main disadvantage about this type of system is the fact there is more than one, competing and complementary, dimensional system available. Also, the foundation of the item choosing is fragile; it differs in different dimensional systems.

The FFM contains basic dimensions that emerged from the traditional experience of characterizing people, incorporated in the natural language (3).

The interpersonal circumplex is based on Bakan's circumplex, which is an arrangement of 2 axes (the basic dimensions), concerning the aspect of domination/obedience and that of affiliation/disaffiliation. Unfortunately, these axes have a very poor, theoretical and empirical, foundation (4).

The most recent researches show that, no matter what starting dimensional system is used, it arrives at 3-5 basic dimensions (5).

This situation is very interesting, because it suggests the presence of some basic anthropological constants. The present consensus is that the dimensional systems are unavailable, if the categorial perspective is ignored. The categorial and dimensional systems are complementary, able to function independently and have both advantages and disadvantages. The debate between categorial/dimensional draws no loss, when referring to the IDEAL TYPE. Currently, the debates on this topic are rare and insignificant (6).

Usually, the reference concerning the IDEAL TYPE is to Max Weber or Karl Jaspers; Jaspers characterized a histrionic person as "Someone who wants to seem more than they really are" (7).

Such a brief formula is useful, but not able to identify, on its own, the essence of a certain type of Personality Disorder. The conclusion is that the IDEAL TYPE needs more simultaneous generic formulas. However, it is unclear, to date, which the foundations of the formulas are, a fact that has resulted in an impasse.

The IDEAL TYPE is, firstly, categorial and it wishes to represent a typical and specific model that expresses the essence of a certain category i.e. the background of the items used today in the framework of the categorial polythetical system.

The IDEAL TYPE is, by its own concept, a construct, a reference model and not an empirical synthesis; therefore the IDEAL TYPES represent an idealization of categories. An IDEAL TYPE must have an internal coherence, in order to be noticed and clearly differentiated from the other categories. It requires all the IDEAL TYPES to be referred to at the same time, to ensure they have a common foundation, which can consist of the basic anthropological structure that sustains the existence of the human person. These structures are disturbed, both in the case of the personality and

mental episodic disorders. These phenomena might explain the close relation between mental disorders and PDs. The idea of a common foundation was emphasized by Siever and Davis (1991), in the field of psychobiology (8).

Approaching and investigating basic anthropological structures requires a phenomenological point of view, as found in the work of K. Jaspers and K. Schneider, the phenomenological psychiatric movement of the 1950's-1960's (Von Gebssattel, Binswanger, Kuhn, Strauss, Tatossian, Minkowski)(9) or the more recent approaches by Sass, Parnas, Phillips, Callanger, Stanghellini, Radden, Lăzărescu, through their yearly publications by Oxford University Press.

Later on, the author suggests an analysis of the IDEAL TYPE, starting from the Obsessive-Compulsive Personality Disorder (Anankastic PD, according to the ICD-10). The method consists in comparisons with other types of PDs, the purpose being to emphasizing the main differences. Using this approach, we are closer to the answer of the following question: "*What are the fundamental anthropological structures that correspond to each type?*" (10).

When comparing the Obsessive-Compulsive Personality Disorder (OCPD) to the Histrionic Personality Disorder (HPD), we must highlight the excessive concern for actions, for efficiency in impersonal work and a concern for action and work, seen in OCPD. The Histrionic PD, on the other hand, shows an excessive concern for communication (expressive, interpersonal, direct and situational) and for impressive theatrical expression towards others. As a main preoccupation, OCPD shows an attachment to the anthropological field of work (productive - "to do"), while Histrionic PD shows an excessive attachment to the field of theatrical show ("to appear").

Regarding interpersonal distances and relationships, OCPD tends to keep others at a distance ("official") and uses polite communication, unlike the Histrionic PD, which, most often, shows an attention-seeking behaviour and a preference towards being the center of attraction. OCPD communicates through the social role and result of actions, does not want to seek attention, is most often embarrassed when in the public eye, which makes team-work rather difficult. Quite the opposite, the Histrionic PD will always prefer a direct communication and relationships through expressive language, while adopting an informal attitude towards others. The psychological distance between the subject and the others takes the shape of an official/formal relationship in OCPD and that of an informal one - actor/spectator - in the case of Histrionic PD.

Concerning the organizing of the living time, OCPD subjects are focused on actions with long-term goals, which create commitment difficulties and poor resolution. They are always more concerned by the future and the past, rather than the present, which they are detached from and unable to organize efficiently. At

the opposite pole, Histrionic PD are mainly focused on present events, sometimes self-provoked, in which they play a central role. They show a rapid passage from one spectacular event to another and are always centered on the "wonderful" present, the past and, especially, the future having no importance. The self rapport is one of high self-esteem, self-pity and victimisation position, unlike OCPD, which is always characterized by a low self-esteem and a permanent sense of ambivalence.

Referring to the Borderline PD, we should highlight the inconsistency and lack of stability in attitude, concern, purpose and behaviour. This tendency is seen in their interpersonal and social relations, as well as in the attitude towards him/herself. People with borderline PD tend to take rapid and unelaborated decisions, show low self-analysis and self-control ("neuroticism" - in FFM) which, most of the time, lead to an impulsive - explosive behaviour. Unlike them, OCPD subjects tend to keep a constant and stable attitude, concern, behaviour, interpersonal and social relations, as well as their own attitude towards himself/herself. They prefer long (self) consultations, taking into consideration many possibilities, show marked indecision or postpone decisions, mainly caused by the permanent high self-control and self-analysis ("hyper-reflexia" - Sass).

Regarding free decision and responsible self-control, OCPD subjects usually over-elaborate (responsible), leading to postponed decision and exaggerated self-control. Rapid and unelaborated decision, ignoring responsibility, as well as a low self-control, are typical for the Borderline PD.

The interpersonal relations/distances aspect of OCPD shows a tendency towards avoiding any direct relations (contact), keeping an "official" distance (formalism) and not allowing others to be close, by always maintaining a distance. This determines a "formal" collaboration with others and an increased interpersonal distance (type "I-you").

Borderline subjects have permanent and direct interpersonal relations, with a strong involvement of the other in the intimacy area. The other is kept very close by the subject, leading to a small interpersonal distance (type "me-you"). Concerning the types of manifestations in action and personal time structuring, Borderline PD has short, immediate, impulsive and explosive reactions. The subject reports him/herself to others as well as to events, situations and things; long-term and impersonal actions are avoided, in order to remain focused on the "present tense". Different in comparison with the histrionic PD, the BPD subject is actively connected to the present, both concerning the other person, as well as the situations.

In comparison with the OCPD, which is moral and scrupulous, intensely concerned by responsibility and action, the Antisocial PD subject shows total indifference towards the moral and social

consequences of his/her behaviour, being able to harm others with "cold blood", when or if his/her hedonic interest asks. Direct and pragmatic, antisocial subjects spark spontaneous relationships with others, in which the other is dominated and directed. They consider others as "objects" that can be manipulated and maintain an extreme psychological distance ("I-anyone" type).

In the free decision and responsible self-control perspective, the Antisocial PD has an easy, sure, non problematic, non hesitating way of decision-making. Sometimes the decision is rigorously planned and elaborated, solely with the purpose of hiding his criminal actions. They prove an efficient self-control, that allows for the proper functioning of his/her actions. Under the aspect of the "living time", the Antisocial PD proves a well organized action, following a precise purpose (e.g. a bank robbery). These subjects show perseverance until the end, by focusing mainly on the present and the future. Their self-rapport characterizes them as balanced persons, oriented towards domination and manipulation of others.

The comparison between OCPD and other types of Cluster B Personality Disorders shows many anthropological dimensions that allow an identification of the IDEAL TYPES.

Further on, we intend to comment the aspect of interpersonal relations and that of the self.

Interpersonal relations are essential for the general characterization of the PD and also for the characterisation of each type. Usually, this field belongs to the interpersonal circumplex - IPC - (Leary, Kisker, Wiggins-1995), but the IPC does not approach topics such as: action and work, decision, responsibility, which are very important for an adequate and exact view of the personality disorders. More than that, the IPC does not approach the "interpersonal distances", an essential aspect of the "anthropological spatialization" and an excellent mean for a general and special characterisation of the PD. The topic of the interpersonal distances was studied by the Psychology of the Person, especially from the perspective of the self's social expression, by distinguishing close, medium and long distances (see synthesis below).

The interpersonal social distances of the "self" (in relation to others) are organised around 4 poles.

1. The pole of the very close relations, referring to intimacy, love, friendship, uses the "me-you" generic model and includes, as main features, intimacy, sharing personal secrets, mutual knowledge, good non verbal communication, empathy, strong mutual influence (suggestion), lack of social conventions. This type of relation is seen mainly in Borderline and Dependent PD.

2. The pole of close relations, concerning relatives and acquaintances follows a "me-you-you" generic model. It is based on mutual preoccupations and interests, mutual understanding, help

and solidarity, low social conventions. We encounter the close relations pole at the core of Avoidant PD.

3. The pole of medium and remote relations is organized according to the model "I-you-others". It consists mainly of remote acquaintances, formal/official relations and it is used in public and social communication, for high social conventions, in action through the social roles, for identifications of social games and masks. Obsessive-compulsive, Histrionic and Paranoid PDs tend to gather around this pole.

4. The pole of the "extreme" relations: The "I-anyone" ("no-one") generic model serves the pole of the "extreme" relations, which consists of interpersonal rapports towards unknown persons (real or imaginary). It uses an impersonal and generic addressing, suggesting indifference and lack of personalization and it is characteristic for Antisocial and Schizoid PD's.

Another important topic in the analysis of the PD is "the self", the

structure, the limits, the identity and the self-rapport of the person. This topic was particularly analyzed by Livesley. The present categorial classification (DSM-IV) specifies only the case of Borderline PD, in that the subject feels an "emptiness" and a weak self-identification. However, these features are commonly seen in the majority of categories. For example, the Histrionic PD, which frequently "borrows" circumstantial masks and identities, the Dependent PD, that is always in need of a strong and dominating alter-ego, while the Schizoid PD completely lacks assertiveness and coherence etc.

In the case of OCPD, the deficiency of self-identity is more evident through identifying with the formal social roles and by respecting social norms. In a larger sense, the OCPD's lack of identity combines with the challenges of personal limitations, which can be understood in an anthropological sense, taking into consideration multiple aspects. OCPD shows many symptoms on the level of the "corporal person" - "lived body" - usually based on the, so-called, "body scheme". In this regard, the main preoccupations are towards dirt, germs and express the insecurity of the "body scheme", which is experienced as vulnerable to invisible agents. Trichotillomania, onicophagia and dismorphophobia share a preoccupation towards the body limits, therefore included in this spectrum.

The delimitation of the person has a larger anthropological sense, as well. This delimitation is manifested spatially in the structure of the intimate home area. For subjects with OCPD, this area constantly needs to be in spatial order. Temporarily, the delimitation of a person is made also through action, but in the case of subjects with OCPD, who experience difficulties starting and ending any action, this delimitation is difficult. The delimitation in

the interpersonal relations area encounters problems, usually in the form of always keeping others at a distance, never crossing the level of a formal relation.

The distinguishing aspect of subjects with OCPD is their level of "extension" in goods, fortunes and wealth (avarice or collectionarism).

The OCPD is illustrated by the uncertainty of boundaries in self-delimitation, in a large, anthropological dimension. Such a person has a tendency towards scattering and disorder; the exaggerated concern to order appears as a reaction against abnormal tendencies to scatter. This tendency is found both in OCPD and OCD cases.

Another tendency towards "dispersion" is a result of the deficiency of the "central coherence", as studied in the anthropological dimension (model) of the infant autism Kanner and its spectrum. This appears as a deficiency in the filtration, organization and hierarchy of the input's information and can be encountered in Schizophrenia, Schizotypal Disorder and Schizoid PD.

More recently, the Heidelberg School of Psychopathology (Mund, Kraus and Stanghellini) identified a difference between OCPD and the "typus melancholicus", described by Tellenbach. Starting from the deficiency of the central coherence and the tendency towards dispersion, this leads to a group of characteristics and symptoms, concerning the disorder and the preoccupation for order and ordering.

The tendency towards dispersion, which is typical for the OCPD, has an opposite, with regards to style and behaviour, namely a personality disorder that K. Schneider described as "fanatical". This model partially corresponds to the Paranoid PD, but the current description of Paranoid PD ignores the difference made by Kretschner and the classical psychopathology, between the "passive" persons, with tendencies towards sensitive interpretations and the "active" ones, that "fight", eventually arriving to "Kampf paranoia". These people become persecuted but, at the same time, individuals who "bait" (are in an unconditioned offensive state). The "fanatic" is close to Paranoid PD cases, which are fixed on an over-evaluated idea that evolves in a prevalent one. This anthropological dimension, of a person centered on an idea, is met in the case of Paranoia. Meanwhile, OCPD, in its ideal form, is situated at the opposite pole.

Conclusion

A brief summary of the main anthropological dimensions, in the framework of the comparative approach of the OCPD, includes:

- the dimensions "to do", "to act", "to work", which are correlated with the social practice and labour
- the dimensions "to appear", "to impress and influence others", correlated with the social practice of shows of any type, as seen in theatre, politics or advertising
- the dimension of free and responsible decision, of efficient and lucid self-control
- the dimension of the "living time", which finds itself between present events, prolonged time- sustained by the current programs and
- activities - and its duration.
- the dimension of interpersonal relations, with various aspects and styles
- of rapport, as well as the spatial dimension of interpersonal relations, from an intimate approach, type "I-you", towards a close, remote and extreme distance, following the "I-everyone" pattern.
- the dimension of the identity and of the personal limit; the dimension of the coherence and central organization of the self and the personal world, with polarisation between the disorder dispersion and the fanatic coherence; the dimension of moral responsibility.

The analysis of Personality Disorders, made both generally and through the perspective of various types, can be seen through the viewpoint of the IDEAL TYPE, which could be organised and described from the angle of the anthropological dimensions.

References

1. Jaspers, K. (1965). *Allgemeine Psychopatologie*, Springer, Berlin
2. John, O.P., Srivastava, S. (1999). The big five trait taxonomy: history, measurement and theoretical perspectives. in Pervin A.L and John O.P. (eds) *Handbook of Personality*, Guilford Press, New York, pp. 102-138
3. Lăzărescu, M., Nireştean, A. (2007). *Tulburările de personalitate*, ed. Polirom, Iaşi
4. Livesley, W.J. (2001). Conceptual and Taxonomic Issues, in Livesley W.J (ed) *Handbook of Personality Disorders*, Guilford Press, New York, pp. 3-38
5. Millon, T. (1990). *Towards a new personology*, Wiley, New York
6. Siever, L.J., Davis, K.L. (1991). A psychobiological perspective on personality disorders, *American Journal of Psychiatry*, no. 148, pp. 1647-1658
7. Tatossian, A. (1979). *Phenomenologie des psychoses*, Masson, Paris

8. Widiger, T.A., Mullins-Sweatt M.A. (2005). *Categorical and Dimensional Models of Personality Disorders*. in Oldham J.M. et al. *Textbook of Personality Disorders*, American Psychiatric Publishing
9. Wiggins, O.P., Schwartz, M.A. (1991). Research into Personality Disorders: the alternatives of dimensions and ideal type, *Journal of Personality Disorders*, vol. 5 (1), pp. 69-81
10. Wiggins, J.S., Trobst, K.K. (1999). The field of interpersonal behaviours. in Pervin A.L and John O.P. (eds) *Handbook of Personality*, Guilford Press, New York, pp. 653-670