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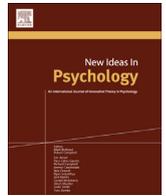
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A psycho-ethical approach to personality disorders: The role of volitionality



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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

and limitations. Because of their ability to be self-directed, they can reflect on their own internal experiences and they generally attain fulfillment and satisfaction in life. In contrast, a person with impaired self-direction may become excessively preoccupied with personal goals to the exclusion of all else. They may lack internal motivation and are instead motivated by external rewards or consequences. They may have a limited or absent ability to reflect on and understand their own internal processes. Life does not provide meaning and satisfaction. Instead, life may be experienced as pointless, or dangerous.

In this alternative model for personality there is a powerful message in consonance with virtue theory which asserts that coherent and meaningful life goals contribute to the development of a healthy personality. This *self-direction* factor will be rescued in next section for the analysis of some personality disorders.

2.1.1.1. Volitionality and life goals in vicious character. In talking about vicious characters we are not using the term in its general sense today –someone who is depraved and causes intentional harm to others while not observing the codes of behavior and perhaps having addictions. However, we sought to use the word in its classic sense, despite the negative load that it carries today, in order to salvage its true meaning. We feel it sheds light on comprehension of the personality. From the ethics of virtue, a vice is a stable disposition of character contrary to reason; it may be something that acts principally to the detriment of the individual but not directly on the environment. In the same vein Fowers describes “vicious characters” (2005) as those mistaken about life goals, it is about what is good in life and how they should act. They instead seek external rewards exclusively (e.g., power and social status) and they pursue their goals with every available means. This establishes then vicious dispositions into their emotional and cognitive capacities. Taylor (2006) makes a deep analysis of vices, and she develops the position that all of them are similar in their structure, while differing in content depending on the vice in question. However, a general consequence is that all vicious characters always focus exclusively on the self and its position in the world, so all of them involve an extreme egocentric attitude:

“All the viciously proud are wholly self-centered, but their view of the world is the view of themselves in the world. But such explicit self-consciousness may be more or less directly so; the I-desires it involves may or not be basic. At one extreme, explicit self-consciousness is quite patent, focusing directly on the self-image, as does Narcissus admiring his reflection in the water ... At the other extreme, the concentration of the self is so indirect that the distinction between implicit and explicit self-consciousness becomes blurred. In between these extremes, the self-consciousness of the proud is, to various degrees, directly or indirectly focused on the self” (Taylor, 2006; loc. 1011).

Based on this egocentric attitude that leads them to become excessively preoccupied with particular personal goals to the exclusion of all else, depending on the vice established, we will analyze the different PDs in next section.

2.1.2. Harmony in virtuous character

Another crucial aspect is that the voluntary development of virtues can reorder the emotions and cognitions, establishing such a unity with one's goal that it assists discernment and judgment regarding the means to the end, even at a pre-discursive or emotional level (Titus & Moncher, 2009). Therefore, acting in accordance with self-ideals can bring harmony and integration to the personality (Arnold, 1954; Blasi, 1980; Hulseley & Hampson,

2014). Even more, McInerney (2006) states that harmony exhibits a twofold order: the dispositions ordered among themselves and those ordered to the person's life goals. Based on this idea and previous analysis, we offer a distinction of personalities depending on the main life goals and the virtues or vices actually established. Authors such as Erikson (1964, chap. 4) and Fromm (1947, chap. 4) have affirmed that the normal and mature personality is the virtuous personality. The conjunction of the cognitive capacities to evaluate, the will to recognize and to consent, and the embodiment to move toward what we choose (or to move away) is flexible in a virtuous person; therefore, it allows us to take many different positions in the face of difficulties and problems with great focus and refinement. There is an excellence in action, bringing out the best of them and living the best of complete life. They direct themselves swiftly, smoothly, and reliably toward virtuous actions.

2.1.2.1. Disharmony in vicious character. However, when vice is established, there is a rigid, repetitive pattern in the way of responding that, as Taylor (2006) claimed, involves a defective mode of perception, an ill-founded deliberation and a self-deception. Vicious characters misjudge genuine life goals because they seek only external goods. In consequence, beliefs, emotions, and motivations become intertwined in accordance to this external good. It leads to a disharmonic personality, which implies integration but without harmony.

More severe cases occur where there is no maintenance of any specific goal. In these cases, there is then not enough coherence to bring together actions, beliefs, and emotions within an overarching story to create a sense of self. Dispositions here are not ordered to any life goal, and this leads to a fragmented personality (non-integration). We will see this differentiation with more clarity in the analysis of three PDs.

Under this view, the transformation of a predisposition into PDs exclusively under external goods could resemble particular vicious characters. Thus, personality could be structured under the inclination of different vices, and, therefore, different pathological complexes can be distinguished depending on the vices they depend on (Echavarría, 2005).

2.2. What does psychology bring to the comprehension of free will in personality development?

Under our psycho-ethical model, there is no doubt that privations, a particular absence of something that ought to be present in development at the emotional, interpersonal, or cognitional level, can deprive a person of the proper unfolding of their abilities (Brugger, 2009) because good choices would be more difficult, and in the long term, virtuous development would be hindered. Childhood adversities, traumas and dysfunctional parenting are particular interpersonal privations. Obviously persistent privations generate defense mechanisms and cognitive distortions, which no doubt complicates an objective knowledge both of oneself and the environment. In our model then, it is necessary to address the decisions the person makes about how to respond to the life problem and the thoughts and motives behind these decisions. For this purpose, it is very illuminating to bring in certain cognitive biases that often effect life choices and the egocentric biases that could underlie this cognitive process. We will show at the end of this section, the vicious circles that are established as a consequence of these biases.

2.2.1. Cognitive biases

Human cognition shares a distinction between two processes. Type 1 is characterized by its automaticity and rapidity. It has many correlated features as rapid processing that sometimes does not

reach consciousness or associative processing that reacts to stimuli with minimal cognitive load. Type 2 thinking is a slow and deliberative process (Stanovich, 2009) that is characterized by hypothetical thinking that is “decoupled” from an individual’s representation of reality. This “cognitive decoupling” is defined as the “ability to distinguish suppositions from belief and to aid rational choices by running through different options. It includes the reflective processing characterized by higher forms of cognitive regulation and it reflects the goal and epistemic values of an individual (Samuelson & Church, 2015).

Stanovich (2009) has built a basic taxonomy that lays out thinking biases called the “cognitive miser” errors. He describes three main errors with a common feature and it is that Type 2 thinking does not expend enough resources. The first error happens by failing to de-couple and therefore going to Type 1 processing even though that will be biased. The second error would be decoupling by failing to override Type 1 processing when it should have been. Finally, the third error would be perseverating on one alternative representation when more comparisons are needed.

We have taken a *responsibilistic* approach in the study of the dual process theories to try to understand the degree of conscientiousness and in consequence the participation of the individual’s own responsibility in the crystallization of character. This means that we are not attempting to examine in depth the reliability of our cognitive mechanisms to solve moral dilemmas. Our reflection does not turn on the conflict as to whether two moral judgments arise better from automatic processing alone or from reflexive, as it does for Tessman (2016). What is of interest to us is to salvage the idea put forward by Samuelson that a Type 2 process injects the notion of accountability, which promotes a more careful analysis of one’s thoughts and arguments. It does not imply better resolving a moral dilemma; it only implies greater accountability and therefore more moral responsibility. In all these biases, cognitive processes remain “self-centered” which means that representations of the world are constricted from an egocentric perspective. This is the reason why Samuelson and Church (2015) describes that in these cases the cognitive system is not working virtuously and is prone to epistemic vice. In these cases the volitionally-based view of moral responsibility assumes that the agent was faced with alternative and better options but chose a morally flawed one (Zachar and Potter, 2010b).

2.2.2. Egocentric biases and vicious circles

According to Kunkel (1984) an egocentric goal is in the service exclusively of preservation or elevation of one’s own ego. This egocentric attitude can draw all the psychic forces in its direction and adjust progressively more firmly to this guiding principle (Adler, 1912). According to virtue ethics, one result will be the reinforcement of the vicious cognitive, emotive and volitional biases that could lead to a vicious personality with the establishment of vicious circles. Millon, Grossman, Millon, Meagher, & Ramnath, (2004) himself, although a different paradigm, stated that for PDs, vicious circle is most often the result, and it is self-perpetuating because it intensifies the very problems it was intended to avoid. It is rooted in the fact that no egocentric aim can be attained repeatedly without considerably intensifying the means necessary to achieve it, because vices cannot provide genuine and stable satisfaction since their goals life established only are by external rewards. Far from making a person feel invulnerable, the circle produces an intensification of painful symptoms, and the person commonly resorts to measures that are more drastic. Vices locked in a vicious circle have tragic consequences, especially to others because of the insensitivity they entail:

“Focusing their view on themselves in the world they will tend not to see the needs and sufferings of others even on those occasions when they could expect to make them their concern. They are predisposed towards thoughtless cruelty and brutality” (Taylor, 2006; loc 1459).

The proposal is that the more a person is unable to decouple the less free will they have, which implies less ethical responsibility but more severe psychological pathology. This inability to decouple will be reinforced simultaneously by inadequate motivations to overcome egocentric tendencies. If cognitions remain ordered around egocentric motivations or life goals, they will acquire even more egocentrism, or as Samuelson and Church (2015) state, they will turn vicious, which will draw in egocentric emotional dispositions and will lead to the establishment of a PD.

2.3. Analysis of personality disorders under a psycho-ethical model

We analyze the cognitive process that could underlie some PDs that the DSM-5 classification has retained because of empirical research (Widiger & Costa, 2013) and their frequency in clinical practice (Skodol et al., 2011). Specifically, borderline, avoidant, narcissistic PDs and psychopaths will be analyzed because we propose that a paradigmatic cognitive error underlies each of them. We recognize a decoupling process and deep deliberation in narcissistic PD and proactive psychopaths, a decoupling process but an inability to override it in avoidance PD. This means that decoupling is initiated but is not sustained until completion. Finally we recognize an inability to decouple in borderline PD.

We have not included schizotypal personality disorder in the analysis because many authors consider it the start-stage of the schizophrenia continuum or spectrum (Siever et al., 2002). This spectrum places this personality disorder in another category that is not susceptible to analysis under our model.

To adopt our processing approach in the study of personality of an actual patient, the particular biography of a person with his/her motives and goals would need to be known. In the theoretical description of PDs provided here, we assume main life goals or motivations based on the DSM-5 self-direction factor.

We follow the same schema of analysis for every PD: we will provide a brief description of the disorder according to section II of the DSM-5, a description of the cognitive biases underlying it and the specific self-directed factors that reinforce them. Finally, we will describe the classical vice and the closing vicious circle that could be established in a particular PD to better understand its harmful consequences.

This does not mean that always or even usually the PD takes form of the “pure description” provided here because few actual individuals exist as an expression of an abstract psychological concept. Ideally our analysis should describe the particular kind of psychological and ethical process in each person as their pathological personality develops. Obviously, this cannot be done in a theoretical analysis, but our analysis does offer an integrated way of approaching such a descriptive understanding in clinical practice.

2.3.1. Narcissistic PD

Narcissistic personality disorders (NPD) show a pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy. They have a grandiose sense of self-importance and can be preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love. They think that they are “special” and unique and can only be understood by, or should associate with, other special or high status people. They also have a sense of entitlement and in consequence they may require

excessive admiration. Finally in the relation domain they are exploitative, i.e., takes advantage of others to achieve his or her own ends and they show lack of empathy (American Psychiatric Association, 2013).

The self-direction of the DSM-5 states that the goal setting of narcissists is based on “gaining approval from others; personal standards unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations” (American Psychiatric Association, 2013, p. 767). According to it, one of their main life goals is to get admiration.

The cognitive style and defensive needs of narcissists merge almost seamlessly, always operating to support their sense of grandiosity. Whereas normal persons have realistic goals that balance their own needs with those of others, narcissists project themselves into an idealized future featuring unbounded fantasies of success and admiration. By substituting fantasy for reality, “narcissists reinforce their sense of omnipotence and justify their arrogance in the real world” (Millon et al., 2004, p.355). These patients are absolute in their belief of their grandeur because they slide around the meaning of events in order to place the self in a better light (Horowitz, 1975).

Narcissists often demonstrate a status-seeking manipulation of others. Power and admiration are frequently obtained by humiliating and dominating others. In these particular cases, they can be highly aware of the desire to be successful in their pursuits. It entails a deep deliberation process to be capable of distinguishing and choosing the best options for oneself, no matter the bad consequences on others. In this case, cognitive decoupling enables hypothetical thinking so as to value alternatives and to choose the one that guarantees self-promotion and advantage to the detriment of others is necessary. This process implies a Type 2 cognitive system, where there is a high degree of voluntariness and where it is feasible to identify consequences resulting from comparing different possible outcomes. According to the previous description, we propose that there is a parallelism with the classical vice of pride, which is an excessive valuation of the self. If a person is misdirected by excess pride and vainglory, the result is a presumptuous person because he or she is in excess by going beyond the actual proportion of his/her own powers (Aquinas, 1947a; Aristotle, 1994).¹ The vice of pride manifests itself as an impoverishment of emotional life because narcissists disregard any of their own feelings that fail to support their narcissistic life goal. Therefore, NPDs under react to or do not notice certain feelings, such as “the vulnerable feelings”, for example, tenderness, pity, or warmth. The vicious motivation reduces even further the cognitive bias process because, exclusively focused on their own self-interest, narcissists can find still more sophisticated and manipulative ways to get admiration. In this process, greed or ambition may be added, leading them to be extremely ruthless in pursuit of their goals. Moreover, if admiration is not obtained, they may choose pathological ways of obtaining admiration, which involve hostility and aggression or dominance and exploitation. This last attitude will close the vicious circle because the desire for admiration driven by pride and greed will lead to totally impossible demands for admiration and often to the withdrawal of others from any support.

2.3.2. Antisocial PD (psychopath)

In this article we will use the term psychopath instead of antisocial personality disorder since antisocial personality disorder represents a single aspect of the theoretically more inclusive psychopath construct. These people are arrogant and egocentric, seek power over others and manipulate or take advantage of them in order to inflict harm and to achieve their objectives. They are insensitive and show a little empathy unless these coincide with their interests. They show disdain for the rights, property or safety of others, and do not feel guilt or remorse about the harm they cause. They act aggressively or sadistically towards others in pursuit of their personal interest and seem to obtain pleasure or satisfaction when dominating, humiliating or degrading others. They show little conventional moral principles and tend to deny responsibility for their acts and to blame others for their own failures and defect (American Psychiatric Association, 2013).

The self-direction of the DSM-5 states the goal setting of antisocial in based on personal gratification and absence of prosocial internal standards. This gratification can be manifested in different grades. Decisions are made without forethought and without consideration for the consequences to others, but in total concordance to achieve personal pleasure, so their cognitive style merges always operating to support their own satisfaction. Depending on the degree of impulsivity and deliberation, we could observe a variable discrimination in the selection of the victims.

For the purpose of this article the proactive aggression subtype is the one that interests us because of their deep deliberative process. It has been found to be positively related to positive outcome expectations, self-efficacy (Vitaro, Brendgen, & Barker, 2006) and cruelty. The cruel intend to harm the other for purposes of their own by producing certain negative reactions in the victim. There is a wish to impress on their victims their own superior position. Here we do not find the lack of goal-focused actions of reactive subtype; on the contrary, there is a deep deliberation which implies a Type 2 cognitive system, where multiple comparison are made to chose the better option to satisfy own needs at any cost. Millon notes a vindictive goal in their gratification:

“Jealous of those who have received the bounty of a good life, they are driven by an envious desire for retribution to take what destiny has refused them. Whether through deceit or destruction, their goal is compensation for the emptiness of life, rationalized by the assertion that they alone can restore the imbalance fated to them”(Millon et al., 2004, p.158).

Under the framework of envy and revenge, the lack of remorse and pleasure in harming can be understood since they believe victims deserve the treatment they receive. Emotions under this life goal can be distorted to the extreme of not showing the proper sensitivity proportional to it. In consequence his/her greatest pleasure lies in taking control of others. More straightforwardly, wishing to see others suffer may also be a desire for the pleasure of paying back those seen as in some way responsible for one's own misery, so under their life goal, it is a triumph. But regardless of their success, psychopaths never feel that they have been compensated for life's impoverishment which explains the vicious circle in this disorder that reinforces the cruelty more and more.

2.3.3. Avoidant personality disorder (APD)

These patients show a pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation. They therefore avoid occupational activities that involve significant interpersonal contact. They can show also restraint within intimate relationships because of the fear of being shamed or ridiculed and they can be preoccupied with being criticized or rejected in social

¹ The vice of vainglory is considered by Aristotle as opposite of the virtue of magnanimity (*megalopsychia*). Unfortunately W.D. Ross translated *megalopsychia* as pride. This has contributed to confusion between the virtue of magnanimity and what from a Christian perspective is considered the vice of pride. (This can be seen in the book IV-3 of the English translation of Nicomachean Ethics where it states: “Pride seems even from its name to be concerned with great things”).

situations. They view themselves as socially inept, personally unappealing, or inferior to others and therefore they are inhibited in new interpersonal situations because of feelings of inadequacy. Finally they may be reluctant to take personal risks or to engage in any new activities because they may prove embarrassing (American Psychiatric Association, 2013).

According to the DSM-5, the self-direction factor of APD is defined as “unrealistic standards for behavior associated with reluctance to pursue goals, take personal risks, or engage in new activities involving interpersonal contact” (American Psychiatric Association, 2013, p.765). In this withdrawn pattern, we assume that a security principle is established as a life goal.

The cognitive styles of these patients lead them to fail to appreciate their other positive attributes (McCrae & Costa, 2013). Decoupling processes enable one to distance oneself from representations of the world. In this case, the decoupling process is initiated, considering other options and alternatives, but is easily surrendered to the fixed negative idea about their reality and the failure to consider other options remains hidden from the self. Defensively, these patients intentionally destroy the clarity of their thoughts by intruding irrelevant distractions, tangential ideas, and discordant emotions. “By habitually interfering with the natural flow of cognitive processes, the avoidant further diminishes his/her ability to deal with events efficiently and rationally” (Millon et al., 2004, p.208).

Under this egocentric motivation, the cognitive bias of self-defense is even more drawn in the direction of a reassuring security than is normal. Initially, the distorted meanings of the person's thoughts contribute to blunting and diffusing internal emotions and perceptions. An avoidant resolution may produce some anxiety reduction but at the price of never challenging the basic fearfulness itself.

According to the previous description, we propose that there is a parallelism with the classical vice of pusillanimity. Instead of maximizing their potential by searching for something that demands more, pusillanimous persons withdraw from their true potential by refusing the tendency toward what is appropriate to their potential (Echavarría, 2005; 2015). Pusillanimous subjects orientate egocentrically in their eagerness to favor security at all cost and they will also fail when the achievement of goodness requires enduring pain or even modest levels of anxiety (Pieper, 2010, chap. 4). The egocentric life goal under pusillanimity engenders disordered and weakened capacities in the person's fight for a positive goal. Thus, the person may be passive and unassertive with regard to pursuing personal goals or achieving successes, commonly leading to aspirations or achievements greatly below their potential.

Once pusillanimity has been established, the vicious circle is entrenched: the desire for security does not bring inner satisfaction; quite the contrary, it brings continual anxiety and consequent despair. The person only feels the relief set up by avoidance behavior, often, as noted, with pathological consequences for their cognitions and self-understanding. However, anxious situations will inevitably arise, and though the avoidance gives slight reinforcement, the habit of fearful withdrawal sets up a constant low-level anxiety about having to face possible new fear creating situations and, of course, keeps the person from ever doing much of genuine significance.

2.3.4. Borderline personality disorders (BPD)

Patients with this disorder have a very fragile self-concept, which is easily altered and fragmented under stress situations. This results in a poor identity level and chronic feelings of emptiness. As a result, they have emotional instability and have problems to maintain long-lasting close relationships. These patients

undergo rapid mood changes, in an intense and unpredictable way, and can be extremely anxious or depressed. They also may get angry or be hostile if they feel misunderstood or maltreated. They may become involved in verbal or physical aggression when they are angry. They generally give emotional reactions in response to negative interpersonal events that involve loss or deception. Their relationships are based on fantasy, on the need of others for survival and on excessive dependence, and on a fear of rejection or abandonment (American Psychiatric Association, 2013).

According to the DSM-5, the self-direction factor of this personality is “instability in goals, aspirations, values, or career plans” (American Psychiatric Association, 2013, p. 766). This inconstancy in keeping faithful to a life goal leads to a fragmented character.

The cognitive style is based in an all-or-nothing schema that applies to the perception of self: depending on the present state of affect, the self is noble or mean, tender or aggressive, honest or a liar, and so on. This splitting is based on the lack of self-observational processes by which a person normally monitors ongoing thoughts for coherence and accuracy (Fuchs, 2007). In such cognitive processes, we can recognize a “cognitive miser” error, a failing to decouple and therefore the biased Type 1 processing dominates. Decoupling is needed for so-called meta-representation, which is thinking about thinking itself (Stanovich, 2009). Such patients do not gain a reflective position beyond or above their present state. They experience only one alternative representation of the self and of others and that makes hypothetical comparisons to other possible representations impossible.

According to Millon et al., 2004, BPD is a pathology of the total integration of personality. Everything is characterized by futility, fragility, and fragmentation because dispositions are not ordered among themselves and they remain adrift. The initial disintegration is compatible with a lack of basic temperance (*intemperantia*), which is a fundamental virtue in the personality development because it structures the moral life (Aquinas, 1947b; Echavarría, 2013b). Temperance moderates pleasures and desires, allowing an alignment of pleasures, desires, and cognitions to a life goal. However, the cognitive capacity of reason can lose its effectiveness, as happens in this disorder, if it surrenders to emotion, especially that of anger. Consequently, the person does not gain a reflective position beyond their present emotional state. There is very superficial deliberation that only leads to a poor conclusion because it is not set within the larger context of goals and aims for the person's life (Potter, 2009, chap. 4).

Holding on to anger too long results in the secondary vice, hatred, and it makes BPD much more complex, with destructive consequences. That is, the holding on is accompanied by transformation of ordinary anger into a resentful anger or hatred. Resentful people feel themselves to be constantly undervalued, and they refuse to accept reconciliation. Hatred leads us to demean our offender by magnifying our own importance and the gravity of their offense.

Once resentment has taken root in BPD's perspective on life, the person expects to be undervalued and tends to find expectations confirmed. Therefore, the resentment will become ever more firmly established. They will thus nourish both an unsatisfactory view of themselves and, in an attempt to protect their self-esteem, a hostile one toward others. Like other vices, resentment is self-frustrating: the agent's desire to be properly valued by others and consequently by themselves cannot be fulfilled through the means they adopt, and they become more resentful, thus explaining the vicious circle embedded in their psychology.

3. Discussion

Based on our model of analyzing PD, we offer a distinction

between disharmonic personalities and fragmented personalities. In some disorders, we found that dispositions were ordered and maintained to the person's egocentric life goal thus leading to a distorted personality, specifically, to a disharmonic integration, as it is the case of avoidant, narcissistic personalities and proactive psychopaths. Ordering one's life around an egocentric goal implies a certain amount of constancy to remain on the path once taken, even if it is not a good goal. Depending on the cognitive capacity of decoupling, the process of deliberation would be less altered, as the proactive aggression subtype of psychopaths and narcissists take a willed position to maintain their satisfaction and superiority, respectively. Thus, from an *ethical* point of view, proactive aggression subtype of psychopaths and NPD would be the most severe personality disorder.

BPDs are not able to decouple, which leads to a limited or absent ability to reflect on and understand their own internal processes. If in addition there are not constant life goals, dispositions cannot even be ordered, which will lead to a fragmented personality. In this case, the process of deliberation would be much reduced and restricted, and, therefore, from the ethical point of view this PD involves less responsibility, but from a *psychological* point of view it would be the most pathological personality disorder. Errors of judgment because of this incorrect decoupling may lead to a disordered consent of the will.

It is then possible to conceptualize most personality disorders as lying somewhere on the dimension of egocentricity with the greatest severity from the ethical point being associated with the most egocentric life goals (Alvarez-Segura, Echavarría, & Vitz, 2015).

To further clarify our position regarding the influence of psychology in this psycho-ethical approach, we cannot omit the role of privations. Severe privations in the early emotional and relational experiences introduce "cognitive miser" errors that make the development of the decoupling process difficult. If psychological capacities undergo a deliberative process with age, autonomic responses, such as the primary emotions over which the infant does not have any control at first, can be progressively governed by cognitive psychological capacities. The more severe the established privations, the more limited the decoupling process is, and the less option the will has to consent properly, and this explains the difficulty of engaging in reflexive thinking in the BPD.

Correcting biases is an effortful process that requires some kind of motivation to overcome the egocentric tendencies of our cognitive system. According to virtue ethics, the formation of mature personality must also be virtuously motivated, and reducing or eliminating such biases should often involve some kind of engagement with an "other": someone or something that "de-centers" the cognitive system and entertains different ways of thinking and other points of views (Samuelson & Church, 2015).

In the decoupling mechanism, the volitional capacity is crucial. During childhood or even adolescence, a person is usually not fully free to address his/her cognitive biases. Ignorance and cognitive immaturity place serious restraints on this possibility. However, as adults and especially in psychotherapy and counseling, the chance to consciously involve in some kind of engagement with another is a real possibility. After all, the patient is there, because he/she has chosen to address psychological problems and to work at positive change and ask for help in making such changes. There will be moments during therapy where reducing or eliminating biases can occur and more virtue can be attained. There can also be moments where patients more consciously reject removing or reducing cognitive biases, thus maintaining their biases and harmful attitudes. This last movement strengthens cognitive biases. This element of choice affords a degree of internal consent to what eventually can become inflexible, an automatic behavior (Zachar

and Potter, 2010a), as in the cases of vicious circles established as the final stages of many PDs. From our perspective, the element of choice diminishes as the personality crystallizes around a vice. Moreover, this is the reason why in the last step of the vicious circle, the will may surrender completely, and the person may end up trapped under a vice structure.

Our approach emphasizes that regardless of whether the PD is a result of more severe privations and cognitive process biases or not, both will have ethical and psychological consequences if the main life goals remain egocentric. Their harmful ethical response aggravates the disorder even more. This follows from Taylor's (2006) relation of vicious and moral sensitivity. A kind of self-deception directs attention away from the action and the will toward the ego-centric moral considerations of their inner life, so the possibility of taking a contemplative attitude toward the good, will be more difficult. There is, then, a progressive limitation of the appreciation of the intrinsic goodness and beauty of any object, especially of any person. In enthroning oneself in place of having trust in others, the person cuts himself/herself off from the world of values. A kind of value blindness, then, progressively develops under this egocentric attitude (Von Hildebrand, 1952). Immersion in vices, which seek their own satisfaction, promotes a progressive value blindness, which will promote a still more egocentric attitude. In short, we can appreciate that although psychological disorders certainly contribute to ethical decisions that harm human flourishing; but also we can understand that ethical decisions, when not in accordance with an objective good, can contribute to a progressive distortion of personality, and to increasing pathology.

4. Conclusions

Exploring cognitive biases, self-direction factors, and vice-disorder relationships can help us to understand better the complex development of PDs, where psychological and ethical matters interact and overlap. The interaction is complex because egocentric choices inculcate progressively disordered emotional and cognitive dispositions without allowing a mature integrated view of the whole personality to occur in the development of PDs. Moreover, we saw that the maintenance of an egocentric life goal leads to distorted personalities: specifically, to a disharmonic integration. However, inconstancy to remain on even an egocentric path once taken, as in BPD, leads to the most pathological disorder from the psychological point of view, and they are the fragmented personalities.

This distinction between personalities would need a deeper analysis in any particular case, but it helps us to establish different levels of severity from the psychological and ethical perspectives. In fact, every individual case would need an in-depth analysis to understand and illuminate fully this complex process. However, to ignore or reject the relation between ethics and psychology, as we have argued, would only lead to a superficial approach to PDs. This article has been an attempt to offer a framework to rescue the part of the human will and of virtue in personality development. Understanding the complex interaction of psychology and ethics, with special emphasis on the cognitive biases and the person's life goal, may offer new therapeutic possibilities where the patient plays a main role. It can help clinicians and researchers to think about disorders in a less absolute and categorical manner and may provide reasons for patients to go beyond personal limitations through the cultivation of certain virtues.

It is beyond this article to address actual therapeutic treatments under this model. Later articles will need to explain the therapeutic possibilities it entails. These therapeutic possibilities will imply a de-centering movement diametrically opposed to egocentricity. The capacity to transcend the self and to avoid getting caught in a

self-centered world implies a self-giving liberation that could be crucial in the recovery process of these disorders.

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