

Cognitive Therapy of Personality Disorders

SECOND EDITION

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and Associates



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About the Authors

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Denise D. Davis, PhD, is a Founding Fellow of the Academy of Cognitive Therapy and has collaborated with Drs. Beck and Freeman and other associates of the Beck Center since completing an extramural postdoctoral fellowship there in 1984. A contributor to the first edition of this volume as well as to numerous other chapters, articles, and workshops on cognitive therapy, Dr. Davis was a founding editor of the journal *Cognitive and Behavioral Practice*. She currently serves as Assistant Director of Clinical Training in Psychology at Vanderbilt University and has also maintained an independent practice of cognitive therapy for 20 years.

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Preface

In the more than two decades since Aaron T. Beck and his colleagues published *Cognitive Therapy of Depression*, cognitive therapy has developed in an almost exponential fashion. From the early work of treating depression, the model has been advanced and applied to the treatment of all the commonly seen clinical syndromes, including anxiety, panic disorder, eating disorders, and substance abuse, as well as disturbances of thinking associated with psychoses. Outcome studies have demonstrated its efficacy in a wide range of clinical disorders. In addition to its application to practically all the clinical populations, with modifications, cognitive therapy has been applied to all ages (children, adolescents, geriatric patients) and has been used in a variety of settings (outpatient, inpatient, couples, groups, and families).

The interest in and development of the clinical work in treating those patients with personality disorders have grown with the clinical sophistication and skill of the cognitive therapists. The first edition of this volume was the first cognitive approach to focus specifically on this diverse and difficult group. Our second edition reflects both our growing clinical sophistication and the expanding potential of cognitive therapy to effectively treat these disorders that often have been regarded as untreatable.

The work in cognitive therapy has drawn interest from around the world, and centers for cognitive therapy (or cognitive therapy study groups) have been established on every continent except Antarctica.

Prochaska and Norcross (2003) stated the following in the fifth edition of their *Systems of Psychotherapy*:

Probably the safest prediction about cognitive therapy's direction is that it is moving up. Cognitive-behavioral therapies in general, and Beckian cognitive therapy in particular, are the fastest growing and most heavily researched orientations on the contemporary scene. The reasons for its current popularity are manifest: cognitive therapy is manualized, relatively brief, extensively evaluated, medication compatible, and problem focused. Let us put it this way: if we were forced to purchase stock in any of the psychotherapy systems, Beck's cognitive therapy would be the blue-chip growth selection for the next five years. (p. 369)

The interest in cognitive approaches among therapists has increased 600% since 1973 (Norcross, Prochaska, & Gallagher, 1989).

The original impetus for this volume came from therapists trained at the Center for Cognitive Therapy at the University of Pennsylvania or those who received training from these individuals. The content of the present work has grown organically from early case discussions and seminars led by Beck over many years. When we decided to write a book that would allow a sharing of the understandings gained from our work, we realized that it would be impossible for one or two people to be expert in treating all the various personality disorders. We therefore enlisted a distinguished and talented group of therapists trained at the Center for Cognitive Therapy to coauthor the text, all writing in their specific areas of expertise. We rejected the notion of an edited text that offered a series of disparate (or redundant) presentations. In the interest of uniformity and consistency in presentation, we decided in favor of a volume that would represent a total collaborative production of all the contributors.

Different authors took responsibility for different specific topics or clinical applications. The draft material on each topic was then circulated to stimulate cross-fertilization and facilitate consistency and was then returned to the original author(s) for revisions and further development. Finally, the entire manuscript was reviewed and edited by one of the authors to ensure continuity in style, language, and content. Although the book is the product of a team of authors, each author takes responsibility for the content. The major authors of each of the chapters are, however, identified below. The integration, final editing, continuity of the volume, and management of the second edition revision project is the work of Denise D. Davis.

As we considered the reasons to pursue a revised edition of this volume, a number of issues influenced our decision. First, cognitive therapy of the personality disorders has continued to expand in the 14 years

since the first edition. Our experience as cognitive therapists has grown, as we see even more clearly both the value and the challenge of this potentially powerful therapeutic approach. Much has been gained in the way of new empirical evidence. Several of the authors who contributed to the first edition were ready to add the richness and depth of an additional decade of experience to their original clinical applications. We were also able to enlist the help of several new authors who have made major contributions in their areas of expertise in recent years, adding a fresh and up-to-date perspective to enhance the core of our original work. Finally, we wanted to expand the original offering in the areas of clinical assessment, and through more discussion of the role of emotions and the therapy relationship in cognitive therapy with personality disorders.

We have organized the volume into two sections. The first offers a broad overview of historical, theoretical, and therapeutic aspects. This section is followed by the clinical application chapters that detail the individualized treatment of specific personality disorders. The clinical chapters are arranged according to the three clusters described in the revised fourth edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV-TR; American Psychiatric Association, 2000). Cluster A, those disorders that are described as “odd or eccentric,” includes the paranoid, schizoid, and schizotypal personality disorders. Cluster B includes the antisocial, borderline, histrionic, and narcissistic personality disorders, which are described as “dramatic, emotional, or erratic.” Cluster C includes the “anxious or fearful persons” that fall into the categories of dependent, avoidant, and obsessive–compulsive personality disorders. After much consideration, the passive–aggressive personality disorder was included in our second edition, despite being removed from the DSM-IV-TR list of personality disorders and placed with proposed new categories awaiting further study. We agreed on the special clinical relevance of passive–aggressive or negativistic personality adjustment. Furthermore, our research demonstrated the unique set of dysfunctional beliefs associated with the clinical diagnosis of this disorder.

The material in Part I was developed by Aaron T. Beck, Arthur Freeman, Andrew Butler, Denise D. Davis, and James Pretzer. In Chapter 1, Freeman and Pretzer begin by outlining the cognitive-behavioral approach to the general problems of referral, diagnosis, and treatment of personality-disordered patients. A discussion of the concept of schema formation and its effect on behavior offers the reader an introduction to this vital issue, which is expanded in later chapters. The chapter then discusses the clinical studies and research done to date that is relevant to cognitive-behavioral treatment of personality.

In Chapter 2, Beck offers an explication of how personality processes are formed and serve adaptive functions in the individual’s

life. Starting with an evolutionary focus, Beck elaborates on how the schemas (and the idiosyncratic combinations of schemas) contribute to the formation of various disorders. The basic strategies for adaptation are then outlined, along with the basic beliefs/attitudes for each of the personality disorders. The processing of information and specific types of distortion of the available information are then tied to the schematic characteristics, including the density, activity, and valence of the schemas. Within each personality disorder, certain beliefs and strategies predominate and form a characteristic profile. Beck identifies the typical overdeveloped and underdeveloped strategies for each disorder. The strategies may, he posits, be derivative from or compensate for particular developmental experiences. By offering cognitive profiles, including the view of self, view of others, core and conditional beliefs, and main compensatory strategies, he places the disorders in a perspective that allows the application of the broad range of cognitive and behavioral interventions.

In Chapter 3, Andrew Butler discusses assessment concerns relevant to personality disorders, including the conceptual, methodological, and strategic issues inherent in understanding these complex domains of psychopathology. Cognitive measures of personality pathology are discussed, with illustrations of the specific measure developed within recent years, the Personality Belief Questionnaire. In Chapter 4, Beck and Freeman review the general principles for the cognitive therapy of personality disorders. The core schemas can be inferred by first looking at the patient's automatic thoughts. By using imagery and reawakening of past traumatic experiences, therapists can also activate the core schemas. The beliefs embedded in these schemas can then be examined within the therapeutic context. The chapter outlines basic cognitive therapy strategies with particular emphasis on the development of case conceptualization. Therapeutic collaboration, guided discovery, and the importance of transference and countertransference are discussed. The chapter concludes with an overview of specific cognitive and behavioral techniques for modifying schemas.

The last chapter in this section, Chapter 5, is newly formulated to highlight the cognitive approach to the therapeutic relationship in treating personality disorders. Building on the previous work by Beck and Freeman concerning the various reasons for therapeutic noncollaboration, Denise Davis adds further considerations of culture and managed care. In addition, she discusses an expansion of the interpersonal domain in the context of treating personality disorders and offers a conceptualization of transference and countertransference that is grounded in the cognitive therapy model. This chapter illustrates specific strategies for a cognitive therapy approach to both patient and therapist emotions. This overview of the emotional and interpersonal features of cognitive

intervention is complemented by a specific discussion of therapeutic relationship issues and collaboration strategy within each of the subsequent chapters on specific personality disorders in Part II.

Each of the disorder-specific chapters in Part II follows a format of first describing the key features and ways the disorder is likely to present in a clinical context, followed by a summary of historical perspectives on the disorder. Key research and empirical data are noted, followed by a brief discussion of differential diagnostic issues. From there, each author offers a specific conceptualization to explain the disorder within the cognitive model, followed by an overview of how treatment can be approached with patients who present with these features. The specific beliefs and strategies that affect collaboration, and the possible ways to address these challenges, are elaborated within a section on collaboration strategy, followed by abundant and detailed illustration of specific interventions. Finally, suggestions for maintaining progress are offered. Although each of these authors followed a similar outline, a wealth of different ideas for applying the cognitive model are contained in these respective chapters.

Chapter 6, revised by the original author, James Pretzer, begins the clinical applications section with an introduction to the problem of the paranoid personality disorder. This infrequently studied group presents several idiosyncratic problems, not the least being a high degree of interpersonal suspicion. The schizoid and schizotypal personality disorders are detailed in a new Chapter 7 by Anthony Morrison and Julia Renton. These authors offer well-grounded and practical recommendations for differentiating these disorders, for clinically treating the thoughts and beliefs that contribute to the characteristic odd and eccentric social adjustment of these patients, and for engaging this typically disengaged person in a treatment collaboration. The Cluster B disorders of the dramatic, emotional, and erratic personality are introduced with Arthur Freeman and Denise Davis's reformulation of Davis's original consideration of the antisocial personality in Chapter 8. Specific issues of confronting these patients' particular tendencies toward avoidance and manipulation, setting limits, involving patients in homework, and teaching functional skills are elaborated.

A new Chapter 9 on the borderline personality is presented by Arnoud Arntz, who summarizes the sizable empirical and theoretical contributions in this area over the past decade. The pertinent issues of borderline psychopathology are aptly illustrated using the cognitive approach to schema modification. Barbara Fleming updates her original discussion of the histrionic personality disorder in Chapter 10, including a fascinating summary of the sexist influences historically associated with this disorder. She reconceptualizes the disorder in cognitive terms and illustrates a treatment protocol that clearly addresses the

psychopathology of dramatic and excessive emotions. Denise Davis recasts her original discussion of the narcissistic personality in Chapter 11 with cognitive understanding of this self-inflating disorder. Key beliefs and assumptions are delineated, along with a model for engaging this challenging problem and pinpointing the primary operative beliefs that may be amenable to modification.

In Chapter 12, Barbara Fleming returns to revamp her original work on the dependent personality disorder, introducing the Cluster C— anxious and fearful patients. The dependent patient's beliefs relative to competence, abandonment, and independence are addressed in a variety of ways to encourage the development of more adaptive and independent functioning. Therapist frustration is a key issue that Fleming addresses, as dependent patients are particularly prone to superficial compliance and therapist flattery in the interest of maintaining their dependent relationship with the therapist. Strategies to titrate and manage patient dependency are detailed. Christine A. Padesky and Judith S. Beck return to collaborate on Chapter 13, treatment of the avoidant personality disorder. Themes of self-deprecation, expectation of rejection, and a belief that unpleasant emotions or encounters are intolerable guide these authors in applying their renowned clinical expertise. As in the first edition, treatment of the anxiety component and need for specific skill training are emphasized. Their original case example is expanded, with more detailed illustrations of techniques and an expanded range of ideas for possible interventions.

In Chapter 14, Karen M. Simon returns to update and expand the original chapter on obsessive-compulsive personality disorder. Although this disorder comprises traits that are highly valued by society, including performance, emotional control, self-discipline, perseverance, reliability, and politeness, Simon illustrates how these constructive strategies become dysfunctional rigidity, perfectionism, rumination, dogmatism, and indecision. Associated problems of depression, sexual problems, and psychosomatic difficulties are addressed. New contributor Gina Fusco considers the passive-aggressive or negativistic personality in Chapter 15. This chapter reviews the history of the conceptual issues surrounding the somewhat controversial disorder, and Fusco focuses on the primary issues of ambivalence, dependency, and poor assertion that typically impair the adaptive functioning of passive-aggressive individuals. Through the use of clinical examples, Fusco amply describes the cognitive approach to resolving therapy impasses and moving toward more constructive changes.

Finally, in Chapter 16, James Pretzer presents a summary of key issues and looks ahead to the future frontiers of the cognitive approach to treating personality disorders.

Acknowledgments

There are five significant events in the publication of a book. The first is the thrill and excitement of the initial conceptualization and development of the concept for the book. During this early stage ideas are offered, developed, modified, discarded, re-evaluated, and reformulated. Both editions of this volume began, as so much of our work has begun, from clinical necessity coupled with scientific curiosity. The personality-disordered patient was part of virtually every therapist's work at our Center. The idea for this book grew out of the weekly clinical seminars led by Aaron T. Beck. As the idea developed, the input and clinical insights of our colleagues at the University of Pennsylvania and the various Centers for Cognitive Therapy around the United States were sought and must be acknowledged here. Many of them became coauthors and had a significant impact on the direction and content of both the first and the current edition of this volume. Their brilliance and clinical acumen have given this work a particular sparkle.

The second major point for some books is the decision whether or not to undertake any substantial revision of the original work, producing a subsequent edition. Significant discussion and consideration took place between the publisher and the authors before determining the course of this particular project. In executing the decision to proceed with a second edition, a decision was made to create the role of an authorship project manager, to ensure the timeliness and consistency of the final product.

The third major event in the birth of a book is the collection and collation of the manuscript. Ideas have now been concretized and set to paper. It is at this point that the shaping process is begun. For the second edition of this volume, Denise D. Davis served as authorship project manager and reviewer of all of the manuscripts, shaping, editing, and polishing the revised volume from consideration to completion.

The fourth major point occurs when the draft manuscript is mailed to the publisher. Seymour Weingarten, Editor-in-Chief of The Guilford Press, has been a friend of cognitive therapy for many years. (It was Seymour's wisdom and foresight that led him to publish *Cognitive Therapy of Depression* over two decades ago.) His support, encouragement, and prompting have helped both the first and second editions of this volume move toward the finished state. Carolyn Graham, Craig Thomas, and the rest of the staff at Guilford have provided constant support and guidance in bringing this second edition to completion.

Although modern technology has reduced much of our need for additional technical assistance in producing the final manuscript draft, we wish to offer our personal thanks to those who contributed the support that allowed us to complete this major endeavor.

Cognitive therapy has grown from its humble beginnings to become the fastest growing psychotherapy in the world. I am particularly proud of this revised edition of *Cognitive Therapy of Personality Disorders* because it represents the collaborative effort of many of the most productive members of my professional family (including, of course, my daughter Judith). I want to express my appreciation to the various contributors to the book and particularly to Denise Davis and Art Freeman, who brought the revised edition to fruition.

—AARON T. BECK

In 1977, I began working at the Center for Cognitive Therapy at the University of Pennsylvania, thereby beginning a quarter century of collaboration with Tim Beck. This was a turning point in my life, both personally and professionally. Tim has been colleague, counselor, collaborator, supporter, critic, and friend. Denise Davis has been a valued colleague for two decades. She has likewise been a friend and collaborator. My wife, Sharon, is a life partner in every way. Her love, creativity, and caring are energizing and supportive.

—ARTHUR FREEMAN

Tim Beck and Art Freeman have provided many years of encouragement and inspired leadership in the development of cognitive therapy. I want to express my personal thanks to Tim and Art for their friendship and always generous collaboration. Their confidence is indeed a treasured gift. The contributors to this volume have all been wonderful, enlightening, and responsive to what may have seemed like endless requests. I am

grateful for the opportunity to learn from their work. I also wish to thank my outstanding collaborator in life, Charles Sharbel, for the joy, space, and support that made my work on this project possible.

—DENISE D. DAVIS

Finally, we all wish to thank the patients with whom we have worked over the years for allowing us to share the burden they carried. It was their pain and anguish that motivated us to develop the theory and techniques that are called cognitive therapy. They taught us much, and we hope that we have helped them to lead fuller, more complete lives.

The fifth and final stage of the book comes with publication. Given all that has come before, this final stage is almost anticlimactic. Our work is now in the hands of you, our colleagues, who we hope will profit from this volume, along with the patients with whom you work.

AARON T. BECK
ARTHUR FREEMAN
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