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Across-species Comparisons And Psychiatry Newsletter
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"[Whereas psychoanalysis aims to replace unconscious thoughts with conscious thoughts, therapy based on ethological principles aims to replace unconscious behaviour with conscious behaviour." John Price, 1992[1]

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(IASCAP)[3]

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Newsletter aims: 1. A free exchange of letters, notes, articles, essays or ideas in whatever brief format.
2. Elaboration of others' ideas.
3. Keeping up with productions, events, and other news.
4. Proposals for new initiatives, joint research endeavors, etc.

Features: This issue features a stimulus essay by Aaron T Beck, an address on personality disorders made to the Association for the Advancement of Behavior Therapy (AABT).. p2 This is a stimulus essay! Please send two page double spaced responses.

IASCAP Mission Statement: The society represents a group of people who view forms of psychopathology in the context of evolutionary biology and who wish to mobilize the resources of various disciplines and individuals potentially involved so as to enhance the further investigation and study of the conceptual and research questions involved. This scientific society is concerned with the basic plans of behavior that have evolved over millions of years and that have resulted in psychopathologically related states. We are interested in the integration of various methods of study ranging from that focusing on cellular processes to that focusing on individuals to that of individuals in groups.

Comment: Dr Beck speculates in his essay about the evolutionary origins of personality and other psychiatric disorders (see his letters in last ASCAP that explain the essay's origins, aims, and limitations).

We offer these thoughts of Tim Beck in the spirit of the John Price essay of July 1990: these are ideas from a highly respected authority in psychiatry that should be examined and responded to with care. How does what Dr Beck considers important in evolutionary biology compare and contrast to what others of us concerned with psychiatry and biology consider important. On the other hand, perhaps some who are concerned about personality (and other) disorders, but who haven't thought much about the evolutionary biological aspects, might find themselves tussling with the new perspective that Dr Beck presents.

Letter: *February 4, 1992*

I am a psychiatrist and a cognitively oriented psychotherapist, whose work has been greatly influenced by Bowlby's attachment theory. As a subscriber to the ASCAP Newsletter, I have learned much from the many contributors to it, as far as the agonistic behavioral system is concerned. Presently, I am looking for signs of dysfunction of both the attachment system and the agonistic system in all my patients, and I am impressed by the explicative power of the conceptualization of these two behavioral-motivational systems in many domains of psychopathology. To explore the dynamics of the psychotherapeutic relationship in the light of the ethological concept of various inborn behavioral systems regulating social behavior has also been most rewarding to me. The enclosed paper is the only one I wrote in English ("Disorganized attachment and dissociative experiences: an illustration of the developmental-ethological approach to cognitive therapy." To be published in (Eds) Rosen H, Kuehlwein KT: Cognitive Therapy in Action, San Francisco: Jossey-Boss) in which I exemplify how I pay attention to both attachment and agonic dimensions in my patients: I hope that it will not be a waste of time for you.

It is my impression that insecure attachment is a prerequisite, in the individual developmental history, for the development of any serious dysfunction of the agonistic system. A securely attached child experiences with the parents modes of interaction and modes of thought-feeling that protect him/her from overestimations of both failures and successes in the competitions with other human beings. The converse is true of insecurely attached children. I would like to know whether other people connected to the ASCAP network have similar views about the primacy of the attachment system over the agonistic system in human ontogenesis. It seems to me that Leon Sloman is working along this line, but since he is dealing with families while deal with developmental histories of individual patients in psychotherapy, I may have formed a wrong impression about the similarities in our way of conceptualizing the interactions between competitive and bonding dimensions of family transactions.

Hoping that future issues of the ASCAP Newsletter will pay increasing attention to the interactions between the attachment system and the agonistic system, I look forward to the success of your enterprise.
Giovanni Liotti, ARPAS, Rome, Italy

Your chapter tells of an extraordinary clinical feat that stemmed from your thinking on evolutionary biology and its psychiatric consequences. It stimulated me to compare the patient you presented (with a crippling obsession and compulsion) with another patient severely handicapped by obsessive-compulsive disorder but misdiagnosed. This patient was presented masterfully at UTMB by Dr Mark Stevens (a resident in psychiatry near to graduation from our program at UTMB). Both patients had been diasterously misunderstood and both remarkably benefited from their doctor's discerning care, each from a particular mode of treatment compassionately provided. The contrast, however, illustrates complex issues bridging neuronal and behavioral/psychological domains of investigation and experience. I offer an essay on the contrast in the May ASCAP.

That your story provided an illustration of a new use of cognitive therapy makes your letter exquisitely suitable for this issue, featuring as it does Aaron Beck, the father of cognitive therapy of depression and a thorough-going researcher.

Personality Disorders: evolutionary and structural perspectives

By Aaron T Beck

Abstract

The personality disorders and the syndromal disorders may be considered from two standpoints. First, in terms of their distal, phylogenetic origins. What were the ancestral precursors of these disorders? Second, in terms of their structures and functions. What role do they play in everyday life?

From an evolutionary standpoint, the syndromal disorders such as anxiety and depression may be viewed as preprogrammed reactions to a perceived threat to (anxiety) or a perceived depletion of (depression) the individual's resources. Thus, the perception of a danger to oneself or to one's significant others produces a mobilization of available resources to reduce the danger (fight, flight, freeze). In contrast, the perception of a substantial depletion of resources by virtue of loss of status and power, through defeat or loss of a significant interpersonal relationship leads to a demobilization, a shutdown of the power of the systems in the form of depression.

The stable components of personality draw on the inherited phylogenetic strategies to meet the demands and problems of everyday life. These strategies are designed ultimately to fulfill the evolutionary goals of inclusive fitness; specifically, survival and procreation. Personality disorders may arise when there is a skewed distribution of the adaptive strategies in the genetic endowment or when adverse circumstances impinge on the individual in such a way as to produce hypertrophy of some strategies and atrophy of others. The end result is that the individual's coping strategies are excessive in some ways, deficient in others.

For clarification of the dysfunctionality of the strategies in the personality disorder, it is important to examine the role of cognitive, affective, and motivational structures (schemas). It is proposed that the interaction of the genetic endowment with the environmental influences leads to the formation of two sets of core beliefs: the self-concept of "I am helpless" or the self-concept "I am unlovable." The two self-concepts working independently or collectively lead to hypersensitivity to certain problems and to the formation or reinforcement of a variety of strategies designed to compensate for the depreciated self-concept. Although these strategies may have been adaptive in the wild, they do not fit well into our highly complex psychosocial environment and, hence, are ultimately dysfunctional. They tend to be compulsive, inflexible, and brittle. Further, the failure of the strategies can lead to the evocation of the syndromal disorders.

Evolution of Concept

When I first started seeing patients, I believed--in line with the psychodynamic dogma of the day--that the syndromal disorders (what we now call Axis I disorders), such as depression, anxiety disorders, and phobias were only the surface manifestation of an underlying personality disorder. Within the symptomatic adult was a frightened, angry, needy child. This immaturity was reflected in a personality disorder which was regarded as "the cause" of the depression, anxiety disorder, etc. I believed that if you cured the personality disorder, the neurosis would go away.

Later, under the influence of the behavior therapy movement I came to believe that the problem was on the surface not in some deep unconscious recesses of the mind: the neurosis was the disorder. The symptomatology produced a secondary reaction that appeared to be the personality disorder; that is, the Axis I symptoms so disabled the person that he or she only appeared to have a personality disorder: If you cured the symptom disorder, the personality disorder would go away.

This formulation seemed satisfactory while I was conducting cognitive therapy of depression. When patients were over their depression, the problematic characteristics such as overdependency, demandingness, and negativism were no longer apparent. Eventually, I found, however, that even though they were no longer clinically depressed or anxious, a significant proportion of these patients still showed enough persistent, unremitting, enduring dysfunctional be-

haviors and cognitive reactions as well as subjective distress to justify the attribution of an underlying personality disorder. Further, these characteristics appeared to have been present, for the most part, since childhood. The emergence of this subgroup of patients among our symptomatically improved depressed and anxious patients prompted me to accept the notion that at least some had an underlying personality disorder and to formulate a cognitive theory and therapy of the personality disorders.[4]

Evolution of Syndromal Disorders

At the same time, I was beginning to see psychiatric disorders in the broader perspective of our prehistoric (phylogenetic) heritage. It appeared plausible that the selective pressures of our evolutionary history made us susceptible to syndromal (Axis I) and personality (Axis II) disorders.

It became clear to me that although the basic evolutionary goals--survival and reproduction--and the basic strategies (competition, cooperation, nurturance-eliciting, etc) for achieving these goals had not changed, our specific environmental niche, specifically, the social milieu, had changed substantially from the wild to a technologically advanced society, resulting in a poor fit--what I call the "Evolutionary Friction Rub."

Evolutionary demands were oriented to inclusive fitness; specifically, survival and procreation. Natural selection was ruthless in molding the durable predispositions of humans as well as their reactions to acute situations.

Forerunners of Anxiety and Depression

According to this perspective, the forerunner of Axis I disorders was a set of strategies that were activated to deal with an acute dislocation of the individual's ordinary adjustment. These noxious events either threatened the individual's resources, including his personal safety, or were perceived to reduce these resources. In response to the perception of acute threat, for example, the strategies of fight, flight, freeze, or faint became mobilized.[5] When the system was unable to return to a normal state, an anxiety disorder or paranoid state was produced.

Acute anxiety and continuous vigilance, the expression of our hypersensitive alarm system, for example, became the tribute we had to pay in **order** to stay alive and make a contribution to the gene pool. We were forced into a life of overreacting to possible threat for this privilege. The "better safe than sorry principle" reflected the fact that false positives (false alarms) could be tolerated but a false negative would cancel out transmission into the gene pool, a principle labeled "adaptive conservatism."

When a negative event leading to a perception of a reduction of personal resources occurred, the individual would be susceptible to depression. The reduction of resources or loss of access to resources is manifested clinically as a "defeat depression" or "deprivation depression." A defeat, for example, would lead to loss of status **and** consequently reduced access to resources. A loss of a close relation would represent a deprivation of resources. Consequently, giving up, and withdrawal (in other words depression) appeared. Since people nowadays can survive and continue to procreate despite loss of status or loss of a close relationship, it is apparent that these threats or losses leading to anxiety or depression are largely anachronistic symbols inherited from the past.[7]

"Defeat" Depression and "Deprivation" Depression

Since humans operate to a large extent according to symbols, a symbolic loss can have the same degree of im-

pact as an actual loss. A reduction of status--eg, receiving a lower than expected rating in a popularity contest or being passed over for promotion to a tenured position--may have a powerful impact because they represent symbolically a defeat in the evolutionary race. The loss of status may represent a selective decline of power and influence diminished opportunities for successful competition for limited resources and the reduction of peer support in attaining phylogenetic goals.

Similarly, separation from or loss of a nurturant person may represent a significant loss of external resources.

These circumstances of perceived defeat or deprivation can trigger a depression. The psychobiological organization shuts down until such time as resources are perceived to be available. The mechanism of course is anachronistic and unrealistic but can be analogized to the shut down of industries in economic depression.

Evolution of Personality Disorders

While psychoanalysis has proposed that adults react according to patterns inculcated by their personal past history, this approach suggests that we react according to patterns shaped by our evolutionary history — a more distal determinant. This notion brings us to a consideration of the Axis II --the personality disorders. In essence, personality and its disorders may be conceptualized in terms of the persistence of phylogenetic patterns designed to accommodate to the normal conditions of prehistoric life.

It is also conceivable that the mechanism analogous to morphological neoteny or juvenilization may be operative. In this sense, we never completely "grow up" or mature. Despite our overall maturation, we retain the playfulness and some dysfunctional cognitive-affective patterns of childhood.

If Axis I disorders represent a way of coping with a destabilization of ordinary conditions, the personality and its Axis II disorders represents a chronic adjustment (or maladjustment) to the stable set of circumstances, including the usual demands and stressors of everyday life. The adjustment strategies are manifested in many of the stable enduring characteristics that constitute people as we know them. They represent each individual's unique solutions to the problem of reconciling internal pressures for survival and bonding and external obstacles, threats, and demands.

The Environmental Niche

For many individuals these stable characteristics are not properly designed to promote satisfaction and adaptation to the present-day social environment. In fact, these evolutionary-derived strategies are likely to produce excessive and useless distress in these individuals and often in their intimates or significant others.

This state of affairs is due in part to the fact that our inherited strategies are not well suited to the changed environmental niche — the circumstances of contemporary life. Developmental experiences also play a role in the genesis of dysfunctional strategies. The genetic material we inherited is not plastic enough to deal easily with the subtleties and complexities of our social environment and at the same time satisfy the tacit goals of preserving our lineage.

Let us look at some of the traits that supposedly comprise normal personality. These traits can be thought

Dominant	- Submissive
Competitive	- Cooperative
Dependent	- Nurturant
Assertive	- Avoidant

of as interpersonal strategies

derived from our archaic heritage. We utilize these specific strategies in dealing with other people.

If we are able to adapt these strategies to meet our innate phylogenetic goals, to mold our environment, to harmonize our disperate strategies and satisfy our "needs," and to solve external problems, we have a functional personality. If particular strategies are excessive, compulsive, and inappropriate, they interfere with our adjustment and our behavior is described by clinicians as a personality disorder. Sometimes, a particular strategy that is dysfunctional in ordinary circumstances may be well suited to an unusual environment (for example, in war time), in which case this label, dysfunctional, is no longer applied. (Consider risk-taking strategies in paratroopers.) On the other hand, when a congruent environment (for example, a supportive network) is suddenly changed (for example, by a death of a supportive individual), the individual may experience not only depression but the resurgence of a latent personality disorder.

Table 1 The primeval strategies and their representation in specific personality disorders

"Strategy"	Personality Disorder
Predatory	Antisocial
Help-Eliciting	Dependent
Competitive	Narcissistic
Exhibitionistic	Histrionic
Autonomous	Schizoid
Defensive	Paranoid
Withdrawal	Avoidant
Ritualistic	Compulsive

Personality and its disorders are defined in the psychiatric nomenclature in terms of observable behaviors, which may be translated into strategies. As we shall see, however, the strategies are driven, in part, by beliefs, attitudes, and assumptions — which are the fundamental targets of therapy. As shown in Table 1, certain strategies were developed in the wild to advance the evolutionary goals. Predation served the purpose of acquisition of essential supplies through aggressive behavior. Help-eliciting behavior, particularly in the young and weak, was essential for survival. Competition for acquisitions and status provided an internal • state of power. Exhibitionism was important for mating through attracting partners, but also provided status. An autonomous pattern was the basis for physical and psychological independence — important for survival. Defensive strategies were crucial for self-protection. Withdrawal or avoidance also serve as protection against physical or psychological damage. Finally, ritualistic behaviors were important for control over self and others: they involved certain routines utilized in diverse activities such as communication, courtship, and organization of resources.

Table 1 lists these patterns and indicates those personality disorders whose dominant features correspond to a particular primal strategy. For example, the antisocial personality manifests actions reminiscent of predatory behavior (for instance, attacking others for personal gain) and the dependent personality shows the overattachment and clinging behavior associated with help-eliciting behavior in other primates.

Why do some people develop personality disorders and others do not? First, the "genetic shuffle" plays a role: There are huge individual differences in the inheritance of the predispositions to these strategies. Some individuals seem to be extroverted and confident, while others are shy and retiring from early childhood. Some individuals seem to

have the deck stacked against them: They are dealt an unbalanced "hand": strong in some suits (traits) but weak in others.

Secondly, life experience can lead to the expression and full development of certain genetic patterns while other adaptive patterns do not receive the appropriate activation to develop. Consequently, those individuals may have specific vulnerabilites. Finally, individuals can build certain compensatory patterns to moderate or compensate for their more primitive strategies. These compensatory patterns, however, may not fully protect the individuals' vulnerabilites. Further, the patterns tend to be compulsive, inflexible, and maladaptive and, consequently, present the classic picture of a personality disorder.

The uneven distribution of the innate factors at a genotypic or idiographic level may then be aggravated by life experience, especially during the formative period. The net result is that for certain individuals some strategies are overdeveloped (or hypertrophied) and others are underdeveloped (or atrophied). This may lead individuals to be overprepared to deal with certain stressors and underprepared to deal with others. This imbalance may be manifested in, for example, a hyperactive alarm system as in anxiety disorders. Conversely, a hypoactive system is manifested in excessive risk-taking. Similarly, certain people may be depression-prone because of an excessive weighting of the systems relevant to curbing energy output.

The overdeveloped and underdeveloped strategies in the Axis II, or Personality, Disorders, are illustrated in Table 2. It may be noted that where a personality disorder may be overweighted with one set of strategies, it is likely to be underrepresented in the complementary set.

Table 2 Typical overdeveloped and underdeveloped strategies

	Overdeveloped	Underdeveloped
Compulsive (OC)	Control Responsibility Systematization	Spontaneity Impulsivity
Dependent	Help-seeking Clinging	Self-sufficiency Mobility
Passive-Aggressive	Autonomy Resistance Passivity Sabotage	Intimacy Assertiveness Activity Cooperativeness
Paranoid	Vigilance Mistrust Suspiciousness	Serenity Trust Acceptance
Narcissistic	Self-aggrandizement Competitiveness	Sharing Group-identification
Antisocial	Fight Deprive Others Exploit	Empathy Reciprocity Social Sensitivity
Schizoid	Autonomy Withdrawal	Intimacy Reciprocity
Avoidant	Social vulnerability Avoid Inhibit	Self-assertion Gregariousness
Histrionic	Exhibitionism Expressiveness Impressionistic	Reciprocity Control Systematization

The compulsive personality disorder, for example, is characterized by an excessive emphasis on control strategies but is deficient in other strategies such as spontaneity.

Personality Modes and Schemas

I have devoted a substantial portion of this paper in the discussion

of strategies--largely because they are observable in overt behavior and form the basis for the Axis II diagnoses. Strategies, however, are only the outward manifestation of adaptive or maladaptive processes. But they are functional components of a complex--what I call a mode--consisting of cognitive, affective, and behavioral patterns. ' These patterns --or systems--make up the personality organization. The cognitive component is crucial because it is the medium for obtaining data from our various senses and molding them into useful information. By its transactions, as it were, with our internal and external worlds, information processing plays a key role in survival. The way we process information influences how we behave. The basic units — which we call schemas — determine how we process information. The schemas attend to, select, interpret, store, and retrieve information. They are structures with function, content, and formal characteristics such as density, breadth, permeability, and salience.[4] Their content has to do with beliefs, assumptions, formulas, and rules.

The mode with its various components is illustrated in Figure 1. The contiguity of the various components provides for the smooth operation of the personality.

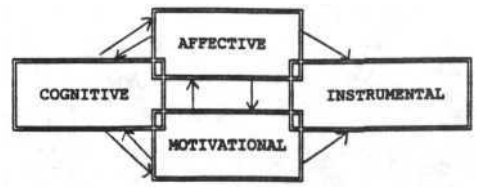

Figure 1
The Mode and Its Component.

The activation of cognitive components generally precedes the activation of the other schemas since information processing is crucial to the evocation of appropriate affect and the initiation of the relevant behavior. There id an interaction between the cognitive and the affective structures, however, so that the individual "reads" the affective state. For example, the processing of a threat leads to anxiety and associated increase in heart rate. The increase in heart rate may be interpreted a sequence that there is a danger but also may constitute a new "threat" — for example, a possible sign of an impending heart attack (as in panic patients).

The sequence from external event through cognition and affect to motivation and instrumental behavior may be formulated in linear terms (although there is a degree of reciprocal interaction) as follows: SITUATION INTERPRETATION AFFECT BEHAVIOR. For example, the individual sees a dark yellowish animal with black stripes, determines that it is a tiger, that it is loose, and that it is approaching him. (These are all components of primary appraisal.) The individual simultaneously determines he has no available defense (secondary appraisal) and that the best strategy is to escape from the situation. This rapid information processing leads to a physiological mobilization for flight. In addition, the individual feels anxious-nature's back-up system for assuring that the individual attach top priority to attending to and responding to the danger. Subjective anxiety is experienced and is not reduced until the individual perceives that he is no longer in danger.

The sequence described above is incomplete. The individuals cannot survive if they have to puzzle out each time whether a danger exists and to improvising an appropriate strategy. In a sense, the rapid adaptive response is like a program. What is

missing from our description of the "program" is the inclusion of the cognitive entity that determines what is truly dangerous--in other words, the belief or rules that are applicable to a given configuration. These rules are embodied in schemas. Thus, the appropriate sequence would be SITUATION [SCHEMA] INTERPRETATION AFFECT BEHAVIOR.

The content of the information processing in anxiety depends on the activation of certain enduring cognitive schemas relevant to the perception and assessment of physical danger. The content of the schemas contains certain themes such as "A large striped yellowish animal is a tiger" and "Tigers on the loose are dangerous." There is a logical sequence from "The tiger is dangerous" to the coping strategy: flight. The content of the schema determines the interpretation of the event. If certain schemas are particularly robust, they will play a preferential role in information processing and will lead to the excessive use of a congruent strategy. Thus, an individual with the salient belief "I am weak" is likely to interpret a multitude of irrelevant situations as signs of his weakness.

These enhanced beliefs, incorporated into schemas, not only influence the content of interpretations and conclusions but also form the basis for the characteristic strategies utilized by individuals and, particularly, the kind of social environment they will try to create for themselves. For example, an individual with a dominant belief such as "I am helpless" will be likely to seek nurturant individuals for help whenever challenged, threatened, or thwarted. Such an individual, often diagnosed as a "dependent personality disorder," is likely to gravitate toward an environment relatively free of problems. Similarly, an individual with a dominant motif of "I may get hurt" in interpersonal relations may be likely to show a disproportional number of behaviors relevant to avoidance and will seek a relatively risk-free environment.

When stereotyped attitudes and behaviors interfere significantly with the individual's conscious goals and adjustments, the person is likely to be diagnosed as having a personality disorder. These disorders are also manifested in symptoms such as overreacting to situations, chronic dysphoria, and increased susceptibility to full-blown clinical disorders (Axis I) such as major affective disorder and generalized anxiety disorder.

Table 3 Idiosyncratic beliefs for each personality disorder

Personality Disorder	Basic Beliefs Attitudes	Strategy (Overt Behavior)
Dependent	I am helpless	Attachment
Avoidant	I may get hurt	Avoidance
Passive-Aggressive	I could be stepped on	Resistance
Paranoid	People are potential adversaries	Wariness
Narcissistic	I am special	Self-aggrandizement
Histrionic	I need to impress	Dramatics
Compulsive	Errors are bad	Perfectionism
Antisocial	People are there to be taken	Attack
Schizoid	I need plenty of space	Isolation

Table 3 shows the relationship between some characteristic beliefs and the corresponding strategies of a disorder. Note there is a consistency--or congruence--from basic belief to

strategy. The strategy can be seen as a logical derivative from the basic belief. For example, the notion "I am helpless" would logically lead to a strategy that would compensate for the presumed helplessness; namely, seeking a stronger person for help. Similarly, the narcissistic belief "I am special" would lead to self-aggrandizing behavior. Once we start focusing on the conglomerate of beliefs, affects, and behavioral patterns, we are well on our way to understanding personality disorders as we observe them in our patients.

As shown in Table 3, each of the personality disorders has its own set of unique basic beliefs. Yet, in working with these patients, we have found that those patients with a full-fledged personality disorder, in contrast to those who have simply a personality type, seemed to be struggling with a more general--and more basic--set of beliefs--what I call the core beliefs.

Having defined the specific beliefs for each personality disorder, I tried to discern whether there is some common denominator, some unifying set of beliefs, that cuts across all the personality disorders. Influenced perhaps by theorists in self psychology and object relations, I narrowed my focus to the self-concept. Jim Masterson, for example, reduced psychopathology to one or two key (unconscious) notions, such as "I fell alone or abandoned." Influenced by his notions, I began to look for a possible "general unifying principle" of psychopathology.

The narcissistic personality disorder, for example, presents with the basic belief "I am special." In exploring their difficulties, however, it appeared that this belief served to compensate for, to mask, a core belief such as "I am nothing." Following my previous motions regarding affiliation and independence--or sociotropy and autonomy (Beck, 1985) — I tried to boil down the wide range of beliefs to two core schemas; namely, "I am helpless" and "I am unloved."

According to this formulation, the two forms or aspects of the self-concept ("I am helpless" and "I am unlovable") are prepotent. These two core beliefs belong, respectively, to a class relevant to survival (helpless) and to bonding personality types I have described, viz. the autonomous and the sociotropic, listed below:

Autonomous	Sociotropic
Schizoid	Dependent
Narcissistic	Histrionic
Antisocial	Avoidant
Paranoid	Passive-aggressive
Compulsive	

The core belief "I am helpless" may be manifested in a number of permutations. Each of the descriptors listed below incorporates in some way the bipolar constructs of helpless and effective. The effective list represents the positive concepts that individuals acquire as they mature, develop a myriad of skills, and prove their efficacy. These concepts may serve to neutralize the negative self-concepts but may become attenuated after stress and allow the negative core belief to emerge.

Helpless	Effective
Passive	Assertive
Weak	Strong
Defective	(Perfect?
Inadequate	Adequate
Inferior	Superior
Incompetent	Competent
Trapped	Free
Exposed	Protected
Defenseless	Defended
Stupid	Smart
Powerless	Powerful

The core belief may be inferred by trying to extract the meaning of a

number of events that produce a dysphoric reaction. For example, a patient felt weak and sad in the context of several apparently desperate events: not being able to think of the answer to a question; being inhibited in making a request; not being able to find the keys to his car. The common denominator of these was "There's something wrong with me." The presumed consequence of this disability was the belief "I am helpless," when confronted with everyday demands and problems.

The core structure "I am helpless" radiates out into a number of other cognitive facets that largely influence an individual's reactions and behavior. One set of beliefs that are oriented to specific life situations have the label specific cognitive vulnerability.

The cognitive content of the cognitive vulnerability tends to be dichotomous and absolutistic. The vulnerability is formed as a cluster of conditional beliefs such as "If I am left alone, I will be unable to cope" or "If I don't have complete freedom of action, I am helpless." If a negative event impinges on the specific vulnerability, it activates the core belief which is expressed in absolutistic terms: "Since I am controlled (dominated, manipulated, defeated, blocked), I am helpless."

If this core belief is subjected to an additional negative evaluation relevant to worth, then the helpless notion may be paired with the self-concept "I am worthless," or it may reflect the abysmally low self-regard embedded in the term, "I am nothing."

The same kind of sequence may be observed in light of the other core belief: "I am unloved." If there is a component of permanence, an attribution to a character flaw, then the added self-devaluation may occur: "I am unlovable." Here also the rock bottom notion may be "If I am unloved, I am nothing."

Up until now we have focused attention primarily on the helpless beliefs and its correlates. The self-concepts relevant to deprivation of affection is, of course, equally important. As shown below, the "I am unloved" or "...unlovable" may be expressed in a variety of ways:

Unloved
Unattractive
Undesirable
Rejected
Alone
Unwanted
Uncared for
Bad
Dirty

Examples of the type of vulnerability relevant to persons' efficacy and functioning are (1) "If I make a mistake, it means I'm stupid," (2) "If I am thwarted in an activity, it means I'm incompetent." When the situation of making a mistake or being thwarted arises, the belief which was latent up until this point becomes activated. When the conditional part of the formula is satisfied, ("If...."), then the negative conclusion becomes salient. The full expression of this formula would then be "(Since I failed), I am a failure." It should be noted that the conditional phrase ("If" or "Since") is generally silent and the individual is aware only of the conclusion. The formulas may be presented in terms of conditional situation and reaction.

Conditional Situation	Conclusion
Passive	Controlled
Dominated	Weak
Innocent	Manipulated
Unprotected	Vulnerable

As individuals mature, they develop strategies and skills for dealing with the problems of living. These strategies tend to neutralize the ef-

fect of the negative core beliefs. If the core beliefs are hypervalent, however, the strategies may serve as a form of overcompensation. In such a case, a particular overcompensating strategy may be dysfunctional. An individual with a core belief "I am weak and inferior" may compensate for this by overdeveloping an orientation to demonstrating his superiority. He is likely to develop a strategy directed not only to excelling but to proving his superiority to other people. Thus, it is important for him to trade on the belief that he is entitled to special attention, to waiving rules and regulations, and to getting greater recognition. However, this strategy does not prevent the occurrence of setbacks. When the individual's "narcissism" is pierced by lack of recognition or appreciation, he is likely to experience self-doubts about his superiority and feel some pain.

In order to implement the strategies, individuals build up a series of rules. In the narcissistic individual, this amounts to a "bill of rights"; for example, "I am entitled to special privileges, attention, respect, recognition, deference." Built into the bill of rights are sanctions for violations of the rules: "If people don't show me consideration, respect, they are wrong (bad, disrespectful) and should be punished (criticized, demeaned, reproached)." The rules are generally framed in imperatives such as "People should show me respect at all times," "My friends must always be kind and considerate (to me)." When these rules are violated, the individual considers himself wronged and wants to punish the offender.

Other rules are directed against the self: "I should do my best all the time" or "I must never make a mistake." When these rules are broken, the individual is prone to criticize herself. According to Ellis, the demandingness whether directed against the self or others, constitutes the basic mechanism in psychological disturbance. The function of the "musts" and "shoulds" can best be understood, however, in terms of their relation to the core beliefs and the conditional beliefs. The imperatives are a necessary consequence of the underlying beliefs which are contingent upon the shoulds and musts to enable the individual to attain her goals and avert presumed disaster.

Figure 2 is a graphic representation of the sequence from the underlying core belief (that constitutes the cognitive vulnerability) and the consequent compensatory belief and the cognitive-motoric structures responsible for implementing the goal of the compensatory belief. In conducting cognitive therapy it is essential to formulate the case according to this diagram. In many cases, the core belief will become apparent after exploration of the individual's automatic thoughts. There is one condition, however, in which the core belief is fully conscious and, indeed, is salient and perseverative: depression. The thought content frequently contains repetitive thoughts such as "I am a failure," "I am unlovable," and "There's something wrong with me."

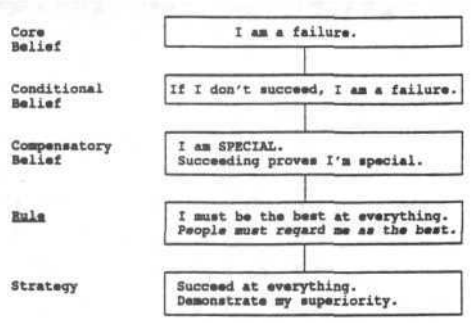

Figure 2
Layers of Beliefs in Narcissistic Personality Disorder

1. Price J: Fax to R Gardner, 18 Mar 1992

2. c/o R Gardner, 1.200 Graves Building (D29), University of Texas Medical Branch, Galveston, TX 77550 FAX: 409-772-4288. For ASCAP Newsletter Volume 4 (Jan through Dec, 1991) please send $18 (or equivalent) for the 12 issues. For subscription to the ASCAP Newsletter, make checks or money orders out to "Department of Psychiatry and Behavioral Sciences, UTMB."

3. EXECUTIVE COUNCIL:
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Treasurer: Leon Sloman

At this time this "informal" organization has no official budget.

4. Beck AT, Freeman et al, Cognitive Therapy of the Personality Disorders. New York: Guilford, 1990

5. Beck AT, Emery G: Anxiety Disorders and Phobias: A Cognitive Perspective NY: Basic Books, 1985

6. Mineka, S., unpublished paper, 1991.

7. a. Sloman, Gilbert, Gardner and others emphasize yielding or submissive behavior as the evolutionary precursor of depression. However, this strategy explains only a small piece of the phenomenology of depression.

b. Goodall has made the natural observation of an alpha chimpanzee exhibiting depression-like behavior illustrates defeat depression. Deprivation depression is illustrated by the maternal deprivation slides of McKinney.

8. In this sense, psychological depression may be likened to economic depression. There is a shut down--or at least a reduction—of activity until such time as the depleted resources have been restored or new resources are developed. In ancestral times, the duration of the episodes may have been in part under genetic control (analogous perhaps to the economic cycle).

9. Beck AT: Thinking and depression II. theory and therapy. Arch Gen Psychiat 1964;10:561-571