Institute for Advanced Studies in Personology & Psychopathology

Evolution-Based Personality Theory

The Role of Personality in an Integrated Conception of Psychopathology

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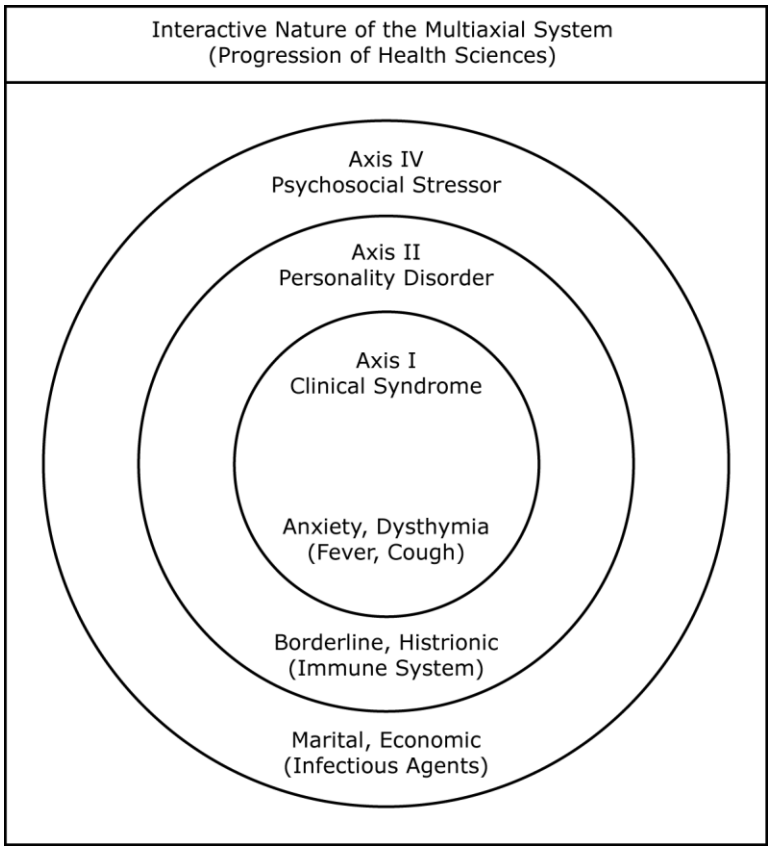
Role of Personality in an Integrated Conception of Psychopathology

The multiaxial model of the DSM has been specifically composed to encourage integrative conceptions of the individual's manifest clinical symptoms in terms of their place between long-standing personality styles and current psychosocial stressors. Our task as clinicians is to understand the preceding interaction in order to achieve a conception of each patient's psychopathology that does not merely diagnose or document his or her symptoms, the physical diseases that parallel the Axis I clinical syndromes, but also contextualizes these symptoms with reference to the larger context of the individual's personality style of perceiving, thinking, feeling, and behaving.

The movement toward integrationism in the conception of disease is both an ideal and an historical fact, illustrated by the evolution of the health sciences through two recent paradigm shifts, as portrayed below.



The series of concentric circles in the figure at right represent revolutions that have occurred in medicine over the past century. In the center, we find Axis I, the so-called clinical syndromes, for example, depression and anxiety. These parallel the state of medicine a hundred or more years ago, when physicians defined their patients' ailments in terms of their manifest symptomatology, that is, their sneezes, coughs, boils and fevers, labeling these "diseases" with terms such as "small pox," on the basis of their superficial appearance.

The outer ring of the figure parallels Axis IV of the DSM. The related medical paradigm shift occurred approximately a century ago when illnesses began to be viewed as the result of intrusive microbes which infect and disrupt the body's normal functions. In time, medicine began to assign diagnostic labels to reflect this new etiology, replacing its old descriptive terms. "Consumption", for example, was retitled "tuberculosis" to signify the assaulting bacterium.

Medicine progressed further beyond its turn-of-the-century "infectious disease" model, an advance most striking these last 25 years owing to immunological science. This progression reflects a growing awareness of the key role of the immune system, the body's intrinsic capacity to overcome the omnipresence in life of potentially destructive infectious and carcinogenic agents that pervade our physical environment. Medicine learned that it is not the overt symptoms, the sneezes and coughs, nor the intruding infections, the viruses and bacteria, that are the key to health or illness. Instead, health and disease were seen to be a function of the competence of the body's own intrinsic defensive capacities. Millon asserted in his theory that in psychopathology it is not the overt anxiety or depression, nor the stressors of childhood or contemporary life that are the key to psychological well-being. Rather, it is the mind's equivalent of the body's immune system, that structure and style of psychic processes that represents our overall capacity to perceive and to cope with our psychosocial world that is the key determinant of mental health or disorder; it is, in other words, the psychological structure and function we term personality.

Elements of evolutionary theory were introduced by Millon in a 1990 book owing to his belief that its essential principles operate in all aspects of nature and scientific endeavor, from cosmogony, at one end, to

human interactions, at the other. Pathological forms of human functioning were interpreted by Millon as disruptions or imbalances in those evolutionary principles that foster the functions of survival and ecologic adaptation. From this viewpoint, personality maladaptations could not be fully understood by limiting attention, for example, solely to cognitive preconceptions, or to unconscious repetition compulsions, or to neurochemical dysfunctions. rather, each of these psychological dysfunctions represent a partial expression of evolutionary functions that have gone awry. Cognitions, unconscious structures, interpersonal styles, and neurohormonal dynamics were viewed, in this formulation, as structural forms or functional mechanisms that reflect evolutionary processes. Each evolutionary structure or function is important in that it serves to identify one clinical domain in which pathology manifests itself, and hence becomes one vehicle for specifying and understanding that pathology. But, each of these manifestations and correlates are not the totality of pathology, however, but one of several expressions and mechanisms of problematic evolutionary structure or functions in realms cognitive, behavioral, affective, as well as biologic.

In his 1990 book, Millon conceptualized the theoretical grounding of clinically derived personality styles and disorders. As a result, Millon deduced that the principles and processes of evolution were universal phenomena, albeit expressed in nature's many realms at different levels and in different manifest forms. What was gratifying in this reconceptualization was the close correspondence between his earlier 1969 biosocial-learning theory and the key principles comprising his new 1990 evolutionary model. Additionally satisfying was that the ontogenetic theory of neuropsychological stages of development presented in 1969 similarly paralleled his theoretical formulations of evolutionary phylogenesis.

Millon came to believe that the widespread desire among theorists to unify science should not be limited to explicating physics; that is, it should be possible in all fields of nature that have been subdivided by habit, tradition, or pragmatics (e.g., economics, sociology, geology). He believed unification to be a worthy goal even within the newer sciences, such as personology. Efforts to coordinate the separate realms that comprise the study of personality and, more specifically, that of mental disorders would be particularly useful. Rather than developing independently and being left to stand as autonomous and largely unconnected professional activities and goals, a truly mature clinical science of mental functioning, one that would create a synergistic bond among its elements, would embody, five explicit elements:

1. Universal scientific principles are grounded in the ubiquitous laws of evolutionary theory as found in nature. Despite their varied forms of expression (cosmology, biology), these principles may provide an undergirding framework for guiding and constructing numerous specific and focused subject-oriented theories of nature's structures and functions.
2. Subject-oriented theories, or explanatory and heuristic conceptual schemas for specific subjects, such as personology and psychopathology. These theories should be consistent with established knowledge in both its own and related sciences and should enable reasonable accurate propositions concerning all clinical conditions to be both deduced and understood, enabling thereby the development of a formal classification system.
3. Classification of personality styles and pathological syndromes, or a taxonomic nosology that has been derived logically from the subject areas' theory. The taxonomy should provide a cohesive organization within which its major subject categories can readily be grouped and differentiated, permitting thereby the development of coordinated assessment instruments.
4. Personality and clinical assessment instruments or tools that are empirically grounded and sufficiently sensitive quantitatively to enable the theory's propositions and hypotheses to be adequately investigated and evaluated. The clinical categories comprising its nosology should be able to be readily identified (diagnosed) and measured (dimensionalized), thus specifying target areas for interventions.
5. Personalized therapeutic interventions, or planful strategies and modalities of treatment. These interventions should accord with the theory and be oriented to modify problematic clinical characteristics, consonant with an understanding of the whole person being treated.

Role of Personality in an Integrated Conception of Psychopathology

The table below provides a simple summary of the preceding five elements, comprising what may be called the science of clinical psychology.

PERSONOLOGY AND PSYCHOPATHOLOGY: **Cohering the Science of Clinical Psychology**
I. **Universal Scientific Principles** (Evolution) • Grounded in Ubiquitous Laws of Nature • A Guiding Framework for Diverse Subject Realms
II. **Subject-Oriented Theories** (Personology/Psychopathology) • Heuristic structure of Explanatory Propositions • Deduction and Understanding of Clinical Conditions
III. **Classification of Styles and Syndromes** (Nosology/Taxonomy) • Theory-Derived Trains, Typologies and Pathologies • Prototype Differentiated, Grouped, and Interrelated
IV. **Personalized Clinical Instruments** (Assessment/Diagnosis) • Empirically-grounded and Quantitatively Sensitive Tools • Identify/Measure Prototype/Syndrome/Doman Attributes • Investigate Theory Validity and Utility
V. **Personalized Interventions** (Treatment/Therapy) • Plan Goals and Strategies • Balance Polarities/Counter Perpetuations • Select Doman Modalities (Neurochemical/Cognitive, et al.) • Synergize Therapeutic Integrations

Most theories of the personality disorders have been developed within a particular and narrow orientation, such as the psychodynamic, the cognitive, the behavioral, the interpersonal, or the biophysical. Such theories are incongruent with nature itself, which reflects the patterning of variables across the entire matrix of the person. To be commensurate with the construct of personality, a theory must be based on nature's principles which span, or transcend, each of these multiple domains. Specific narrow domain approaches confuse part and whole. The principles of evolution reflect nature's basic functions, and serve to integrate the several domains that comprise personality.

Philosophers of science agree that it is theory which provides the conceptual glue that binds a classification nosology together. Moreover, a good theory not only summarizes and incorporates extant knowledge, it possesses what they call systematic import, that is, it can originate and develop entirely new observations and new methods. Such taxonomy must also "carve nature at its joints," so to speak. The philosopher of science Carl Hempel (1965) referred to this when he distinguished between natural and artificial classification systems. As he wrote: "Distinctions between 'natural' and 'artificial' classifications may well be explicated as referring to the difference between classifications that are scientifically fruitful and those that are not: In a classification of the former kind, those characteristics of the elements which serve as criteria of membership in a given class are associated, universally or with high-probability, with more or less extensive clusters of other characteristics. ...a classification of this sort should be viewed as somehow having objective existence in nature, as 'carving nature at the joints'... (Aspects of Scientific Explanation, 1965, pp. 146-147). The ideal of a classification scheme which is "natural," is one which "inheres" in the subject domain, that is not "imposed" on it by committee consensus or statistical methodology. Such a system would be not only be sufficient with respect to the phenomena of a subject domain, but also logically necessary.

Deriving Personality Disorders from Theory

Millon's theoretical model is grounded in evolutionary theory. In essence, it seeks to explicate the structure and styles of personality with reference to deficient, imbalanced, or conflicted modes of survival, ecological adaptation and reproductive strategy. The proposition that the development and functions of personologic traits may be usefully explored through the lens of evolutionary principles has a long, if yet unfulfilled tradition. Spencer (1870) and Huxley (1870) offered suggestions of this nature shortly after Darwin's seminal Origins was published. In more recent times, we have seen the emergence of sociobiology, an interdisciplinary science that explores the interface between human social functioning and evolutionary biology (Wilson, 1975, 1978).

Elements

Four domains or spheres in which evolutionary principles are demonstrated have been labeled by Millon as Existence, Adaptation, Replication, and Abstraction. The first relates the serendipitous transformation of random or less organized states into those possessing distinct structures of greater organization; the second refers to homeostatic processes employed to sustain survival in open ecosystems; the third pertains to reproductive styles that maximize the diversification and selection of ecologically effective attributes; and the fourth concerns the emergence of competencies that foster anticipatory planning and reasoned decision-making. Polarities from the first three phases have been used by Millon to construct a theoretically-derived classification system of personality disorders.

Existence: The Pleasure-Pain Polarity.

The first phase, existence, concerns the maintenance of integrative phenomena, whether nuclear particle, virus, or human being, against the background of entropic decompensation. Evolutionary mechanisms derived from this stage regard life-enhancement and life-preservation. The former are concerned with orienting individuals toward enhancing survival and improvement in the quality of life; the latter with orienting individuals away from actions or environments that decrease the quality of life, or jeopardize existence itself. These may be called existential aims. At the human level of functioning such aims form, phenomenologically or metaphorically, a pleasure-pain polarity.

Adaptation: The Active-Passive Polarity.

To exist is but an initial survival phase. Once an integrative structure exists, it must maintain its existence through exchanges of energy and information with its environment. The second evolutionary stage relates to what is termed Modes of Adaptation; it is also framed as a two-part polarity, a passive orientation, that is a tendency to accommodate to one's ecological niche, versus an active orientation, that is a tendency to modify or intervene in one's surrounds. These modes of adaptation differ from the first phase of evolution, in that they relate to how that which exists is able to endure or continue to survive in its environment.

Replication: The Self-Other Polarity.

Although organisms may be well-adapted to their environments, the existence of all life-forms is time-limited. To circumvent this limitation, organisms have developed Replication Strategies, that is, ways in which to leave progeny. These strategies reflect what biologists have referred to as r- or self-propagating strategy, at one polar extreme, and K- or other-nurturing strategy, at the other extreme. Psychologically, the former strategy is disposed toward actions which maximize self-reproduction;; here, organisms are egotistic, insensitive, inconsiderate, and socially uncaring; while the latter strategy is disposed toward protecting and sustaining kin or progeny; this leads to actions which are socially affiliative, intimate, caring, and solicitous.

Personality-Based Diagnostic Taxonomy

Some personalities exhibit a reasonable balance on one or other of the three preceding polarity pairs. Individual differences in both personality features and overall style will reflect the relative positions and strengths of each polarity component. Personalities we have termed deficient lack the capacity to experience or to enact certain aspects of one or another of the three polarities (e. g., the schizoid has a faulty substrate for both "pleasure" and "pain"); those spoken of as imbalanced lean strongly toward one or another extreme of a polarity (e. g., the dependent is oriented almost exclusively to receiving nurturance from "others"); and those we judge conflicted struggle with ambivalences toward opposing ends of a bipolarity (e. g., the passive-aggressive vacillates between adhering to the expectancies of "others" versus enacting what is wished for one's "self"). The table below provides an overall summary of the derived types and disorders.

A COMPREHENSIVE CHART OF THEORY-DERIVED PERSONALITY DISORDERS

Polarity	**Existential Aim**		**Replication Strategy**		
	Life Enhancement vs. Life Preservation		**Propagation vs. Nurturance**		
	Pleasure vs. Pain		**Self vs. Other**		
	Pleasure (low) Pain (low or high)		**Self (low) Other (high)**	**Self (high) Other (low)**	**Self-Other Reversal**
	Personality Disorder				
Passive	Schizoid Masochistic	Masochistic	Dependent	Narcissistic	Compulsive
Active	Avoidant	Sadistic	Histrionic (Hypomanic)	Antisocial	Negativistic
	Structural Pathology				
Conflicted	Schizotypal	Borderline Paranoid	Borderline	Paranoid	Borderline Paranoid

Personalities termed pleasure-deficient lack the capacity to experience or to enact certain aspects of the three polarities. The interpersonally-imbalanced lean strongly toward one or another extreme of a polarity. Finally, the intrapsychically-conflicted struggle with ambivalences toward opposing ends of a bipolarity.

Three additional pathological personality patterns—the Schizotypal, Borderline, and Paranoid—represent structurally-deficient personalities in the more advanced stages of pathology. Reflecting an insidious and slow deterioration of the personality structure, these differ from the basic personality disorders by several criteria, notably, deficits in social competence and frequent (but usually reversible) psychotic episodes. Less integrated in terms of personality organization and less effective in coping than their milder counterparts, they are especially vulnerable to the everyday strains of life.

Personality-Based Diagnostic Taxonomy

The following table depicts the most recent and complete list of the 15 normal and abnormal personalities derived from the Millon Evolutionary Theory. Each box includes first the normal prototype or personality style (e.g., retiring), and second, the abnormal prototype or personality disorder (e.g., schizoid). Existential Orientation pertains to the polarity-based theoretical grouping that subsumes the several normal and abnormal personalities listed next to it; for example, the grouping entitled "Detached (pain/pleasure)" refers to personalities that manifest their prime characteristic in deficits or dysfunctions in the pain/pleasure polarity; it includes the normal "retiring" and abnormal "schizoid" types who evidence a moderate or marked deficit in the ability to experience both pain and pleasure. The "shy" and "avoidant" types listed in this polarity grouping are normal and abnormal variants that evince a hypersensitivity to pain and deficits in pleasure. The "eccentric" and "schizotypal" types are even more extreme variants of the detached pattern, evidencing a mixture of both extreme schizoid and avoidant features. One may continue to note the four other major polarity groupings (e.g., dependent, ambivalent) and the normal and abnormal personalities they subsume. Adaptive Style records whether the adaptation polarity is of a primary passive or active form.

Normal and Abnormal Personality Patterns

Evolutionary foundations of the normal and abnormal extremes of each personality prototype of each personality prototype of the 15 spectra.

Legend	Existential Orientation		Normal Prototype (Moderate)	Abnormal Prototype (Marked)	Adaptive Style	MCMI-III (-E) Scale
RS	Detached	deficit	Retiring	Schizoid	Passive	1
ES			Eccentric	Schizotypal	Conflicted	S
SA			Shy	Avoidant	Active	2
CD	Dependent	pain/pleasure → Other	Cooperative	Dependent	Passive	3
EM			Exuberant	Hypomanic	Conflicted	(M2)
SH			Sociable	Histrionic	Active	4
CN	Independent	pain/pleasure → Self	Confident	Narcissistic	Passive	5
SP			Suspicious	Paranoid	Conflicted	P
NA			Nonconforming	Antisocial	Active	6A
AS	Discordant	pain/pleasure ↕	Assertive	Sadistic	Active	6B
PM			Pessimistic	Melancholic	Conflicted	(M1)
AM			Aggrieved	Masochistic	Passive	8B
SN	Ambivalent	pain/pleasure ↔ Other	Skeptical	Negativistic	Active	8A
CB			Capricious	Borderline	Conflicted	C (B)
CC			Conscientious	Compulsive	Passive	7

The following 15 tables provide the reader with a breakdown of the 8 personologic/clinical domains of each of the fifteen personality styles and disorders derived from Millon's evolutionary theory. These domains represent Millon's view that personality is composed of numerous major spheres of structure and functioning. in essence, personality is not simply about behavior, or about cognition or unconscious conflicts, but of all of them. These domains recognize that personality comprises the entire matrix of the patient or person under study because it is our philosophy that personality is a multifunctional and multistructural construct. The figures not only include the distinctive features for the domains of each personality, but also portrays them in terms of the relative clinical importance, e.g., for the retiring/schizoid, the interpersonal (unengaged) and mood (apathetic) domains are the most prominent.

Following each table is a figure that summarizes the several subtypes of each of the personalities. It is Millon's view that there are few pure variants of any personality prototype. Rather, most persons evidence a mixed picture, that is, a personality that tends to blend a major variant with one or more subsidiary or secondary variants. Thus, as can be seen below, where there is a box listing several Schizoid subtypes, the reader will note four varieties, the affectless schizoid subtype, the remote, the languid and the depersonalized. The text for the affectless subtype indicates that the secondary or subsidiary personality quality is that of the

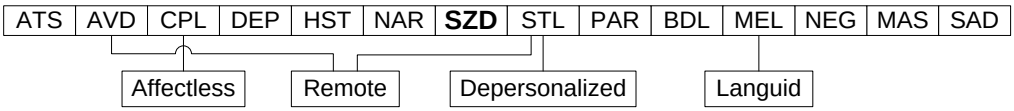
compulsive prototype. What this means is that the schizoid personality demonstrates major features of the schizoid prototype, but also some features of the compulsive prototype. A different variant is seen in the remote subtype in that this person is a mixture of a predominant schizoid with subsidiary features of the avoidant prototype. All 15 major prototypes, except for the variants of the hypomanic prototype are presented. Readers wanting to read fuller descriptive texts on these subtypes will find them in both the Disorders of Personality (2nd Edition) and the Personality Disorders in Modern Life (2nd Edition) textbooks.

Personality Styles/Disorders and Subtypes

Retiring/Schizoid Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Impassive	Appears to be in an inert emotional state, lifeless, undemonstrative, lacking in energy and vitality; is unmoved, boring, unanimated, robotic, phlegmatic, displaying deficits in activation, motoric expressiveness, and spontaneity
	Interpersonal Conduct	**Unengaged**	Seems indifferent and remote, rarely responsive to the actions or feelings of others, chooses solitary activities, possesses minimal "human" interests; fades into the background, is aloof or unobtrusive, neither desires nor enjoys close relationships, prefers a peripheral role in social, work and family settings
	Cognitive Style	Impoverished	Seems deficient across broad spheres of human knowledge and evidences vague and obscure thought processes, particularly about social matters; communication with others is often unfocused, loses its purpose or intention, or is conveyed via a loose or circuitous logic
Structural Domain	Self-Image	Complacent	Reveals minimal introspection and awareness of self; seems impervious to the emotional and personal implications of everyday social life, appearing indifferent to the praise or criticism of others
	Object Representations	Meager	Internalized representations are few in number and minimally articulated, largely devoid of the manifold percepts and memories of relationships with others, possessing little of the dynamic interplay among drives and conflicts that typify well-adjusted persons
	Regulatory Mechanism	Intellectualization	Describes interpersonal and affective experiences in a matter-of-fact, abstract, impersonal or mechanical manner; pays primary attention to formal and objective aspects of social and emotional events
	Morphologic Organization	Undifferentiated	Given an inner barrenness, a feeble drive to fulfill needs, and minimal pressures either to defend against or resolve internal conflicts or cope with external demands, internal morphologic structures may best be characterized by their limited framework and sterile pattern
	Mood / Temperament	**Apathetic**	Is emotionally unexcitable, exhibiting an intrinsic unfeeling, cold and stark quality; reports weak affectionate or erotic needs, rarely displaying warm or intense feelings, and apparently unable to experience most affects - pleasure, sadness, or anger - in any depth

Personality Subtypes



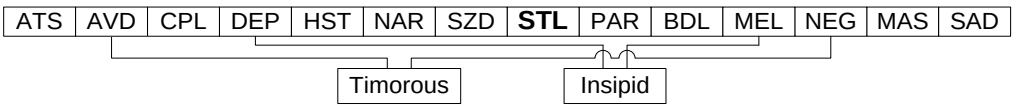
Subtype	Features	Description
Affectless	Compulsive	Passionless, unresponsive, unaffectionate, chilly, uncaring, unstirred, spiritless, lackluster, unexcitable, unperturbed, cold;, all emotions diminished.
Remote	Avoidant Schizotypal	Distant and removed; inaccessible, solitary; isolated, homeless, disconnected, secluded, aimlessly drifting; peripherally occupied.
Depersonalized	Schizotypal	Disengaged from others and self; self is disembodied or distant object; body and mind sundered, cleaved, dissociated, disjoined, eliminated.
Languid	Melancholic	Marked inertia; deficient activation level; intrinsically phlegmatic, lethargic, weary, leaden, lackadaisical, exhausted, enfeebled.

Personality Styles/Disorders and Subtypes

Eccentric/Schizotypal Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	**Peculiar**	Exhibits socially gauche and curious mannerisms; is perceived by others as aberrant, disposed to behave in an unobtrusively odd, aloof, or bizarre manner).
	Interpersonal Conduct	Secretive	Prefers privacy and isolation, with few highly tentative attachments and personal obligations; has drifted over time into increasingly peripheral vocational roles and clandestine social activities).
	Cognitive Style	**Autistic**	Capacity to "read" thoughts and feelings of others is markedly dysfunctional, mixes social communications with personal irrelevancies, circumstantial speech, ideas of reference, and metaphorical asides; often ruminative, appearing self-absorbed and lost in daydreams with occasional magical thinking, bodily illusions, obscure suspicion, odd beliefs, and a blurring of reality and fantasy).
Structural Domain	Self-Image	Estranged	Exhibits recurrent social perplexities and illusions as well as experiences of depersonalization, derealization and dissociation; sees self as forlorn, with repetitive thoughts of life's emptiness and meaninglessness).
	Object Representations	Chaotic	Internalized representations consist of a piecemeal jumble of early relationships and affects, random drives and impulses, and uncoordinated channels of regulation that are only fitfully competent for binding tensions, accommodating needs and mediating conflicts).
	Regulatory Mechanism	Undoing	Bizarre mannerisms and idiosyncratic thoughts appear to reflect a retraction or reversal of previous acts or ideas that have stirred feelings of anxiety, conflict or guilt; ritualistic or magical behaviors serve to repent for or nullify assumed misdeeds or "evil" thoughts).
	Morphologic Organization	Fragmented	Possesses permeable ego-boundaries; coping and defensive operations are haphazardly ordered in a loose assemblage of morphologic structures, leading to desultory actions in which primitive thoughts and affects are discharged directly, with few reality-based sublimations, and significant further disintegrations into a psychotic structural level, likely under even modest stress).
	Mood / Temperament	Distraught or Insentient	Excessively apprehensive and ill-at-ease, particularly in social encounters; agitated and anxiously watchful, evincing distrust of others and suspicion of their motives that persists despite growing familiarity); or

Personality Subtypes



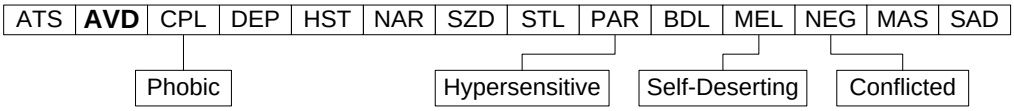
Subtype	Features	Description
Timorous	Avoidant Negativistic	Warily apprehensive, watchful, suspicious, guarded, shrinking; deadens excess sensitivity; alienated from self and others; intentionally blocks, reverses, or disqualifies own thoughts.
Insipid	Dependent Melancholic	Sense of strangeness and nonbeing; overtly drab, sluggish, inexpressive; internally bland, barren, indifferent, and insensitive; thoughts obscured, vague, and tangential; bizarre telepathic powers.

Personality Styles/Disorders and Subtypes

Shy/Avoidant Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Fretful	Conveys personal unease and disquiet, a constant timorous, hesitant and restive state; overreacts to innocuous events and anxiously judges them to signify ridicule, criticism, and disapproval).
	Interpersonal Conduct	**Aversive**	Distances from activities that involve intimate personal relationships and reports extensive history of social pan-anxiety and distrust; seeks acceptance, but is unwilling to get involved unless certain to be liked, maintaining distance and privacy to avoid being shamed and humiliated).
	Cognitive Style	Distracted	Warily scans environment for potential threats and is preoccupied by intrusive and disruptive random thoughts and observations; an upwelling from within of irrelevant ideation upsets thought continuity and interferes with social communications and accurate appraisals).
Structural Domain	Self-Image	**Alienated**	Sees self as socially inept, inadequate, and inferior, justifying thereby his or her isolation and rejection by others; feels personally unappealing, devalues self-achievements, and reports persistent sense of aloneness and emptiness).
	Object Representations	Vexatious	Internalized representations are composed of readily reactivated, intense and conflict-ridden memories of problematic early relations; limited avenues for experiencing or recalling gratification, and few mechanisms to channel needs, bind impulses, resolve conflicts or deflect external stressors).
	Regulatory Mechanism	Fantasy	Depends excessively on imagination to achieve need gratification, confidence building, and conflict resolution; withdraws into reveries as a means of safely discharging frustrated affectionate, as well as angry impulses).
	Morphologic Organization	Fragile	A precarious complex of tortuous emotions depend almost exclusively on a single modality for its resolution and discharge, that of avoidance, escape and fantasy and, hence, when faced with personal risks, new opportunities, or unanticipated stress, few morphologic structures are available to deploy and few back-up positions can be reverted to, short of regressive decompensation).
	Mood / Temperament	Anguished	Describes constant and confusing undercurrent of tension, sadness and anger; vacillates between desire for affection, fear of rebuff, embarrassment, and numbness of feeling).

Personality Subtypes



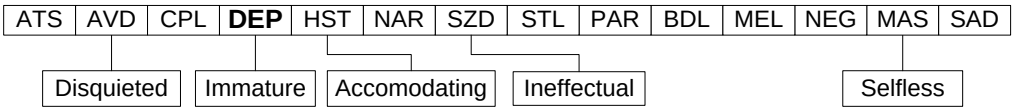
Subtype	Features	Description
Phobic	Compulsive	General apprehensiveness displaced with avoidable tangible precipitant; qualms and disquietude symbolized by repugnant and specific dreadful object or circumstances.
Hypersensitive	Paranoid	Intensely wary and suspicious; alternately panicky, terrified, edgy, and timorous, then thin-skinned, high-strung, petulant, and prickly.
Self-Deserting	Melancholic	Blocks or fragments self-awareness; discards painful images and memories; casts away untenable thoughts and impulses; ultimately jettisons self (suicidal).
Conflicted	Negativistic	Internal discord and dissention; fears independence and dependence; unsettled; reconciled within self; hesitating, confused, tormented, paroxysmic, embittered; unresolved angst.

Personality Styles/Disorders and Subtypes

Cooperative/Dependent Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Incompetent	Withdraws from adult responsibilities by acting helpless and seeking nurturance from others; is docile and passive, lacks functional competencies, and avoids self-assertion).
	Interpersonal Conduct	**Submissive**	Needs excessive advice and reassurance, as well as subordinates self to stronger, nurturing figure, without whom may feel anxiously alone and helpless; is compliant, conciliatory and placating, fearing being left to care for oneself).
	Cognitive Style	Naive	Rarely disagrees with others and is easily persuaded, unsuspicious and gullible; reveals a Pollyanna attitude toward interpersonal difficulties, watering down objective problems and smoothing over troubling events).
Structural Domain	Self-Image	**Inept**	Views self as weak, fragile, and inadequate; exhibits lack of self-confidence by belittling own attitudes and competencies, and hence not capable of doing things on one's own).
	Object Representations	Immature	Internalized representations are composed of infantile impressions of others, unsophisticated ideas, incomplete recollections, rudimentary drives and childlike impulses, as well as minimal competencies to manage and resolve stressors).
	Regulatory Mechanism	Introjection	Is firmly devoted to another to strengthen the belief that an inseparable bond exists between them; jettisons independent views in favor of those of others to preclude conflicts and threats to relationship).
	Morphologic Organization	Inchoate	Owing to entrusting others with the responsibility to fulfill needs and to cope with adult tasks, there is both a deficient morphologic structure and a lack of diversity in internal regulatory controls, leaving a miscellany of relatively undeveloped and undifferentiated adaptive abilities, as well as an elementary system for functioning independently).
	Mood / Temperament	Pacific	Is characteristically warm, tender and noncompetitive; timidly avoids social tension and interpersonal conflicts).

Personality Subtypes



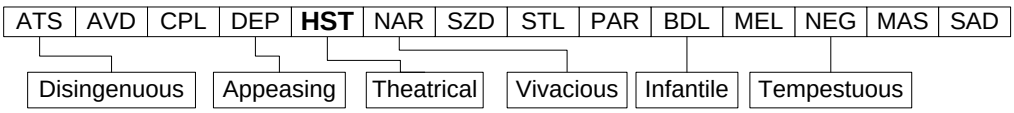
Subtype	Features	Description
Disquieted	Avoidant	Restlessly perturbed; disconcerted and fretful; feels dread and foreboding; apprehensively vulnerable to abandonment; lonely unless near supportive figures.
Immature	Dependent	Unsophisticated, half-grown, unversed, childlike; undeveloped, inexperienced, gullible, and unformed; incapable of assuming adult responsibilities.
Accommodating	Histrionic	Gracious, neighborly, eater, benevolent, compliant, obliging, agreeable; denies disturbing feelings; adopts submissive and inferior role well.
Ineffectual	Schizoid	Unproductive, gainless, incompetent, useless, meritless; seeks untroubled life; refuses to deal with difficulties; untroubled by shortcomings.
Selfless	Masochistic	Merges with and immersed into another; is engulfed, enshrouded, absorbed, incorporated, willingly giving up own identity; becomes one with or an extension of another.

Personality Styles/Disorders and Subtypes

Sociable/Histrionic Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Dramatic	Is overreactive, volatile, provocative, and engaging, as well as intolerant of inactivity, resulting in impulsive, highly emotional, and theatrical responsiveness; describes penchant for momentary excitements, fleeting adventures, and short-sighted hedonism).
	Interpersonal Conduct	**Attention-Seeking**	Actively solicits praise and manipulates others to gain needed reassurance, attention and approval; is demanding, flirtatious, vain and seductively exhibitionistic, especially when wishing to be the center of attention).
	Cognitive Style	Flighty	Avoids introspective thought, is overly suggestible, attentive to fleeting external events, and speaks in impressionistic generalities; integrates experiences poorly, resulting in scattered learning and thoughtless judgments).
Structural Domain	Self-Image	Gregarious	Views self as sociable, stimulating and charming; enjoys the image of attracting acquaintances by physical appearance and by pursuing a busy and pleasure-oriented life).
	Object Representations	Shallow	Internalized representations are composed largely of superficial memories of past relations, random collections of transient and segregated affects and conflicts, as well as insubstantial drives and mechanisms).
	Regulatory Mechanism	Dissociation	Regularly alters and recomposes self-presentations to create a succession of socially attractive but changing facades; engages in self-distracting activities to avoid reflecting on and integrating unpleasant thoughts and emotions).
	Morphologic Organization	Disjointed	There exists a loosely knit and carelessly united morphologic structure in which processes of internal regulation and control are scattered and unintegrated, with ad hoc methods for restraining impulses, coordinating defenses, and resolving conflicts, leading to mechanisms that must, of necessity, be broad and sweeping to maintain psychic cohesion and stability, and, when successful, only further isolate and disconnect thoughts, feelings and actions).
	Mood / Temperament	**Fickle**	Displays rapidly-shifting and shallow emotions; is vivacious, animated, impetuous and exhibits tendencies to be easily enthused and as easily angered or bored).

Personality Subtypes



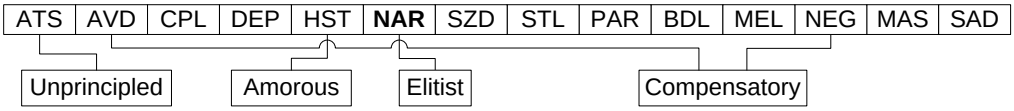
Subtype	Features	Description
Disingenuous	Antisocial	Underhanded, double-dealing, scheming, contriving, plotting, crafty, false-hearted; egocentric, insincere, deceitful, calculating, guileful.
Appeasing	Dependent	Seeks to Placate, mend, patch up, smooth over troubles; knack for settling differences, moderating tempers by yielding, compromising, conceding; sacrifices self for commendation; fruitlessly placates the unplacatable.
Theatrical	Histrionic	Affected, mannered, put-on; postures are striking, eye-catching, graphic; markets self-appearance; is synthesized, stagy; simulates desirable dramatic poses.
Vivacious	Narcissistic	Vigorous, charming, bubbly, brisk, spirited, flippant, impulsive; seeks momentary cheerfulness and playful adventures; animated, energetic, ebullient.
Infantile	Borderline	Labile, high-strung, volatile emotions, childlike hysteria and nascent pouting; demanding, overwrought;
Tempestuous	Negativistic	Impulsive, out-of-control; moody complaints, sulking, impassioned, easily wrought up, periodically inflamed, turbulent. Fastens and clutches to another, is overly attached, hangs on,

Personality Styles/Disorders and Subtypes

Confident/Narcissistic Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Haughty	Acts in an arrogant, supercilious, pompous, and disdainful manner, flouting conventional rules of shared social living, viewing them as naive or inapplicable to self; reveals a careless disregard for personal integrity and a self-important indifference to the rights of others).
	Interpersonal Conduct	Exploitive	Feels entitled, is unempathic and expects special favors without assuming reciprocal responsibilities; shamelessly takes others for granted and uses them to enhance self and indulge desires).
	Cognitive Style	Expansive	Has an undisciplined imagination and exhibits a preoccupation with immature and self-glorifying fantasies of success, beauty or love; is minimally constrained by objective reality, takes liberties with facts and often lies to redeem self-illusions).
Structural Domain	Self-Image	Admirable	Believes self to be meritorious, special, if not unique, deserving of great admiration, and acting in a grandiose or self-assured manner, often without commensurate achievements; has a sense of high self-worth, despite being seen by others as egotistic, inconsiderate, and arrogant).
	Object Representations	Contrived	Internalized representations are composed far more than usual of illusory and changing memories of past relationships; unacceptable drives and conflicts are readily refashioned as the need arises, as are others often simulated and pretentious).
	Regulatory Mechanism	Rationalization	Is self-deceptive and facile in devising plausible reasons to justify self-centered and socially inconsiderate behaviors; offers alibis to place oneself in the best possible light, despite evident shortcomings or failures).
	Morphologic Organization	Spurious	Morphologic structures underlying coping and defensive strategies tend to be flimsy and transparent, appear more substantial and dynamically orchestrated than they are in fact, regulating impulses only marginally, channeling needs with minimal restraint, and creating an inner world in which conflicts are dismissed, failures are quickly redeemed, and self-pride is effortlessly reasserted).
	Mood / Temperament	Insouciant	Manifests a general air of nonchalance, imperturbability, and feigned tranquility; appears coolly unimpressionable or buoyantly optimistic, except when narcissistic confidence is shaken, at which time either rage, shame, or emptiness is briefly displayed).

Personality Subtypes



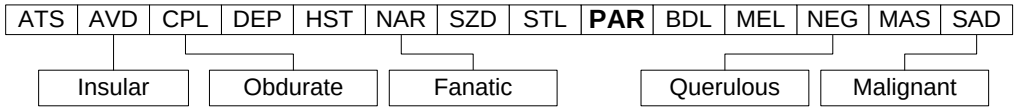
Subtype	Features	Description
Unprincipled	Antisocial	Deficient conscience; unscrupulous, amoral, disloyal, fraudulent, deceptive, arrogant, exploitive; a con man and charlatan; dominating, contemptuous, vindictive.
Amorous	Histrionic	Sexually seductive, enticing, beguiling, tantalizing; glib and clever; disinclines real intimacy; indulges hedonistic desires; bewitches and inveigles the needy and naïve; pathological lying and swindling.
Elitist	Narcissistic	Feels privileged and empowered by virtue of special childhood status and pseudo achievements; entitled façade bears little relation to reality; seeks favored and good life; is upwardly mobile; cultivates special status and advantages by association.
Compensatory	Avoidant Negativistic	Seeks to counteract or cancel out deep feelings and inferiority and lack of self-esteem; offsets deficits by creating illusions of being superior; exceptional, admirable, noteworthy; self-worth results from self-enhancements.

Personality Styles/Disorders and Subtypes

Suspicious/Paranoid Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Defensive	Is vigilantly guarded, alert to anticipate and ward off expected derogation, malice, and deception; is tenacious and firmly resistant to sources of external influence and control).
	Interpersonal Conduct	Provocative	Not only bears grudges and is unforgiving of those of the past, but displays a quarrelsome, fractious and abrasive attitude with recent acquaintances; precipitates exasperation and anger by a testing of loyalties and an intrusive and searching preoccupation with hidden motives).
	Cognitive Style	Mistrustful	Is unwarrantedly skeptical, and cynical of the motives of others, including relatives, friends, and associates, construing innocuous events as signifying hidden or conspiratorial intent; reveals tendency to read hidden meanings into benign matters and to magnify tangential or minor difficulties into proofs of duplicity and treachery, especially regarding the fidelity and trustworthiness of a spouse or intimate friend).
Structural Domain	Self-Image	Inviolable	Has persistent ideas of self-importance and self-reference, perceiving attacks on one's character not apparent to others, asserting as personally derogatory and scurrilous, if not libelous, entirely innocuous actions and events; is pridefully independent, reluctant to confide in others, highly insular, experiencing intense fears, however, of losing identity, status and powers of self-determination).
	Object Representations	Unalterable	Internalized representations of significant early relationships are a fixed and implacable configuration of deeply held beliefs and attitudes, as well as driven by unyielding convictions which, in turn, are aligned in an idiosyncratic manner with a fixed hierarchy of tenaciously-held, but unwarranted assumptions, fears and conjectures).
	Regulatory Mechanism	Projection	Actively disowns undesirable personal traits and motives, and attributes them to others; remains blind to one's own unattractive behaviors and characteristics, yet is overalert to, and hypercritical of, similar features in others).
	Morphologic Organization	Inelastic	Systemic constriction and inflexibility of undergirding morphologic structures, as well as rigidly fixed channels of defensive coping, conflict mediation and need gratification, create an overstrung and taut frame that is so uncompromising in its accommodation to changing circumstances that unanticipated stressors are likely to precipitate either explosive outbursts or inner shatterings).
	Mood / Temperament	Irascible	Displays a cold, sullen, churlish and humorless demeanor; attempts to appear unemotional and objective, but is edgy, envious, jealous, quick to take personal offense and react angrily).

Personality Subtypes



Subtype	Features	Description
Insular	Avoidant	Reclusive, self-sequestered, hermitical; self-protectively secluded from omnipresent threats and destructive forces; hyper vigilant and defensive against imagined dangers.
Obdurate	Compulsive	Self-assertive, unyielding, stubborn, steely, l implacable, unrelenting, dyspeptic, peevish, and cranky stance; legalistic and self-righteous; discharges previously restrained hostility; renounces self-other conflict.
Fanatic	Narcissistic	Grandiose delusions are irrational and flimsy; pretentious, expansive; supercilious contempt and arrogance toward others, lost pride reestablished with extravagant claims and fantasies.
Querulous	Negativistic	Contentious, caviling, fractious, argumentative; faultfinding, unaccommodating resentful, choleric, jealous, peevish, sullen, endless wrangle, whiny, waspish, snappish.
Malignant	Sadist	Belligerent, cantankerous, intimidating, vengeful, callous, and tyrannical; hostility vented primarily in fantasy; projects own venomous outlook onto others; persecutory delusions.

Personality Styles/Disorders and Subtypes

Nonconforming/Antisocial Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Impulsive	Is impetuous and irrepressible, acting hastily and spontaneously in a restless, spur-of-the-moment manner; is short-sighted, incautious and imprudent, failing to plan ahead or consider alternatives, no less heed consequences).
	Interpersonal Conduct	Irresponsible	Is untrustworthy and unreliable, failing to meet or intentionally negating personal obligations of a marital, parental, employment or financial nature; actively intrudes upon and violates the rights of others, as well as transgresses established social codes through deceitful or illegal behaviors).
	Cognitive Style	Deviant	Construes events and relationships in accord with socially unorthodox beliefs and morals; is disdainful of traditional ideals, fails to conform to social norms, and is contemptuous of conventional values).
Structural Domain	Self-Image	Autonomous	Sees self as unfettered by the restrictions of social customs and the constraints of personal loyalties; values the image and enjoys the sense of being free, unencumbered and unconfined by persons, places, obligations or routines).
	Object Representations	Debased	Internalized representations comprise degraded and corrupt relationships that spur revengeful attitudes and restive impulses which are driven to subvert established cultural ideals and mores, as well as to devalue personal sentiments and to sully, but intensely covet, the material attainments of society denied them).
	Regulatory Mechanism	Acting-Out	Inner tensions that might accrue by postponing the expression of offensive thoughts and malevolent actions are rarely constrained; socially repugnant impulses are not refashioned in sublimated forms, but are discharged directly in precipitous ways, usually without guilt or remorse).
	Morphologic Organization	Unruly	Inner morphologic structures to contain drive and impulse are noted by their paucity, as are efforts to curb refractory energies and attitudes, leading to easily transgressed controls, low thresholds for hostile or erotic discharge, few subliminatory channels, unfettered self-expression, and a marked intolerance of delay or frustration).
	Mood / Temperament	Callous	Is insensitive, irritable and aggressive, as expressed in a wide-ranging deficit in social charitableness, human compassion or personal remorse; exhibits a coarse incivility, as well as an offensive, if not reckless disregard for the safety of self or others).

Personality Subtypes

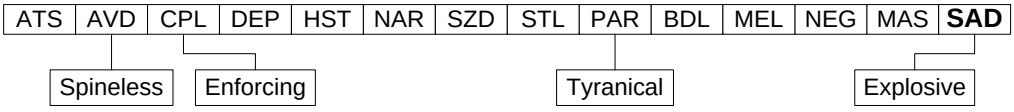
Subtype	Features	Description
Covetous	Antisocial	Feels intentionally denied and deprived; rapacious, begrudging, discontentedly yearning; envious, seeks retributions, and avariciously greedy; pleasure more in taking than in having.
Nomadic	Avoidant Schizoid	Feels jinxed, ill-fated, doomed, and cast aside; peripheral, drifters; gypsy-like roamers, vagrants; dropouts and misfits; itinerant vagabonds, tramps, wanderers; impulsively not benign.
Risk-Taking	Histrionic	Dauntless, venturesome, intrepid, bold, audacious, daring; reckless, foolhardy, impulsive, heedless; unbalanced by hazard; pursues perilous ventures.
Reputation Defending	Narcissistic	Needs to be thought of as unflawed, unbreakable, invincible, indomitable, formidable, inviolable;, intransigent when status is questioned; overreactive to slights.
Malevolent	Paranoid Sadistic	Belligerent, mordant, rancorous, vicious malignant, brutal, resentful; anticipates betrayal, and punishment; desires revenge; truculent, callous, fearless; guiltless.

Personality Styles/Disorders and Subtypes

Assertive/Sadistic Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Precipitate	Is disposed to react in sudden abrupt outbursts of an unexpected and unwarranted nature; recklessly reactive and daring, attracted to challenge, risk and harm, as well as unflinching, undeterred by pain and undaunted by danger and punishment).
	Interpersonal Conduct	Abrasive	Reveals satisfaction in intimidating, coercing and humiliating others; regularly expresses verbally abusive and derisive social commentary, as well as exhibiting vicious, if not physically brutal behavior).
	Cognitive Style	Dogmatic	Is strongly opinionated and close-minded, as well as unbending and obstinate in holding to one's preconceptions; exhibits a broad-ranging authoritarianism, social intolerance and prejudice).
Structural Domain	Self-Image	Combative	Is proud to characterize self as assertively competitive, as well as vigorously energetic and militantly hardheaded; values aspects of self that present pugnacious, domineering and power-oriented image).
	Object Representations	Pernicious	Internalized representations of the past are distinguished by early relationships that have generated strongly driven aggressive energies and malicious attitudes, as well as by a contrasting paucity of sentimental memories, tender affects, internal conflicts, shame or guilt feelings).
	Regulatory Mechanism	Isolation	Can be cold-blooded and remarkably detached from an awareness of the impact of own destructive acts; views objects of violation impersonally, as symbols of devalued groups devoid of human sensibilities).
	Morphologic Organization	Eruptive	Despite a generally cohesive morphologic structure composed of routinely adequate modulating controls, defenses and expressive channels, surging powerful and explosive energies of an aggressive and sexual nature threaten to produce precipitous outbursts which periodically overwhelm and overrun otherwise competent restraints).
	Mood / Temperament	Hostile	Has an excitable and irritable temper which flares readily into contentious argument and physical belligerence; is cruel, mean-spirited and fractious, willing to do harm, even persecute others to gets one's way).

Personality Subtypes



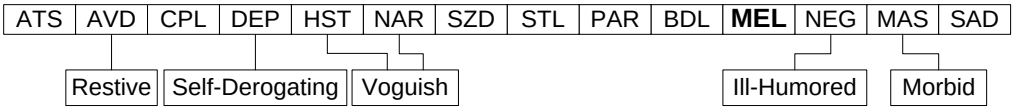
Subtype	Features	Description
Spineless	Avoidant	Basically insecure, bogus, and cowardly; venomous dominance and cruelty is counterphobic; weakness counteracted by group support; public swaggering; selects powerless scapegoats.
Enforcing	Compulsive	Hostility sublimated in the "public interest;" cops, "bossy" supervisors, deans, judges; possesses the "right" to be pitiless, merciless, coarse, and barbarous; task is to control and punish, to search out rule breakers.
Tyrannical	Paranoid	Relishes menacing and brutalizing others, forcing them to cower and scathing, accusatory and destructive; intentionally surly, abusive, inhumane, unmerciful.
Explosive	Sadistic	Unpredictably precipitous outbursts and fury; uncontrollable rage and fearsome attacks; feelings of humiliation are pent-up and discharged; subsequently contrite.

Personality Styles/Disorders and Subtypes

Pessimistic/Melancholic Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Disconsolate	Appearance and posture conveys and irrelievably forlorn, somber, heavy-hearted, woebegone, if not grief-stricken quality; irremediably dispirited and discouraged, portraying a sense of permanent hopelessness and wretchedness).
	Interpersonal Conduct	Defenseless	Owing to feeling vulnerable, assailable, and unshielded, will beseech others to be nurturant and protective; fearing abandonment and desertion, will not only act in an endangered manner, but seek, if not demand assurances of affection, steadfastness, and devotion).
	Cognitive Style	Fatalistic	Possesses defeatist attitudes about almost all matters, sees things in their blackest form and invariably expects the worst; feeling weighed down, discouraged, and bleak, gives the gloomiest interpretation of current events, despairing as well that things will never improve in the future).
Structural Domain	Self-Image	Worthless	Judges oneself of no account, valueless to self or others, inadequate and unsuccessful in all aspirations; barren, sterile, impotent, sees self as inconsequential and reproachable, if not contemptible, a person who should be criticized and derogated, as well as feel guilty for possessing no praiseworthy traits or achievements).
	Object Representations	Forsaken	Internalized representations of the past appear jettisoned, as if life's early experiences have been depleted or devitalized, either drained of their richness and joyful elements, or withdrawn from memory, leaving one to feel abandoned, bereft, and discarded, cast off and deserted).
	Regulatory Mechanism	Asceticism	Engages in acts of self-denial, self-punishment, and self-tormenting, believing that one should exhibit penance and be deprived of life's bounties; not only is there a repudiation of pleasures, but there are harsh self-judgments, as well as self-destructive acts).
	Morphologic Organization	Depleted	The scaffold for morphologic structures is markedly weakened, with coping methods enervated and defensive strategies impoverished, emptied and devoid of their vigor and focus, resulting in a diminished, if not exhausted capacity to initiate action and regulate affect, impulse, and conflict).
	Mood / Temperament	Woeful	Is typically woeful, gloomy, tearful, joyless, and morose; characteristically worrisome and brooding, the low spirits and dysphonic state rarely remits).

Personality Subtypes



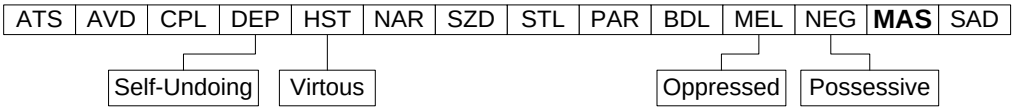
Subtype	Features	Description
Restive	Avoidant	Wrought-up despair; agitated, ruffled, perturbed, confused, restless, and unsettled; vacillatory emotions and outlook; suicide avoids inescapable pain.
Self-Derogating	Dependent	Disparaging self for weaknesses and shortcomings; self-deriding, discrediting, censurable, dishonorable, odious, contemptible.
Voguish	Histrionic	Suffering seen as ennobling; unhappiness considered a popular and stylish mode of social disenchantment; personal depression viewed as self-glorifying and dignifying.
Ill-Humored	Negativistic	Sour; distempered, cantankerous, irritable, grumbling discontented; guilt-ridden and self-condemning; self-pitying; hypochondriacal
Morbid	Masochistic	Profound dejection and gloom; haggard, morose, lugubrious, macabre, drained, oppressed; intensely self-abnegating.

Personality Styles/Disorders and Subtypes

Aggrieved/Masochistic Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Abstinent	Presents self as nonindulgent, frugal and chaste; is reluctant to seek pleasurable experiences, refraining from exhibiting signs of enjoying life; acts in an unpresuming and self-effacing manner, preferring to place self in an inferior light or abject position).
	Interpersonal Conduct	Deferential	Distances from those who are consistently supportive, relating to others where one can be sacrificing, servile and obsequious, allowing, if not encouraging them to exploit, mistreat, or take advantage; renders ineffectual the attempts of others to be helpful and solicits condemnation by accepting undeserved blame and courting unjust criticism).
	Cognitive Style	Diffident	Hesitant to interpret observations positively for fear that, in doing so, they may not take problematic forms, or achieve troublesome and self-denigrating outcomes; as a result, there is a habit of repeatedly expressing attitudes and anticipations contrary to favorable beliefs and feelings).
Structural Domain	Self-Image	Undeserving	Is self-abasing, focusing on the very worst personal features, asserting thereby that one is worthy of being shamed, humbled and debased; feels that one has failed to live up to the expectations of others and hence, deserves to suffer painful consequences).
	Object Representations	Discredited	Object representations are composed of failed past relationships and disparaged personal achievements, of positive feelings and erotic drives transposed into their least attractive opposites, of internal conflicts intentionally aggravated, of mechanisms for reducing dysphoria being subverted by processes which intensify discomfort).
	Regulatory Mechanism	Exaggeration	Repetitively recalls past injustices and anticipates future disappointments as a means of raising distress to homeostatic levels; undermines personal objectives and sabotages good fortunes so as to enhance or maintain accustomed level of suffering and pain).
	Morphologic Organization	Inverted	Owing to a significant reversal of the pain-pleasure polarity, morphologic structures have contrasting and dual qualities*one more or less conventional, the other its obverse*resulting in a repetitive undoing of affect and intention, of a transposing of channels of need gratification with those leading to frustration, and of engaging in actions which produce antithetical, if not self-sabotaging consequences).
	Mood / Temperament	Dysphoric	Experiences a complex mix of emotions, at times anxiously apprehensive, at others forlorn and mournful, to feeling anguished and tormented; intentionally displays a plaintive and wistful appearance, frequently to induce guilt and discomfort in others).

Personality Subtypes



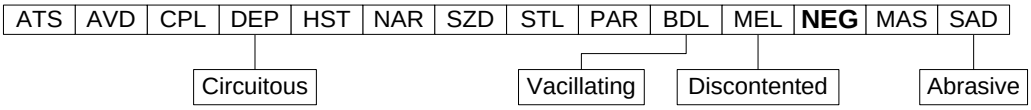
Subtype	Features	Description
Self-Undoing	Dependent	Is "wrecked by success;" experiences "victory through defeat;" gratified by personal misfortunes, failures, humiliations, and ordeals; eschews best interests; chooses to be victimized, ruined, disgraced.
Virtuous	Histrionic	Proudly unselfish, self-denying, and self-sacrificial; self-ascetic; weighty burdens are judged noble, righteous, and saintly; others must recognize loyalty and faithfulness; gratitude and appreciation expected for altruism and forbearance.
Oppressed	Melancholic	Experiences genuine misery, despair, hardship, anguish, torment, illness; grievances used to create guilt in others; resentments vented by exempting from responsibilities and burdening "oppressors."
Possessive	Negativistic	Bewitches and ensnares by becoming jealous, overprotective, and indispensable; entraps, takes control, conquers, enslaves, and dominates others by being sacrificial to a fault; control buy obligatory dependence.

Personality Styles/Disorders and Subtypes

Skeptical/Negativistic Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Resentful	Resists fulfilling expectancies of others, frequently exhibiting procrastination, inefficiency and obstinate, as well as contrary and irksome behaviors; reveals gratification in demoralizing and undermining the pleasures and aspirations of others).
	Interpersonal Conduct	Contrary	Assumes conflicting and changing roles in social relationships, particularly dependent and contrite acquiescence and assertive and hostile independence; conveys envy and pique toward those more fortunate, as well as actively concurrently or sequentially obstructive and intolerant of others, expressing either negative or incompatible attitudes).
	Cognitive Style	Disdainful	Is cynical, doubting, and untrusting, approaching positive events with disbelief, and future possibilities with pessimism, anger, and trepidation; has a misanthropic view of life, is whining and grumbling, voicing disdain and caustic comments toward those experiencing good fortune).
Structural Domain	Self-Image	Discontented	Sees self as misunderstood, luckless, unappreciated, jinxed, and demeaned by others; recognizes being characteristically embittered, disgruntled and disillusioned with life).
	Object Representations	Vacillating	Internalized representations of the past comprise a complex of countervailing relationships, setting in motion contradictory feelings, conflicting inclinations, and incompatible memories that are driven by the desire to degrade the achievements and pleasures of others, without necessarily appearing so).
	Regulatory Mechanism	Displacement	Discharges anger and other troublesome emotions either precipitously or by employing unconscious maneuvers to shift them from their instigator to settings or persons of lesser significance; vents disapproval by substitute or passive means, such as acting inept or perplexed, or behaving in a forgetful or indolent manner).
	Morphologic Organization	Divergent	There is a clear division in the pattern of morphologic structures such that coping and defensive maneuvers are often directed toward incompatible goals, leaving major conflicts unresolved and full psychic cohesion often impossible by virtue of the fact that fulfillment of one drive or need inevitably nullifies or reverses another).
	Mood / Temperament	Irritable	Frequently touchy, temperamental, and peevish, followed in turn by sullen and moody withdrawal; is often petulant and impatient, unreasonably scorns those in authority and reports being annoyed easily or frustrated by many).

Personality Subtypes



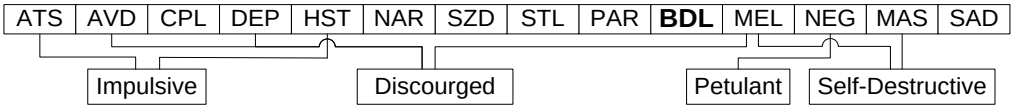
Subtype	Features	Description
Circuitous	Dependent	Opposition displayed in a roundabout, labyrinthine, and ambiguous manner, e.g., procrastination, dawdling, forgetfulness, inefficiency, neglect, stubbornness; indirect and devious in venting resentment and resistant behaviors.
Vacillating	Borderline	Emotions fluctuate in bewildering, perplexing, and enigmatic ways; difficult to fathom or comprehend own capricious and mystifying moods; wavers, in flux, and irresolute both subjectively and intrapsychically.
Discontented	Melancholic	Grumbling, petty, testy, cranky, embittered, complaining, fretful, vexed, and moody; gripes behind pretense; avoids confrontation; uses legitimate but trivial complaints.
Abrasive	Sadistic	Contentious, intransigent, fractious, and quarrelsome; irritable, caustic, debasing, corrosive, and acrimonious, contradicts and derogates; few qualms and little conscience or remorse.

Personality Styles/Disorders and Subtypes

Capricious/Borderline Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Spasmodic	Displays a desultory energy level with sudden, unexpected and impulsive outbursts; abrupt, endogenous shifts in drive state and inhibitory controls; not only places activation and emotional equilibrium in constant jeopardy, but engages in recurrent suicidal or self-mutilating behaviors).
	Interpersonal Conduct	Paradoxical	Although needing attention and affection, is unpredictably contrary, manipulative and volatile, frequently eliciting rejection rather than support; frantically reacts to fears of abandonment and isolation, but often in angry, mercurial, and self-damaging ways).
	Cognitive Style	Fluctuating	Experiences rapidly changing, fluctuating and antithetical perceptions or thoughts concerning passing events, as well as contrasting emotions and conflicting thoughts toward self and others, notably love, rage, and guilt; vacillating and contradictory reactions are evoked in others by virtue of one's behaviors, creating, in turn, conflicting and confusing social feedback).
Structural Domain	Self-Image	Uncertain	Experiences the confusions of an immature, nebulous or wavering sense of identity, often with underlying feelings of emptiness; seeks to redeem precipitate actions and changing self-presentations with expressions of contrition and self-punitive behaviors).
	Object Representations	Incompatible	Internalized representations comprise rudimentary and extemporaneously devised, but repetitively aborted learnings, resulting in conflicting memories, discordant attitudes, contradictory needs, antithetical emotions, erratic impulses, and clashing strategies for conflict reduction).
	Regulatory Mechanism	Regression	Retreats under stress to developmentally earlier levels of anxiety tolerance, impulse control and social adaptation; among adolescents, is unable to cope with adult demands and conflicts, as evident in immature, if not increasingly infantile behaviors).
	Morphologic Organization	Split	Inner structures exist in a sharply segmented and conflictful configuration in which a marked lack of consistency and congruency is seen among elements, levels of consciousness often shift and result in rapid movements across boundaries that usually separate contrasting percepts, memories, and affects, all of which leads to periodic schisms in what limited psychic order and cohesion may otherwise be present, often resulting in transient, stress-related psychotic episodes).
	Mood / Temperament	Labile	Fails to accord unstable mood level with external reality; has either marked shifts from normality to depression to excitement, or has periods of dejection and apathy, interspersed with episodes of inappropriate and intense anger, as well as brief spells of anxiety or euphoria).

Personality Subtypes



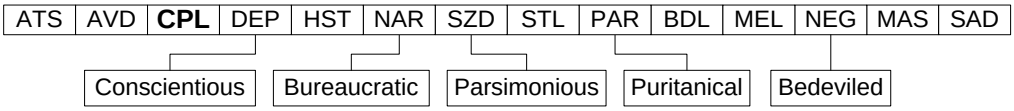
Subtype	Features	Description
Impulsive	Antisocial Histrionic	Capricious, superficial, flighty, distractible, frenetic, and seductive; fearing loss, becomes agitated, and the gloomy and irritable; potentially suicidal.
Discouraged	Avoidant Dependent Melancholic	Pliant, submissive, loyal, humble; feels vulnerable and in constant jeopardy; feels hopeless, depressed, helpless, and powerless.
Petulant	Melancholic	Negativistic, impatient, restless, as well as stubborn, defiant, sullen, pessimistic, and resentful; easily slighted and quickly disillusioned.
Self-Destructive	Melancholic Masochistic	Inward-turning, intropunitively angry; conforming, deferential, and ingratiating behaviors have deteriorated; increasingly high-strung and moody; possible suicide.

Personality Styles/Disorders and Subtypes

Conscientious/Compulsive Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Disciplined	Maintains a regulated, highly structured and strictly-organized life; perfectionism interferes with decision-making and task completion).
	Interpersonal Conduct	Respectful	Exhibits unusual adherence to social conventions and proprieties, as well as being scrupulous and overconscientious about matters of morality and ethics; prefers polite, formal and correct personal relationships, usually insisting that subordinates adhere to personally established rules and methods).
	Cognitive Style	Constricted	Constructs world in terms of rules, regulations, schedules and hierarchies; is rigid, stubborn, and indecisive and notably upset by unfamiliar or novel ideas and customs).
Structural Domain	Self-Image	Responsible	Sees self as devoted to work, industrious, reliable, meticulous and efficient, largely to the exclusion of leisure activities; fearful of error or misjudgment and, hence overvalues aspects of self that exhibit discipline, perfection, prudence and loyalty).
	Object Representations	Concealed	Only those internalized representations, with their associated inner affects and attitudes that can be socially approved, are allowed conscious awareness or behavioral expression; as a result, actions and memories are highly regulated, forbidden impulses sequestered and tightly bound, personal and social conflicts defensively denied, kept from awareness, maintained under stringent control).
	Regulatory Mechanism	Reaction Formation	Repeatedly presents positive thoughts and socially commendable behaviors that are diametrically opposite one's deeper contrary and forbidden feelings; displays reasonableness and maturity when faced with circumstances that evoke anger or dismay in others).
	Morphologic Organization	Compartmentalized	Morphologic structures are rigidly organized in a tightly consolidated system that is clearly partitioned into numerous, distinct and segregated constellations of drive, memory, and cognition, with few open channels to permit interplay among these components).
	Mood / Temperament	Solemn	Is unrelaxed, tense, joyless and grim; restrains warm feelings and keeps most emotions under tight control).

Personality Subtypes



Subtype	Features	Description
Conscientious	Dependent	Rule-bound and duty-bound; earnest, hardworking, meticulous, painstaking; indecisive, inflexible; marked self-doubts; dreads errors and mistakes.
Bureaucratic	Narcissistic	Empowered in formal organizations; rules of group provide identity and security; officious, high-handed, unimaginative, intrusive, nosy, petty-minded, meddlesome, trifling, closed-minded.
Parsimonious	Schizoid	Miserly, niggardly, tight-fisted, ungiving, hoarding, unsharing; protects self against loss; fears intrusions into vacant inner world; dreads exposure of personal improprieties and contrary impulses.
Puritanical	Paranoid	Austere, self-righteous, bigoted, dogmatic, zealous, uncompromising, indignant, and judgmental; grim and prudish morality; must control and counteract own repugnant impulses and fantasies.
Bedeviled	Negativistic	Ambivalences and unresolved; feels tormented, muddles, indecisive, befuddles; obsessions and compulsions condense and control contradictory emotions.

Personality Styles/Disorders and Subtypes

Exuberant/Hypomanic Personality

	Facet	Characteristic	Description
Functional Domain	Expressive Behavior	Impetuous	Forcefully energetic and driven, highly excitable and overzealous; generally restless and socially intrusive; worked up, unrestrained and rash).
	Interpersonal Conduct	Spirited	Unremittingly full of life and socially buoyant; often persistently overbearing, forcefully engaging others in an animated, vivacious and insistent manner).
	Cognitive Style	Scattered	Intense and transient emotion, disorganized thoughts; expresses a chaotic hodgepodge of miscellaneous beliefs randomly with no logic or meaning).
Structural Domain	Self-Image	Energetic	Sees self full of vim and vigor, a dynamic force, invariably hardy and robust, a tireless and active person whose energy galvanizes others).
	Object Representations	Piecemeal	Inner representations are dissipated, a jumble of diluted and muddled recollections that are recalled in momentary fits and starts).
	Regulatory Mechanism	Magnification	Engages in hyperbole, overstating and overemphasizing ordinary matters so as to elevate their importance, especially those enhancing self).
	Morphologic Organization	Fleeting	Internal structures are highly transient, existing in momentary forms that are cluttered and disarranged; there is a paucity of established controls).
	Mood / Temperament	Mercurial	Is volatile and quicksilverish, often unduly ebullient, charged up and irrepressible; has penchant for momentary excitement).

Personality Subtypes

None

Personalized Psychotherapeutic Intervention

The MCMI and its sister inventories originated initially as a defensive act, a shield against the proliferation of potentially misconceived or poorly designed efforts on the part of well-meaning others to "operationalize" concepts Millon had proposed in his earlier 1969 publication. Rather than sit back and enjoy the dissemination of his ideas, Millon began to see this burgeoning of divergent instrument development, not only as uncontrolled, and possibly misguided, but as a process ultimately endangering the very theoretical notions they were designed to strengthen. To establish a measure of instrumental uniformity for future investigators, as well as to assure at least a modicum of psychometric quality among tools that ostensibly reflected the theory's constructs, Millon was prompted (perhaps "driven" is a more accurate word) to consider undertaking the test-construction task himself.

Millon™ Clinical Inventories	
Adolescent & Pre-Adolescent Inventories	M-PACI™ (Millon Pre-Adolescent Clinical Inventory) MACI™ (Millon Adolescent Clinical Inventory) MAPI™ (Millon Adolescent Personality Inventory)
Adult Clinical & Counseling Inventories	MCCI™ (Millon College Counseling Inventory) MCMI-III™ (Millon Clinical Multiaxial Inventory-III) MIPS™ (Millon™ Index of Personality Styles) (Revised)
Inventory for Medical Patients	MBMD™ (Millon Behavioral Medicine Diagnostic)
Other Inventories	Personality Adjective Check List (PACL)
For more information and to obtain the Millon™ instruments, please visit PsychCorp PEARSON PsychCorp a PEARSON brand	

About the Inventories

Psychodiagnostic procedures in the past contained more than their share of mystique. Not only were assessments often an exercise in oracular craft and intuitive artistry, but they typically were clothed in obscure and esoteric jargon. A change in the character of personality theory and assessment began to brew in the late 1960s. Slow though these advances progressed, there were clear signs that new ideas would soon emerge. Projective techniques such as the Rorschach began to be analyzed quantitatively and were increasingly anchored to the empirical domain. The so-called objective inventories, such as the MMPI and 16PF, were being interpreted increasingly in terms of configural profiles. No longer approached as sets of separate scales, formerly segmented instruments were increasingly analyzed as holistic integrations that possessed clinical significance only as gestalt composites. In addition, the former insistence that diagnostic interpretation be "objective", that is, anchored solely to empirical correlates, gave way to clinical syntheses, including the "dynamics" of the previously maligned projectives. Although part-function instruments, oriented toward one expressive form of pathology or another (e.g., Beck Depression Inventory) are still popular, the newest tools moved increasingly toward composite structures, (i.e., "whole" personalities). These personality formulations were not conceived of as random sets or discrete attributes (i.e., factors) that must he individually deduced and then pieced together, but as integrated configurations from the start. Hence, we have seen the development of various tools explicitly designed to diagnose, for example, the "borderline" personality. The MCMI represents this trend in holistic personality measures, going one step beyond most techniques by including all of the Diagnostic and Statistical Manual (DSM) personality disorders in a single inventory. Holistic syntheses were not limited to inventories alone. New structured interview schedules and clinical rating scales were developed to provide another rich source of data. Not to be overlooked is the sound psychometric manner in which most of these newer tools have been constructed, thereby wedding the

empirical and quantitative features that were the major strength of the structured objective inventories with the dynamic and integrative qualities that characterized the more intuitive projective techniques.

As is evident by the variety of "Millon" instruments reported in this website, Millon judged it best to opt in favor of focusing his inventories on target rather than broad-based populations; hence, the MCMI is oriented toward matters of import among adult mental health patients, the MACI focuses on adolescent clinical populations, the MBHI and the MBMD focus on those whose primary ailments are of a medical or physical nature, and the MIPS (Millon Index of Personality Styles) addressed traits among nonclinical or so-called normal adults (as can be seen, Millon chose the term "style" for persons who do not evince discernible psychic pathology).

Perhaps the greatest value to this website's readers will be an implicit one, namely, the growing heuristic fertility of the Millon inventories. These inventories are more than another "objective" tool in the diagnostician's assessment kit. They provide clinicians with a theoretical foundation for mastering the realm of clinical and personality pathology, a means for understanding the principles that underlie their patient's functional and dysfunctional behaviors, thoughts, and feelings. Moreover, the openness of the theory not only illuminates the patient's personal life but encourages the clinician to deduce and uncover insights beyond those on which the inventories interpretive reports have been grounded.

For the purposes of genera adult population only the following three are considered. See www.millon.net for further information on reports for adolescents, college students and special populations.

- **The Millon Clinical Multiaxial Inventory-III, Third Edition (MCMI-III)(2009) with new norms and updated scoring**

- **Millon™ Index of Personality Styles Revised (MIPS® Revised)**

- **The Millon-Grossman Personality Domain Checklist (MG-PDC™)**

  See separate document for this report.

The Millon Clinical Multiaxial Inventory-III, Third Edition (MCMI-III)(2009) with new norms and updated scoring

by Theodore Millon, Ph.D., D.Sc., Roger Davis, Ph.D., Carrie Millon, Ph.D., & Seth Grossman, Psy.D.

This recent Third Edition development of the MCMI-III adds the Grossman Facet Scales, a series of therapy-guiding facet subscales, to the basic personality scales of the instrument. These fact scales identify the most salient clinical domains (e.g., interpersonal, cognitive) that characterize the patient taking the inventory. This information helps "personalize" and further "individualize" the MCMI test results by specifying those features that call for the therapist' attention in what is called "personalized therapy". But first, a few words about the basic MCMI-III and what distinguishes it as a clinical instrument.

The MCMI™ (Millon™ Clinical Multiaxial Inventory) is distinguished from other inventories primarily by its brevity, its theoretical anchoring, multiaxial format, tripartite construction and validation schema, use of base rate scores, and interpretive depth. Each generation of the MCMI inventory has attempted to keep the total number of items small enough to encourage its use in all types of diagnostic and treatment settings, yet large enough to permit the assessment of a wide range of clinically relevant multiaxial behaviors. At 175 items, the MCMI inventory is much shorter than comparable instruments. Terminology is geared to an eighth-grade reading level. The inventory is almost self-administering. The great majority of patients can complete the MCMI-III™ in 20 to 30 minutes, facilitating relatively simple and rapid administrations while minimizing patient resistance and fatigue.

THEORETICAL ANCHORING

Diagnostic instruments are more useful when they are linked systematically to a comprehensive clinical theory. Unfortunately, assessment techniques and personality theory have developed almost independently. As a result, few diagnostic measures have either been based on or have evolved from clinical theory. The MCMI™ is different. Each of its Axis II scales is an operational measure of a syndrome derived from a theory of personality (Millon, 1969, 1981, 1986a, 1986b, 1990; Millon & Davis, 1996). The scales and profiles of the MCMI™ thus measure these theory-derived and theory-refined variables directly and quantifiably. With a firm foundation in measurement, scale elevations and configurations can be used to suggest specific patient diagnoses and clinical dynamics, as well as testable hypotheses about social history and current behavior.

COORDINATION TO DSM-IV

No less important than its link to theory is the coordination between a clinically-oriented instrument and official diagnostic constructs. Few diagnostic instruments currently available have been constructed to be as consonant with the official nosology at the MCMI™. With the advent of DSM-III, DSM-III-R, and DSM-IV, diagnostic categories were precisely specified and operationally defined. The structure of the MCMI inventory parallels that of the DSM at a number of levels. First, the scales of the MCMI inventory are grouped into the categories of personality and psychopathology, to reflect the DSM distinction between Axis II and Axis I. Thus, separate scales distinguish the more enduring personality characteristics of patients (Axis II) from the more acute clinical disorders they display (Axis I). Profiles based on all clinical scales may be interpreted to illuminate the interplay between long-standing characterological patterns and the distinctive clinical symptoms currently manifest.

TEST DEVELOPMENT

Item selection and scale development progressed through a sequence of three validation steps: (1) theoretical-substantive; (2) internal-structural; and (3) external-criterion. In the theoretical-substantive

stage, items for each syndrome were generated to conform both to theoretical requirements and to the substance of DSM criteria. In the internal-structural stage, these "rational" items were subjected to internal consistency analyses. Items having higher correlations with scales for which they were not intended were either dropped entirely or re-examined against theoretical criteria and reassigned or reweighted. Only items surviving each successive validation stage were included in subsequent analyses. In the external-criterion phase, items were examined in terms of their ability to discriminate between clinical groups, rather than between clinical groups and normal subjects. This tripartite model of test construction attempts to synthesize the strengths of each construction phase by rejecting items that are found to be deficient in particular respects, thus ensuring that the final scales do not consist of items which optimize one particular parameter of test construction, but instead conjointly satisfy multiple requirements, increasing the generalizability of the end product.

BASE RATE SCORES

An important feature which distinguishes the MCMI inventory from other inventories is its use of actuarial base rate data, rather than normalized standard score transformations. T-scores implicitly assume the prevalence rates of all disorders to be equal, that is, there are equal numbers of depressives and schizophrenics, for example. In contrast, the MCMI inventory seeks to diagnose the percentages of patients that are actually found to be disordered across diagnostic settings. These data not only provide a basis for selecting optimal differential diagnostic cutting lines, but also ensure that the frequency of MCMI™ generated diagnoses and profile patterns will be comparable to representative clinical prevalence rates.

COMPUTER SCORING AND INTERPRETATION

Computer programs are available for rapid and convenient machine scoring in all major computing environments. Interpretive reports are available at two levels of detail. The PROFILE REPORT presents the patient's MCMI™ scores and profile, and is useful as a screening device to identify patients that may require more intensive evaluation or professional attention. The NARRATIVE REPORT integrates both personological and symptomatic features of the patient, and are arranged in a style similar to those prepared by clinical psychologists. Results are based on actuarial research, the MCMI's theoretical schema, and relevant DSM diagnoses within a multiaxial framework. Therapeutic implications are included.

CLINICAL USES

The primary intent of the MCMI inventory is to provide information to clinicians, that is, psychologists, psychiatrists, counselors, social workers, physicians, and nurses, who must make assessments and treatment decisions about persons with emotional and interpersonal difficulties.

Because of its simplicity of administration and the availability of rapid computer scoring and interpretation, the MCMI inventory can be used on a routine basis in outpatient clinics, community agencies, mental health centers, college counseling programs, general and mental hospitals, as well as independent and group practice offices, and in the courts.

RESEARCH

Over 600 research studies have used the MCMI™ inventory in a significant manner. Objective, quantified, and theory-grounded individual scale scores and profile patterns can be used to generate and test a variety of clinical, experimental, and demographic hypotheses. Research support is also available through Pearson Assessments.

Personality Styles/Disorders and Subtypes

SCALES

The MCMI, Third Edition consists of a total of twenty-four scales: Fourteen Clinical Personality Patterns scales: Schizoid, Avoidant, Depressive (Melancholic), Dependent, Histrionic, Narcissistic, Antisocial, Sadistic, Compulsive, Negativistic, and Masochistic; three Severe Personality Pathology scales: Schizotypal, Borderline, and Paranoid; seven Clinical Syndrome Scales: Anxiety, Somatoform, Bipolar (Manic), Dysthymia, Alcohol Dependence, Drug Dependence, and Posttraumatic Stress Disorder; three Severe Clinical Syndrome scales: Thought Disorder, Major Depression, and Delusional Disorder; three Modifying Indices and a Validity scale. The personality scales parallel the personality disorders of the DSM-III-R and DSM-IV, as refined by theory. They are grouped into two levels of severity, the Clinical Personality Patterns scales and Severe Personality Scales. The Axis I scales represent clinical conditions frequently seen in clinical settings. They are also grouped into two levels of severity, the Clinical Syndromes scales and the Severe Syndrome Scales. The three Modifying Indices - Disclosure, Desirability, and Debasement - assess response tendencies which are connected with particular personality patterns or Axis I conditions.

The MCMI-III, Third Edition is a recent development in that it adds value to the basic inventory. Present for the first time are a series of facet subscales for refining and maximizing the utility of each of the major personality scales. Known as the Grossman Facet Scales, they provide information specifying the patient's scores on several of the personologic/clinical domains described in previous sections of this Website, such as problematic interpersonal conduct, cognitive styles, expressive behaviors, and the like. They thereby contribute useful diagnostic information that should help clinicians better understand the particular realms of functioning on which the patient's difficulties manifest themselves. They should also provide the clinical practitioner with guidance for selecting specific therapeutic modalities that are likely to maximize the achievement of positive treatment goals.

Scale descriptions and detailed data on test development and validation may be obtained by reading the latest (2006) MCMI-III, Third Edition test manual.

Illustrative page samples follow.

Personality Styles/Disorders and Subtypes

MILLON CLINICAL MULTIAXIAL INVENTORY - III

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INVALIDITY (SCALE V) = 0 INCONSISTENCY (SCALE W) = 4
PERSONALITY CODE: 8A 3 2B ** 2A * 8B 1 6A + 6B 5 " 7 4 ' ' // C ** - * //
SYNDROME CODE: A D ** T R * // CC ** - * //
DEMOGRAPHIC CODE: 12566/ON/F/44/W/D/15/--/--/------/4/------/

CATEGORY		SCORE RAW	SCORE BR	PROFILE OF BR SCORES (0 / 60 / 75 / 85 / 115)	DIAGNOSTIC SCALES
MODIFYING INDICES	X	166	94		DISCLOSURE
	Y	4	20		DESIRABILITY
	Z	28	90		DEBASEMENT
CLINICAL PERSONALITY PATTERNS	1	15	68		SCHIZOID
	2A	20	82		AVOIDANT
	2B	21	85		DEPRESSIVE
	3	20	86		DEPENDENT
	4	7	11		HISTRIONIC
	5	12	39		NARCISSISTIC
	6A	14	65		ANTISOCIAL
	6B	14	56		SADISTIC
	7	8	15		COMPULSIVE
	8A	24	93		NEGATIVISTIC
	8B	15	70		MASOCHISTIC
SEVERE PERSONALITY PATHOLOGY	S	16	65		SCHIZOTYPAL
	C	23	93		BORDERLINE
	P	15	68		PARANOID
CLINICAL SYNDROMES	A	17	97		ANXIETY
	H	13	66		SOMATOFORM
	N	11	71		BIPOLAR: MANIC
	D	17	88		DYSTHYMIA
	B	8	68		ALCOHOL DEPENDENCE
	T	14	76		DRUG DEPENDENCE
	R	18	76		POST-TRAUMATIC STRESS
SEVERE CLINICAL SYNDROMES	SS	17	70		THOUGHT DISORDER
	CC	21	100		MAJOR DEPRESSION
	PP	7	63		DELUSIONAL DISORDER

Personality Styles/Disorders and Subtypes

MILLON CLINICAL MULTIAXIAL INVENTORY - III
CONFIDENTIAL INFORMATION FOR PROFESSIONAL USE ONLY

FACET SCORES FOR HIGHEST PERSONALITY SCALES BR 65 OR HIGHER

HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE C Borderline

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES 0 60 70 80 90 100	FACET SCALES
C.1	9	98		Temperamentally Labile
C.2	9	100		Interpersonally Paradoxical
C.3	5	79		Uncertain Self-Image

SECOND-HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE 8A Negativistic (Passive-Aggressive)

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES 0 60 70 80 90 100	FACET SCALES
8A.1	8	93		Temperamentally Irritable
8A.2	6	98		Expressively Resentful
8A.3	5	85		Discontented Self-Image

THIRD-HIGHEST PERSONALITY SCALE BR 65 OR HIGHER: SCALE 3 Dependent

SCALE	SCORE RAW	SCORE BR	PROFILE OF BR SCORES 0 60 70 80 90 100	FACET SCALES
3.1	8	100		Inept Self-Image
3.2	6	93		Interpersonally Submissive
3.3	4	92		Immature Representations

Personality Styles/Disorders and Subtypes

MILLON CLINICAL MULTIAXIAL INVENTORY - III

CONFIDENTIAL INFORMATION FOR PROFESSIONAL USE ONLY

COMPLETE LISTING OF MCMI-III GROSSMAN FACET SCALE SCORES

		RAW	BR
1	**Schizoid**		
1.1	Temperamentally Apathetic	7	98
1.2	Interpersonally Unengaged	6	82
1.3	Expressively Impassive	5	90
2A	**Avoidant**		
2A.1	Interpersonally Aversive	7	95
2A.2	Alienated Self-Image	8	93
2A.3	Vexatious Representations	5	85
2B	**Depressive**		
2B.1	Temperamentally Woeful	7	100
2B.2	Worthless Self-Image	6	85
2B.3	Cognitively Fatalistic	7	97
3	**Dependent**		
3.1	Inept Self-Image	8	100
3.2	Interpersonally Submissive	6	93
3.3	Immature Representations	4	92
4	**Histrionic**		
4.1	Gregarious Self-Image	2	21
4.2	Interpersonally Attention-Seeking	4	43
4.3	Expressively Dramatic	0	0
5	**Narcissistic**		
5.1	Admirable Self-Image	2	15
5.2	Cognitively Expansive	2	59
5.3	Interpersonally Exploitive	6	96
6A	**Antisocial**		
6A.1	Expressively Impulsive	5	82
6A.2	Acting-Out Mechanism	5	86
6A.3	Interpersonally Irresponsible	6	98

		RAW	BR
6B	**Sadistic**		
6B.1	Temperamentally Hostile	6	97
6B.2	Eruptive Organization	5	91
6B.3	Pernicious Representations	5	88
7	**Compulsive**		
7.1	Cognitively Constricted	4	31
7.2	Interpersonally Respectful	2	20
7.3	Reliable Self-Image	3	34
8A	**Negativistic**		
8A.1	Temperamentally Irritable	8	93
8A.2	Expressively Resentful	6	98
8A.3	Discontented Self-Image	5	85
8B	**Masochistic**		
8B.1	Discredited Representations	7	98
8B.2	Cognitively Diffident	6	89
8B.3	Undeserving Self-Image	7	88
S	**Schizotypal**		
S.1	Estranged Self-Image	9	97
S.2	Cognitively Autistic	5	89
S.3	Chaotic Representations	7	98
C	**Borderline**		
C.1	Temperamentally Labile	9	98
C.2	Interpersonally Paradoxical	9	100
C.3	Uncertain Self-Image	5	79
P	**Paranoid**		
P.1	Cognitively Mistrustful	2	77
P.2	Expressively Defensive	3	84
P.3	Projection Mechanism	8	99

For each of the Clinical Personality Patterns and Severe Personality Pathology scales (the scale names shown in **bold**), scores on the three facet scales are shown beneath the scale name.

Personality Styles/Disorders and Subtypes

Millon™ Index of Personality Styles Revised (MIPS® Revised)

Author(s): Theodore Millon, PhD, DSc

At a Glance:

- **Administration:** Paper-and-pencil or computer administration
  Completion Time: 25–30 minutes (180 true/false items)
  Reading Level: 8th grade
  Report Options: Interpretive and Profile Reports
  Scoring Options: Interpretive and Profile Reports
  Psychometrics: Adult and college samples
- **Qualification level:** B-Level
- **Publication Date:** 2003
- **Ages / Grades:** Individuals 18 years and older

Product Summary

Powerful. Practical. Proven.

The MIPS Revised test helps assess normally functioning adults who may be experiencing difficulties in work, family, or social relationships.

Users & Applications

Human resource specialists, social work and career counselors, private practice clinicians, and other professionals use this test in a variety of settings, including:

- Individual counseling
- Relationship, premarital, and marriage counseling
- Employee selection, as a pre-offer screening tool
- Employee assistance programs
- Leadership and employee development programs

Features & Benefits

- Addresses three key dimensions of normal personalities: Motivating Styles, which helps assess the person's emotional style in dealing with his/her environment; Thinking Styles, which helps examine the person's mode of cognitive processing; and Behaving Styles, which helps evaluate the person's way of interrelating with others.
- Clinical Index helps screen for the possible presence of mental disorders in persons who present as normal.
- With only 180 true/false items, the test can be completed in less than 30 minutes on average.

Psychometric Information

The test provides separate norms for adults and college students, and for both separate and combined genders.

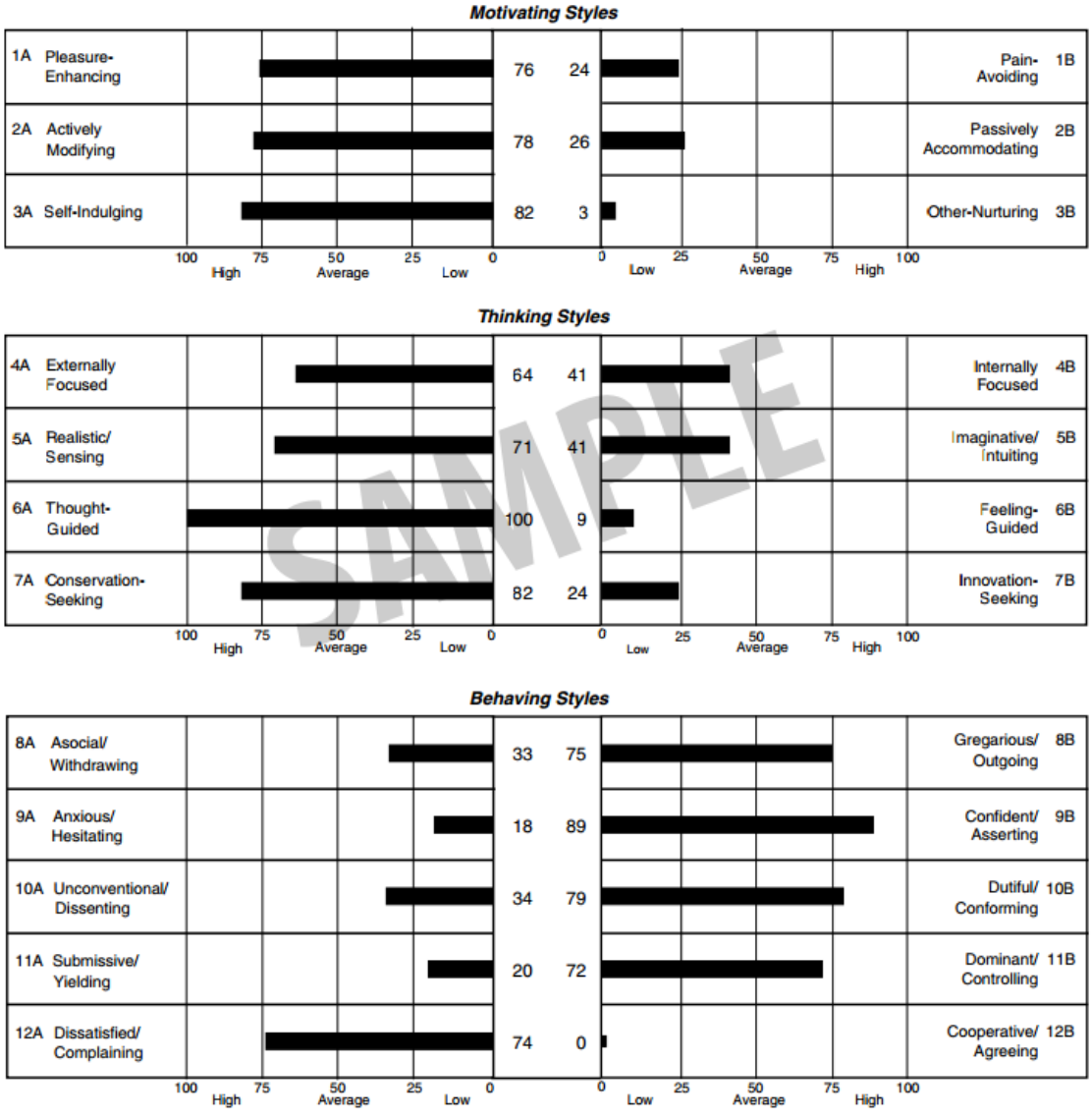
- The adult sample consisted of 1,000 individuals (500 females, 500 males) between the ages of 18 and 65, stratified according to the U.S. population by age, race/ethnicity, and education level.
- The college sample consisted of 1,600 students (800 males, 800 females), selected from 14 colleges and universities to be representative of a college student population in terms of ethnicity, age, year in school, major area of study, region of the country, and type of institution.

An illustrative sample page follows.

Personality Styles/Disorders and Subtypes

MILLON™ INDEX OF PERSONALITY STYLES *REVISED*

Profile of Prevalence Scores **Norm Group: Adult Male**



Negative Impression Raw Score:	2 (Average)	Consistency Raw Score:	4 (High)
Positive Impression Raw Score:	1 (Low)	Clinical Index T-Score:	55 (Average)

[V1.0]

Personalized Psychotherapeutic Intervention

The great philosophers and clinicians of the past viewed their task as creating a rationale that took into account all of the complexities of human nature—the biological, the phenomenological, the developmental, and so on. By contrast, modern conceptual thinkers have actively avoided this complex and broad vision. These theorists appear to favor one-dimensional schemas, conceptual frameworks that intentionally leave out much that may bear significantly on the reality of human life. Personalized psychotherapy joins with thinkers of the past and argue that no part of human nature should lie outside the scope of a clinician's regard, e.g., the family and culture, neurobiological processes, unconscious memories, and so on.

We hope to lead the profession back to "reality" by exploring both the natural intricacy and diversity of the patients we treat. Despite their frequent brilliance, most schools of therapy have become inbred; more importantly, they persist in narrowing the clinician's attention to just one or another facet of their patient's psychological makeup, thereby wandering ever farther from human reality. They cease to represent the fullness of their patient's lives, considering as significant only one of several psychic spheres—the unconscious, biochemical processes, or cognitive schemas, and so on. In effect, what has been taught to most fledgling therapists is an artificial reality, one which may have been formulated in its early stages as an original perspective and insightful methodology, but one which has drifted increasingly from its moorings over time, no longer anchored to the clinical reality from which it was abstracted.

If our wish takes root, a forthcoming series of books by Millon and Grossman, to be published in 2007 by John Wiley and Company, will serve as a revolutionary call, a renaissance that brings therapy back to the natural reality of patients' lives. In line with the preceding, We hold to the proposition that the diagnostic categories that comprise our nosology (e.g., DSM-IV) are not composed of distinct disease entities or separable statistical factors; rather, they represent splendid fictions, arbitrary distinctions that can often mislead young therapists into making compartmentalized or, worse yet, manualized interventions. Fledgling therapists must learn that the symptoms and disorders we "diagnose" represent one or another segment of a complex of organically interwoven elements. The significance of each clinical component can best be grasped by reviewing a patient's unique psychological experiences and his/her pattern of configurational dynamics, of which any specific component is but one part.

Looking at a patient's totality can present a bewildering if not chaotic array of possibilities, one which may drive even the most motivated young clinician to back off into a more manageable and simpler worldview, be it cognitive or pharmacologic, and so on. But, as we will contend, complexity need not be experienced as overwhelming; nor does it mean chaos, if we can create a logic and order to the treatment plan. This we have sought to do by illustrating, for example, that the systematic integration of Axis I syndromes and Axis II disorders, is not only feasible, but is one that is conducive to both briefer and more effective therapy. Of course, therapeutic concepts and methods can never achieve the precision and idealized model of the physical sciences. In our field we must deal with subtle variations and sequences, as well as constantly changing forces that comprise the natural state of human life.

As we trust will be evident, the scope of these books will not limit the therapeutic focus only to the treatment of personality disorders. We will attempt to show that all the clinical syndromes that comprise Axis I can be understood more clearly and treated more effectively when conceived as an outgrowth of a patient's overall personality style. To say that depression is experienced and expressed differently from one patient to the next is a truism; so general a statement, however, will not suffice for a book such as this. Our task requires much more. These books provide extensive information and illustrations on how patients with different personality vulnerabilities perceive and cope with life's stressors; and, with this body of knowledge in hand, therapists should be guided to undertake more precise and effective treatment plans. For example, a dependent person will often respond to a divorce situation with feelings of helplessness and hopelessness, whereas a narcissist, faced with similar circumstances, may respond in a disdainful and cavalier way. Even when both a dependent and a narcissist exhibit depressive symptoms in common, the precipitant of these symptoms will likely have been quite different; furthermore, treatment—its goals and methods—should likewise differ. In effect, similar symptoms do not call for the same treatment if the pattern of patient vulnerabilities and coping styles differ. In one case—dependents—the emotional turmoil may arise from their feelings of low self-esteem and their inability to function autonomously; in narcissists, depression may be the outcropping of failed cognitive denials, as well as a consequent collapse of their habitual interpersonal arrogance.

In our view, current debates regarding whether "technical eclecticism" or "integrative therapy" is the more suitable designation for our approach are both mistaken. These discussants have things backward, so to

speak, because they start the task of intervention by focusing first on technique or methodology. Integration does not inhere in treatment methods or their theories, be they eclectic or otherwise. Integration inheres in the person, not in our theories or the modalities we prefer. It stems from the dynamics and interwoven character of the patient's traits and symptoms. Our task as therapists is not to see how we can blend intrinsically discordant models of therapeutic technique, but to match the integrated pattern of features that characterize each patient, and then to select treatment goals and tactics that mirror this pattern optimally. It is for this reason, among others, that we have chosen to employ the label "personalized therapy" to represent our brand of integrative treatment.

Integration is an important concept in considering not only the psychotherapy of the individual case but also the role of psychotherapy in the broad sphere of clinical science. For the treatment of a particular patient to be integrated, the several elements of a clinical science should be integrated as well. One of the arguments advanced against technical eclecticism is that it explicitly insulates therapy from the broad context of clinical science. In contrast to eclecticism, where techniques are justified methodologically or empirically, integrative treatment reflects the logic of a comprehensive and relevant theory of human nature. Theories of this nature are inviting because they seek to encompass the full multidimensionality of human behavior; personalized therapy grows out of such a theory. Let us elaborate its rationale briefly.

Whether we work with "part functions" that focus on behaviors, or cognitions, or unconscious processes, or biological defects, and the like, or whether we address contextual systems that focus on the larger environment, the family, or the group, or the socioeconomic and political conditions of life, the crossover point, the place that links parts to contexts, is the person. The individual is the intersecting medium that brings them together. Persons, however, are more than just crossover mediums. As will be elaborated in this book, they are the only organically integrated system in the psychological domain, inherently created from birth as natural entities, rather than experience-derived gestalts constructed through cognitive attribution. Moreover, it is the person who lies at the heart of the therapeutic experience, the substantive being who gives meaning and coherence to symptoms and traits—be they behaviors, affects, or mechanisms—as well as that being, that singular entity, who gives life and expression to family interactions and social processes.

It is our contention that therapists should take cognizance of the person from the start, for the parts and the contexts take on different meanings, and call for different interventions in terms of the person to whom they are anchored. To focus on one social structure or one psychic form of expression, without understanding its undergirding or reference base is to engage in potentially misguided, if not random, therapeutic techniques.

Personalized therapy insists on the primacy of the overarching gestalt of the whole person, one that gives coherence, provides an interactive framework, and creates an organic order among otherwise discrete clinical techniques. Each personality is a synthesized and substantive system: The whole is greater than the sum of its parts. The problems that our patients bring to us are an inextricably interwoven structure of behaviors, cognitions, and intrapsychic processes, bound together by feedback loops and serially unfolding concatenations that emerge at different times and in dynamic and changing configurations. The interpretation of one of Millon's psychological inventories, the MCMI, for example, does not proceed through a linear interpretation of its single scales. Instead, each scale contextualizes and transforms the meaning of the others in the profile. In parallel form, so should personalized therapy be conceived as a configuration of strategies and tactics in which each intervention technique is selected not only for its efficacy in resolving singular pathological features but also for its contribution to the overall constellation of treatment procedures, of which it is but one.

All psychic pathologies represent disorders for which the logic of the integrative mindset is the optimal therapeutic choice. The cohesion (or lack thereof) of complexly interwoven psychic structures and functions is what distinguishes our model of therapy from other clinical forms of treatment; it is the careful orchestration of diverse, yet synthesized techniques that mirror the characteristics of each patient's psychological make-up that differentiates personalized psychotherapy from its integrative counterparts. The interwoven nature of the components comprising personalized treatment makes a multifaceted and synergistic approach a necessity. Therapies that conceptualize clinical disorders from a single perspective, be it psychodynamic, cognitive, behavior, or physiological, may be useful, and even necessary, but are not sufficient in themselves to undertake a therapy of the patient, disordered or not. As stated, the "revolution" we propose asserts that clinical disorders are not exclusively behavioral or cognitive or unconscious, that is, confined to particular expressive form. The overall pattern of a person's traits and psychic expressions are

systemic and multi-operational . No part of the system exists in complete isolation from the others. Every part is directly or indirectly tied to every other, such that there is an emergent synergism that accounts for a disorder's clinical tenacity. Personality is "real"; it is a composite of intertwined elements whose totality must be reckoned with in all therapeutic enterprises. The key to treating our patients, therefore, lies in therapy that is designed to be as organismically complex as the person himself; this form of therapy should generate more than the sum of its parts. Difficult sounding as this may appear, we hope to otherwise demonstrate its ease and utility.

Personalized therapy employs two basic strategies, the first I have termed "potentiated pairings." Here, treatment methods are combined simultaneously to overcome problematic characteristics that may be refractory to each technique if administered separately. These composites pull and push for change on several fronts, so that treatment is oriented to more than one expressive domain of clinical dysfunction. A currently popular form of treatment pairing is found in what is called "cognitive-behavioral" therapy. The second personalized procedure is labeled "catalytic sequences". Here, the order in which coordinated treatments are executed, is considered. Therapeutic combinations and progressions are designed to optimize the impact of changes in a manner that would be more effective than if the order were otherwise arranged. In a catalytic sequence, for example, one might seek first to alter a patient's stuttering by direct behavioral modification procedures which, if achieved, would facilitate the use of cognitive methods in producing self-image changes in confidence which, in its turn, would foster the utility of interpersonal techniques to effect social skill improvement. Personalized therapy is conceived, therefore, as a configuration of strategies and tactics in which each intervention technique is selected not only for its efficacy in resolving particular pathological difficulties, but also for its role in contributing to the overall constellation of treatment procedures, of which it is but one.

The logic for combining therapies has now become a central theme for a wide variety of health problems. A recent study of depression among the elderly has shown that those given both medication and psychotherapy recovered more than twice as frequently as did those who received either medication or psychotherapy alone. In treating AIDS, it has been found that a cocktail of three drugs in combination works appreciably better than any of the drugs alone; moreover, these data have held up with patients at different stages of the HIV disease. In difficulties such as smoking cessation, recent studies show that a combination of an antidepressant, nicotine replacement, and psychological counseling sharply increases (40-60%) the success of those who are trying to give up smoking, as compared to those who attempt cessation utilizing only one of these methods (5%). Diabetes is a disease in which any of several anatomic structures and physiochemical processes can go awry; it has now become a standard practice with these patients to administer two or more medications, each of which addresses one or another of the possible inherent defects. The goal is to cover all potentially contributing biophysical difficulties; the consequent drop in blood sugar levels among multi-treated patients is nothing less than miraculous. Recent studies demonstrate that the combination of smaller than usual dosages of two or more drugs for hypertension has proven much more effective than administering just one of the antihypertensives. The logic here, one no less applicable to mental disorders, is that the action of certain modality combinations broadens the range of efficacy to include a variety of potential clinical dysfunctions; together they complement each other and, most importantly, they produce a synergistic result in which the reduced dosage combination results in fewer side effects and a greater level of efficacy than each modality can do on its own.

Eclectic combinations of several treatment modalities, such as those proposed by Lazarus, are a good start toward the goal of synergizing therapy, that is, to combine methods that are mutually reinforcing, hence strengthening what each modality can achieve separately. The logic for selecting modalities, however, should not be based on "school-oriented" habits, random choice, or superficial analyses, but rather on a knowledge of the inherent traits and psychic processes that characterize different personality styles or disorders. Whether we employ a cognitive modality first, followed by a behavioral, or a family-oriented, or an intrapsychic approach, should be determined by knowing the structure and the character of the patient's personality makeup, knowledge that may be achieved by employing the MCMI-III with its new facet scales or the new MGFPDC instrument, both discussed in this website.

The combinational revolution in general health treatment has been proposed as a first-line approach to the treatment, not only of medical conditions, but of psychological disorders, as well. These books strongly favor this new model, proposing to guide not just any therapeutic combination, but one built on, and informed by, a thoughtful examination of all of the expressive features (domains) that characterize the person

being treated—his/her cognitive distortions, interpersonal conduct, self-image, and the like. Just as medications for diabetes or hypertension are not randomly or habitually chosen, so, too, we in our field must recognize the several spheres of psychic function that characterize our patient's difficulties. A focused assessment should enable us to identify which specific vulnerabilities and styles prove troublesome, and to understand how they synergistically relate in a pathological manner. With this knowledge as a guide, we can begin to approach our therapeutic task with a justifiably high measure of confidence. As health professionals in other fields have argued, informed combinational therapy is the "wave of the future."