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The Iron Mask – The Common Sources of Personality Disorders

By Sam Vaknin, Ph.D.

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Do all personality disorders have a common psychodynamic source?

To what stage of personal development can we attribute this common source?

Can the paths leading from that common source to each of these disorders be charted?

Will positive answers to the above endow us with a new understanding of these pernicious conditions?

Acute Anger

Anger is a compounded phenomenon. It has dispositional properties, expressive and motivational components, situational and individual variations, cognitive and excitatory interdependent manifestations and psychophysiological (especially neuroendocrine) aspects. From the psychobiological point of view, it probably had its survival utility in early evolution, but it seems to have lost a lot of it in modern societies. Actually, in most cases it is counterproductive, even dangerous. Dysfunctional anger is known to have pathogenic effects (mostly cardiovascular).

Most personality disordered people are prone to be angry. Their anger is always sudden, raging, frightening and without an apparent provocation by an outside agent. It would seem that people suffering from personality disorders are in a CONSTANT state of anger, which is effectively suppressed most of the time. It manifests itself only when the person's defences are down, incapacitated, or adversely affected by circumstances, inner or external. We have pointed at the psychodynamic source of this permanent, bottled-up anger, elsewhere in this book. In a nutshell, the patient was, usually, unable to express anger and direct it at "forbidden" targets in his early, formative years (his parents, in most cases). The anger, however, was a justified reaction to abuses and mistreatment. The patient was, therefore, left to nurture a sense of profound injustice and frustrated rage. Healthy people experience anger, but as a transitory state. This is what sets the personality

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disordered apart: their anger is always acute, permanently present, often suppressed or repressed. Healthy anger has an external inducing agent (a reason). It is directed at this agent (coherence).

Pathological anger is neither coherent, not externally induced. It emanates from the inside and it is diffuse, directed at the "world" and at "injustice" in general. The patient does identify the IMMEDIATE cause of the anger. Still, upon closer scrutiny, the cause is likely to be found lacking and the anger excessive, disproportionate, incoherent. To refine the point: it might be more accurate to say that the personality disordered is expressing (and experiencing) TWO layers of anger, simultaneously and always. The first layer, the superficial anger, is indeed directed at an identified target, the alleged cause of the eruption. The second layer, however, is anger directed at himself. The patient is angry at himself for being unable to vent off normal anger, normally. He feels like a miscreant. He hates himself. This second layer of anger also comprises strong and easily identifiable elements of frustration, irritation and annoyance.

While normal anger is connected to some action regarding its source (or to the planning or contemplation of such action) - pathological anger is mostly directed at oneself or even lacks direction altogether. The personality disordered are afraid to show that they are angry to meaningful others because they are afraid to lose them. The Borderline Personality Disordered is terrified of being abandoned, the narcissist (NPD) needs his Narcissistic Supply Sources, the Paranoid - his persecutors and so on. These people prefer to direct their anger at people who are meaningless to them, people whose withdrawal will not constitute a threat to their precariously balanced personality. They yell at a waitress, berate a taxi driver, or explode at an underling. Alternatively, they sulk, feel anhedonic or pathologically bored, drink or do drugs - all forms of self-directed aggression. From time to time, no longer able to pretend and to suppress, they have it out with the real source of their anger. They rage and, generally, behave like lunatics. They shout incoherently, make absurd accusations, distort facts, pronounce allegations and suspicions. These episodes are followed by periods of saccharine sentimentality and excessive flattering and submissiveness towards the victim of the latest rage attack. Driven by the mortal fear of being abandoned or ignored, the personality disordered debases and demeans himself to the point of provoking repulsion in the beholder. These pendulum-like emotional swings make life with the personality disordered difficult.

Anger in healthy persons is diminished through action. It is an aversive, unpleasant emotion. It is intended to generate action in order to eradicate this uncomfortable sensation. It is coupled with physiological arousal. But it is not clear whether action diminishes anger or anger is used up in action. Similarly, it is not clear whether the consciousness of anger is dependent on a stream of cognition expressed in words? Do we become angry because we say that we are angry (=we identify the anger and capture it) - or do we say that we are angry because we are angry to start with?

Anger is induced by numerous factors. It is almost a universal reaction. Any threat to one's welfare (physical, emotional, social, financial, or mental) is met with anger. But so are threats to one's affiliates, nearest, dearest, nation, favourite football club, pet and so on. The territory of anger is enlarged to include not only the person - but all his real and perceived environment, human and non-human. This does not sound like a very adaptative strategy. Threats are not the only situations to be met with anger. Anger is the reaction to injustice (perceived or real), to disagreements, to inconvenience. But the two main sources of anger are threat (a disagreement is potentially threatening) and injustice

(inconvenience is injustice inflicted on the angry person by the world).

These are also the two sources of personality disorders. The personality disordered is moulded by recurrent and frequent injustice and he is constantly threatened both by his internal and by his external universes. No wonder that there is a close affinity between the personality disordered and the acutely angry person.

And, as opposed to common opinion, the angry person becomes angry whether he believes that what was done to him was deliberate or not. If we lose a precious manuscript, even unintentionally, we are bound to become angry at ourselves. If his home is devastated by an earthquake - the owner will surely rage, though no conscious, deliberating mind was at work. When we perceive an injustice in the distribution of wealth or love - we become angry because of moral reasoning, whether the injustice was deliberate or not. We retaliate and we punish as a result of our ability to morally reason and to get even. Sometimes even moral reasoning is lacking, as in when we simply wish to alleviate a diffuse anger.

What the personality disordered does is: he suppresses the anger, but he has no effective mechanisms of redirecting it in order to correct the inducing conditions. His hostile expressions are not

constructive - they are destructive because they are diffuse, excessive and, therefore, unclear. He does not lash out at people in order to restore his lost self-esteem, his prestige, his sense of power and control over his life, to recover emotionally, or to restore his well being. He rages because he cannot help it and is in a self-destructive and self-loathing mode. His anger does not contain a signal, which could alter his environment in general and the behaviour of those around him, in particular. His anger is primitive, maladaptive, pent up.

Anger is a primitive, limbic emotion. Its excitatory components and patterns are shared with sexual excitation and with fear. It is cognition that guides our behaviour, aimed at avoiding harm and aversion or at minimising them. Our cognition is in charge of attaining certain kinds of mental gratification. An analysis of future values of the relief-gratification versus repercussions (reward to risk) ratio - can be obtained only through cognitive tools. Anger is provoked by aversive treatment, deliberately or unintentionally inflicted. Such treatment must violate either prevailing conventions regarding social interactions or some otherwise deeply ingrained sense of what is fair and what is just. The judgement of fairness or justice (namely, the appraisal of the extent of compliance with conventions of social exchange) - is also cognitive.

The angry person and the personality disordered both suffer from a cognitive deficit. They are unable to conceptualise, to design effective strategies and to execute them. They dedicate all their attention to the immediate and ignore the future consequences of their actions. In other words, their attention and information processing faculties are distorted, skewed in favour of the here and now, biased on both the intake and the output. Time is "relativistically dilated" - the present feels more protracted, "longer" than any future. Immediate facts and actions are judged more relevant and weighted more heavily than any remote aversive conditions. Anger impairs cognition.

The angry person is a worried person. The personality disordered is also excessively preoccupied with

himself. Worry and anger are the cornerstones of the edifice of anxiety. This is where it all converges: people become angry because they are excessively concerned with bad things which might happen to them. Anger is a result of anxiety (or, when the anger is not acute, of fear).

The striking similarity between anger and personality disorders is the deterioration of the faculty of empathy. Angry people cannot empathise. Actually, "counter-empathy" develops in a state of acute anger. All mitigating circumstances related to the source of the anger - are taken as meaning to devalue and belittle the suffering of the angry person. His anger thus increases the more mitigating circumstances are brought to his attention. Judgement is altered by anger. Later provocative acts are judged to be more serious - just by "virtue" of their chronological position. All this is very typical of the personality disordered. An impairment of the empathic sensitivities is a prime symptom in many of them (in the Narcissistic, Antisocial, Schizoid and Schizotypal Personality Disordered, to mention but four).

Moreover, the aforementioned impairment of judgement (=impairment of the proper functioning of the mechanism of risk assessment) appears in both acute anger and in many personality disorders. The illusion of omnipotence (power) and invulnerability, the partiality of judgement - are typical of both states. Acute anger (rage attacks in personality disorders) is always incommensurate with the magnitude of the source of the emotion and is fuelled by extraneous experiences. An acutely angry person usually reacts to an ACCUMULATION, an amalgamation of aversive experiences, all enhancing each other in vicious feedback loops, many of them not directly related to the cause of the specific anger episode. The angry person may be reacting to stress, agitation, disturbance, drugs, violence or aggression witnessed by him, to social or to national conflict, to elation and even to sexual

excitation. The same is true of the personality disordered. His inner world is fraught with unpleasant, ego-dystonic, discomfiting, unsettling, worrisome experiences. His external environment - influenced and moulded by his distorted personality - is also transformed into a source of aversive, repulsive, or plainly unpleasant experiences. The personality disordered explodes in rage - because he implodes AND reacts to outside stimuli, simultaneously. Because he is a slave to magical thinking and, therefore, regards himself as omnipotent, omniscient and protected from the consequences of his own acts (immune) - the personality disordered often acts in a self-destructive and self-defeating manner. The similarities are so numerous and so striking that it seems safe to say that the personality disordered is in a constant state of acute anger.

Finally, acutely angry people perceive anger to have been the result of intentional (or circumstantial) provocation with a hostile purpose (by the target of their anger). Their targets, on the other hand, invariably regard them as incoherent people, acting arbitrarily, in an unjustified manner.

Replace the words "acutely angry" with the words "personality disordered" and the sentence would still remain largely valid.

Sam Vaknin is the author of "Malignant Self Love – Narcissism Revisited" and the editor of mental health categories in The Open Directory, Suite101, and searcheurope.com.

His web site:

Frequently asked questions regarding narcissism:

Narcissistic Personality Disorder on Suite101:

Iron Supplement

By Rolf Rasmusson

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Iron supplement – why iron?

Why people need to use iron supplement? Well, there are many reasons. Iron is very important for our bodies and our health and when you do not get enough iron with your foods, the iron supplement comes to help. Iron is a very important mineral. It is an important component of proteins involved in oxygen transport and metabolism. Many trusted health organizations state that about 15 percent of your body's iron is stored for your body's future needs. That stored iron will be used when dietary intake is inadequate.

Iron supplement – when to use.

There are multiple reasons that may require you to use iron supplement. You will have enough iron in you body if you are controlling the amount of iron that you get from food. Meat, fish, and poultry contain iron in them. That iron is easily absorbed by your body. The iron that is stored in plants (for example lentils and beans) is not as easily absorbed by your body as iron from meat and fish. If you don't intake enough iron with you foods, the iron supplement will definitely help.

Iron supplement – recommended dietary allowance for iron.

The recommended dietary allowance is the amount of iron (in foods, iron supplement, or both) that nearly everyone's body needs to receive daily. That amount varies with age and gender. For example, males in the age group of 19 – 50 years need to intake 8 milligrams of iron and females in the same age group need to intake 18 milligrams. For women who are pregnant the recommended dietary allowance will be different.

Iron supplement - facts.

Before you start taking some type of iron supplement, make sure that an appropriate diet is not enough to increase the intake of iron. Also consult with a doctor to see that using iron supplements is right for you. Iron supplements may cause nausea, vomiting, constipation, diarrhea, abdominal distress, or other effects. If you use some type of iron supplement, make sure that you use the correct dose.

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