

Fatal Flaws

NAVIGATING DESTRUCTIVE RELATIONSHIPS
WITH PEOPLE WITH DISORDERS OF
PERSONALITY AND CHARACTER

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INTRODUCTION

No one is perfect. Some among us, however, are far less perfect than others. There are vast numbers of people, impaired by disorders of personality and character, who do not fulfill commitments and who seem incapable of sustaining mature, honest, or constructive relationships. Many people with these conditions are destructive and even dangerous. Because these same individuals also have many assets, I term their personality and character disorders *flaws*. I liken these flaws to imperfections in a building material that can weaken and threaten the stability of an entire structure. When people are unwilling to acknowledge their personality or character problems or are unable to change their damaging behaviors, they are disabled by what I term *fatal* flaws.

Because people with fatal flaws of personality and character also have exceptional abilities and attractive qualities, they engage in all types of relationships and hold a vast variety of positions of responsibility and importance. Ultimately and invariably, their relationships fail and their responsibilities are unmet. These failures are costly to themselves and others and are expensive both emotionally and financially. An example is a husband or wife with narcissistic personality disorder who neglects his or her responsibilities as a spouse and parent while having a long succession of extramarital affairs. The chief financial officer of a large company who has antisocial personality disorder and who lies and cheats to enrich himself or herself at the expense of the viability of the corporation is another all-too-common example. A person with paranoid personality disorder who becomes convinced that you have harmed him in some way and becomes preoccupied with punishing you for your imagined transgressions is a third example. A young woman who makes repeated suicide attempts when she has problems with her boyfriends, a controlling husband who constantly criticizes and finds fault with his wife, and a stranger who stalks and threatens your daughter are three more exam-

ples of people who may have serious personality disorders such as borderline, obsessive-compulsive, and schizotypal personality disorders.

In *Fatal Flaws*, I endeavor to present, in a clear and interesting fashion, the rapidly increasing body of clinical and research information about people with disorders of personality and character. By providing, in great detail, representative cases of people whom I have treated during my almost 30 years in the clinical practice of psychiatry, I try to bring their stories to life and to offer a unique view of how biology, life experience, and psychology combine in the development and persistence of personality and character flaws. All of the people presented in this book constitute composites of my many patients and those with whom they have importantly interacted in their lives. *All* identifying facts and relevant details have been changed significantly and sufficiently to protect confidentiality. If you believe that you recognize one of your patients, someone whom you know, or even yourself in these accounts, you are recognizing the psychopathology, not the person.

The clinical course, treatment, genetics, biology, psychology, and destructive consequences of the following conditions are presented in *Fatal Flaws*:

- Hysterical (histrionic) personality disorder
- Narcissistic personality disorder
- Antisocial personality disorder
- Paranoid personality disorder
- Obsessive-compulsive personality disorder
- Addictive personality
- Borderline personality disorder
- Schizotypal personality disorder

Fatal Flaws is an ambitious and unconventional book. It is ambitious in that it is written for an unusually broad audience. It is primarily directed toward mental health students and trainees of all disciplines who aspire to learn more about the clinical features, biology, psychology, assessment, and treatment of people with personality disorders and character flaws. Psychiatry residents, psychology interns, and social work students often begin their training in psychotherapy by treating patients or clients with personality disorders. Even with supervision, they liken this educational experience to trying to learn how to swim by being thrown into the deep end of the pool. There is so much happening at once in the clinical setting and so much to know about the nature of these disorders and their treatments that even highly experienced mental health professionals find the treatment of people with personality disorders to

be a major challenge. This book has been especially written to provide the requisite information and sense of the clinical experience to help inform, orient, and support the novice mental health professional treating patients or clients with personality or character disorders.

Fatal Flaws is also crafted so that it may be referred by mental health professionals to their patients and clients who are currently in important and intense relationships with individuals with flaws of personality or character. Used in this fashion, the book is designed to supplement treatment by providing relevant, useful information to patients and clients as they strive to disentangle themselves from flawed, destructive relationships. In this era of the Internet, these patients and clients have access to voluminous information on their conditions. These patients and clients are especially interested in obtaining additional information about the genetics, neurobiology, psychology, and theories of treatment of this category of conditions. However, much of the information they find on Web sites is misleading, inaccurate, exploitive, and even potentially dangerous to them. *Fatal Flaws* was written to complement the professional care of people with personality disorders by providing relevant, respectful, protective, evidence-based information about critical aspects of their conditions and treatment. Finally, the book was written to be useful for people who are uncertain about whether or not they or their loved ones might have a personality disorder and who want to know more about these conditions and their treatments before making a decision about securing professional help.

Fatal Flaws is unconventional for two reasons. First, it is a hybrid: part psychiatric textbook and part self-help manual for patients and clients with personality disorders. Second, I have chosen to write portions of this book in the first person—specifically, as I directly address a patient who either has a personality disorder or is in an important relationship with a person with one of these conditions. I hope that this intimate writing style will bring to life how I and other experienced clinicians think through problems and how we sound as we are treating our patients who have—or are in relationships with people who have—personality disorders and character flaws.

During my medical school education and residency training in psychiatry, it was my privilege to observe and listen while many gifted clinician/educators interviewed and treated patients with psychiatric disorders. I have done my very best to replicate this experience for the reader. The symphony of my mentors' words and the ballet of their movements echo and imprint all of my own interchanges with patients to this very day:

- Hilde Bruch, M.D., smiling knowingly at the sister of a patient with anorexia nervosa and saying, “You seem to be telling me that your sister eats up all the attention in your family.”
- Shervert Frazier, M.D., beginning an interview with a serial killer in a high-security prison by declaring, “You needn’t be afraid of Dr. Yudofsky and me. We won’t hurt you.”
- Harold Searles, M.D., bringing laughter to the heart of a withdrawn patient with schizophrenia with his ironic, respectful compliment, “You remind me so much of my own 19-year-old son. Only he doesn’t have schizophrenia. He doesn’t have it in him.”
- Otto Kernberg, M.D., staring intently at the sliced-up forearm of a young woman with borderline personality disorder and asking, “Does that help you figure out where you stop and I begin?”
- Roger MacKinnon, M.D., bringing sobs to a medical resident with obsessive-compulsive disorder by commenting, “Notice that I began our discussion this morning by asking, ‘How are you?’; not ‘How are you doing?’ I believe your father was more interested in how you performed than how you were feeling.”
- Robert Michels, M.D., challenging a failing medical student with antisocial personality disorder, “You blame the teacher for being disorganized; you state that the material on the test was never covered in class; you indicate that the teaching assistant is prejudiced against you because of your race. Tell me, now: do you believe that you yourself have any role in your failures?”
- Ethel Person, M.D., while interviewing a depressed young woman who had just made a serious suicide attempt: “You indicate that your only remaining power is over whether or not you live or die. I believe you are confusing ‘power’ with ‘default.’ What you’re talking about and acting out is misdirected murderous rage toward your disinterested mother and abusive father.”

My debt and gratitude to my teachers are far too vast for me to be able to express in words. Applying and passing on their inspired and inspiring lessons through caring for patients, teaching, and writing books like this are the best that I can do.

And gladly wolde he lerne, and gladly teche.

—the Clerk of Oxford, in
Geoffrey Chaucer, *Canterbury Tales*

PROLOGUE

The Dream Home on Shelter Cove: A Parable

Joan and Martin Lawrence found their dream home in the tiny town of Shelter Cove, in Northern California's Humboldt County.

On the days without fog, one can peer through the expanse of windows that form the home's western flank and see miles and miles of roiling purple Pacific. And ample rain ensures that the home's eastern face is perennially framed by thick, green grass with piercings of sturdy pine and oak.

To their happy surprise, the Lawrences found that the sale of their cookie-cutter cottage on its cramped site in a stale Sacramento suburb would more than cover the cost of this gem in its unique setting of purple and green.

But there was one, ever-so-subtle, almost-imperceptible problem: a local fisherman revealed to Martin that picturesque Shelter Cove was in motion. About 14 millimeters, or half an inch each year, toward the purple. This meant that the dream home was also moving—slipping ever so slowly to the edge of the cliff on which it was perched.

"We've worked our entire lives to retire in a place like this. Think of our dream bedroom, newly painted each morning by the amber sunrise," Joan exclaimed.

Martin pointed out to Joan that Shelter Cove slumbers on a northern extreme of the San Andreas fault, before it slices to the west and dives out to sea.

"At half an inch a year, it will take centuries for the home to reach the cliff," Joan reasoned. "And from the kitchen we could watch the surf beating on the rocks while we ate fresh sea trout that you would catch at Black Sand Beach," she persisted.

"But the entire region is unstable. Even a small earthquake could change everything and send our dream home—with us in it—over the cliff and into the sea," Martin lamented.

"Think about the beautiful family room. It would be perfect for our grandchildren. We've always dreamed about a family room," replied Joan.

The reader may choose between two endings of this parable. Each dénouement represents a path a person may take when involved with someone with persistent flaws of personality or character. The two paths lead in very different directions.

Ending #1: “Sand Castle”

Seduced by the beautiful house in its unique setting, Joan and Martin purchased their dream home on Shelter Cove. The sunshine warmed their spirits, and the salty breezes preserved their dreams. Everything seemed perfect, at first.

After the tremors came—and they always come—closet doors and kitchen windows wedged and whined in their casings when being opened, while spider-silk fissures threaded through the plaster walls and the cement foundation.

And when the storms came—and they always come—cold wet winds crawled under doors and beneath the Lawrences’ blankets to chill their dreams.

A structural engineer was summoned who measured their home’s attraction to the beckoning purple—a flirtatious prelude of the wet embrace that was certain to follow.

Only deep-drilled piers and banded pilings might save their dream home. A certain expense for an uncertain remedy. They were advised: “Cut your losses. Don’t throw good money after bad decisions.”

But they had invested so much, and the house and the setting were almost perfect. So they chose to linger in their dream and hope for best.

Then came the wildfires, followed by the floods and sliding mud. And more tremors. Finally, Joan and Martin watched their home, with softened cliff and abandoned dreams, slip into the sea.

How understandable that anyone might choose to ignore learning about and dealing directly with the personality flaws of someone with whom he or she has invested so much time, effort, and emotion. First of all, one would have to face unpleasant realities regarding that person, who has so many *other* wonderful assets. Second, based on what would be learned, changes would have to be made. How much easier it would be, in the short run, to ignore and live with these problems. However, the destructive problems stemming from personality flaws do not repair themselves. Rather, with the passage of time, the problems only grow worse, undermining the relationship while eroding self-esteem, self-confidence, and self-worth.

Fatal Flaws is not an easy book. It is replete with old wisdom and new, evidence-based concepts that are by no means simplistic or self-evident. Identifying and understanding people with severe flaws of personality

and character are not easy tasks. Knowing how to help people with these disorders change themselves, and knowing when and how to help others become disentangled from relationships with these individuals, can be even more difficult. This book harbors the knowledge required to gain this understanding. Although freedom and peace of mind are priceless, changing behavior does not come cheaply. Risks must be taken. Time, effort, and emotions must be committed to make the required changes—a toll of great cost to achieve freedom and equanimity. However, not looking, not learning, not changing, and not acting will exact a far greater toll.

Ending #2: “Paying the Toll”

With Joan’s dissent, Martin sought the seasoned wisdom of a structural engineer. He assayed their dream home with steel drills that bored unromantically past the graceful green surfaces to pilfer deep, betraying cores of soil, gravel, and rock. Joyous feelings, sunshine and shadows, were transformed into lengths and levels, weights and numbers, measured scratchings on rolled blue paper.

A tempered verdict for an intemperate fault: “Move the dream home to a new foundation, poured far away from the purple.” A golden dream transformed to gray. It could be done, but at what price? Less green and purple, more work and money. While dreams are beyond price, reality has costs.

Martin and Joan chose to preserve their dream at the cost of their leisure. Martin would not retire, and Joan would return to work. Days and weekends in office cells and untold hours gazing at computer screens—a high price for the piers and pilings that would anchor their home of dreams.

But in their early mornings, the amber sunrises glowed and danced for free. And late at night they would lie in their anchored bed and listen to the music of the rock-beating surf. Safe and friendly spray that exacted no further toll upon their house of dreams.

With regard to people with personality disorders, change in self and relationships can only come with great effort, at high cost, and with wrenching trade-offs. By reading *Fatal Flaws* and by understanding and integrating its key principles, information, understanding, and skills can be gained to help willing people make meaningful and liberating changes. There is much work to do, so let’s begin.

Chapter

1

WHAT ARE FATAL FLAWS?

The San Andreas is the grinding, growling interface between two great pieces of the earth's crust, each moving its separate way. This is the fault that has cleaved volcanoes, opened seaways, and split mountains. And yet, driving south of Paicines on California Highway 25, I wasn't sure just where it was.

—Michael Collier, *A Land in Motion: California's San Andreas Fault*

Defining Fatal Flaws

Fatal flaws are brain-based dysfunctions of thinking and impulse that lead to persistent patterns of personality and behavior that betray trust and destroy relationships. Each noun, adjective, and verb in this definition is critical and requires the explanations and amplifications that are presented in this and subsequent chapters of this book. In these chapters I review the eight personality disorders that most frequently lead to violated trust, broken commitments, dangerous behaviors, and destructive relationships: hysterical (histrionic), narcissistic, antisocial, obsessive-compulsive, paranoid, borderline, schizotypal, and addictive personality disorders.

Although their causes and presentations are often hidden and confusing, flawed personalities and character structures create wreckage that is not at all subtle. The resulting pain and suffering can overwhelm the lives of those with whom they are importantly associated; and the related material losses are incalculable. Examples include your fiancée being unfaithful; your husband gambling away the savings for the chil-

TABLE 1–1. What makes a flaw “fatal”?

A “fatal” flaw exists if one or more of the following is true:

1. The person with the flaw does not perceive that she or he has a problem.
2. The person with the flaw does not want to change.
3. The nature of the flaw is such that it is not amenable to correction.
4. The nature of the flaw is such that there is the probability of future physical harm occurring to you, to your child, or to others.
5. The nature of the flaw is such that there is the probability of violations of the law by the individual with the flaw.
6. The nature of the flaw is such that there is the probability that the person with the flaw will involve you in the breaking of the law.

dren’s college tuition; your employee stealing money from your business; your parent being abused by an attendant in a nursing home; the company for which you work going bankrupt and shutting down because of the greed and dishonesty of the chief executive officer; your child attending school while high on drugs; your wife injuring herself and others while driving while intoxicated from alcohol.

Such consequences may or may not be the results of what I term *fatal* flaws. A goal of this book is to help you to differentiate between people with character and personality flaws that are amenable to change and those whose flaws will never change. My definition of why a particular fault in personality and character is a *fatal* flaw involves 1) its persistence and/or 2) its probability of resulting in serious injury or in violations of the law. *Fatal* flaws have one or more of the qualities listed in Table 1–1.

Defining Personality, Temperament, and Character

Personality

Personality can be defined in many different ways. The original and oldest definitions found in most dictionaries might surprise you. For example, the popular *Merriam-Webster’s Collegiate Dictionary*, 11th Edition (2003), has a rather elusive initial definition of the term: “the quality or state of being a person.” I find the corollary definition in this dictionary, “personal existence,” to be even more ephemeral and less helpful. *Webster’s New Collegiate* also provides two other definitions of *personality* that, I believe, are closer to what most of us understand the term to mean: “the complex of characteristics that distinguishes an individual” and “the to-

tality of an individual's behavioral and emotional characteristics."

C. Robert Cloninger, M.D., a psychiatrist who is a noted authority on personality disorders, makes clear distinctions among the terms *personality*, *temperament*, and *character* (Cloninger and Svrakic 2000). He believes that the origins of personality are a combination of inheritance (i.e., genetics) and environmental influences (i.e., life experience) (Heath et al. 1999). Central to Dr. Cloninger's definition of personality are the unique ways in which individuals express themselves and adapt to their environments. I believe that his concept of what constitutes personality is best understood by looking at specific *personality traits*, or persistent patterns of how a person perceives and relates to oneself, one's environment, and other people. Examples include such traits as 1) sensitivity, 2) integrity, 3) empathy, 4) conscientiousness, 5) responsibility, 6) reliability, 7) purposefulness, 8) honesty, 9) generosity, 10) kindness, 11) respectfulness, and 12) humility. By placing the word *deficient* before each of these personality traits, you can begin to get a picture of the problems associated with people with fatal flaws of personality and character. ***Note that people with fatal flaws of personality and character will have significant problems with several, but not all, of these personality traits.***

Temperament

Dr. Cloninger believes that the term *temperament* should encompass emotional, motivational, and adaptive traits. He includes such traits as harm avoidance, novelty seeking, reward dependence, and persistence. From his perspective, temperament is the "emotional core of personality" (Cloninger and Svrakic 2000). Dysfunctions in these dimensions lead to problems that are conceptualized by Cloninger to occur along a continuum as shown in Figure 1-1.

People with flaws of personality and character have severe problems along the right side of this continuum of temperament. It is interesting to note that people with depression have difficulties along the left side of the continuum. I and other neuropsychiatrists believe that temperament is the component of personality that is most subject to genetic predispositions and to the influence of biological factors in the environment such as alcohol and drugs.

These definitions of personality and temperament point to a constellation of critical behavioral, emotional, and thinking patterns that is unique to a particular individual. If this constellation is impaired in such a fashion that the pattern of the person's inner experience and outward behavior deviates markedly from the person's culture, and if the

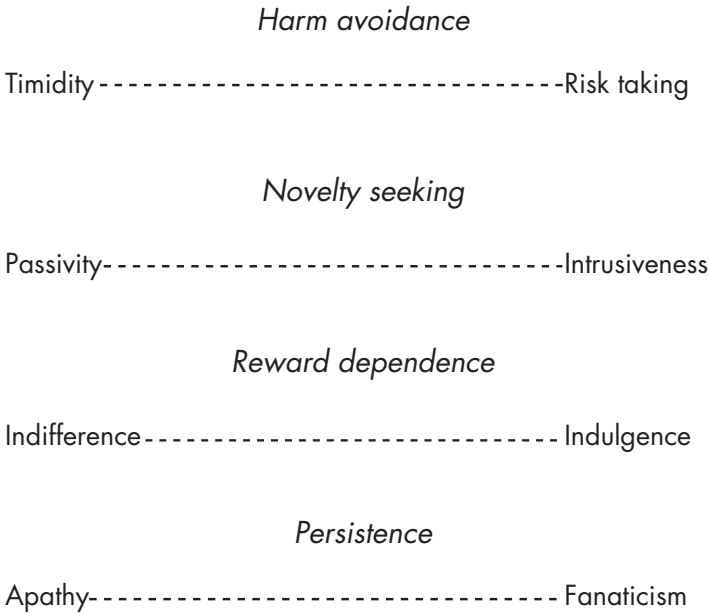


FIGURE 1–1. The continuum of temperament.
Source. Cloninger and Svrakic 2000, pp. 1724–1730.

pattern is persistent and leads to significant distress and relationship problems, this person is said to have a *personality disorder*. The most disabling and destructive types of personality disorders are comprehensively reviewed in the subsequent chapters of this book. The famed psychoanalyst and authority on personality disorders Glen O. Gabbard, M.D., points out that people with personality disorders usually are not particularly upset by their own flawed patterns of thinking and behavior; however, they can become distressed by the *consequences* of the maladaptive behaviors that get them into so much trouble. Dr. Gabbard contrasts this pattern to that in most other mental illnesses, in which the person with the disorder experiences suffering both from the illness *and* from its consequences (G.O. Gabbard, personal communication, December 2004).

Character

Of the eight major definitions for *character* listed in *Merriam-Webster's Collegiate Dictionary* (2003), most have nothing to do with the considerations of this book. Curiously, the second of these definitions is very

TABLE 1–2. Cloninger’s dimensions of a mature personality**Self-directedness**

Disciplined, responsible, purposeful, resourceful, self-accepting

Cooperativeness

Empathic, kind, compassionate, helpful, principled

Self-transcendence

Idealistic, spiritual, intuitive, imaginative, acquiescent

Source. Cloninger and Svrakic 2000.

similar to a reasonable definition of *personality*: “one of the attributes or features that make up and distinguish the individual.” However, it is the final definition that I believe has the greatest relevance for our understanding of fatal flaws of character. This definition is “moral excellence and firmness.” Thus people with character flaws would have inconsistencies with and violations of moral behavior.

Behavioral scientists view character as an individual’s ability to modulate basic drives and affects such as aggression, hunger and greed, and sexual pleasure. Dr. Cloninger believes that three key dimensions are involved in the concept of character. Dr. Cloninger makes the important point that these dimensions define whether or not a person is a mature adult, as summarized in Table 1–2 (Cloninger and Svrakic 2000).

When the word *not* is placed before each of the descriptions listed in Table 1–2, further traits associated with people with flaws of personality and character are revealed.

As with the components of personality and temperament, *people with character flaws will have problems with some, but not all, of the aforementioned dimensions of character.*

Many people with severe character flaws do whatever they determine is necessary (e.g., lie, cheat, steal, injure) as they exploit others to gratify their own needs. What these people lack is a conscience or an internal sense of values, empathy, and concern regarding the rights of others. In other words, if they seriously harm someone else in the fulfillment of their own needs, they don’t worry very much about it. Their concerns are fundamentally self-centered: self-gratification, self-aggrandizement, and self-preservation (e.g., not getting caught or found out). If the last three sentences ring a bell regarding a person with whom you have a current relationship, it is probably worth your while to review and apply the Fatal Flaw Scale as described in Chapter 2, “Does This Person Have a Fatal Flaw?”

Defining Personality Disorders According to DSM-IV-TR

People with personality disorders are considered by American psychiatrists and by many psychologists to have mental illnesses. Mental illnesses are defined in the *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition, Text Revision (DSM-IV-TR; American Psychiatric Association 2000). This manual, which is perennially under revision, has revolutionized and standardized the definition and diagnosis of psychiatric disorders. In arriving at the diagnosis of a mental illness by using DSM-IV-TR, no theory of causality is used. Rather, specific criteria—which are clusters of signs and symptoms—are required to be present before a diagnosis of a specific psychiatric disorder can be made. In medicine, *signs* are indications of illness that can be objectively determined, such as fever, pulse irregularity, or aggression; *symptoms* are subjectively experienced indications of illness, as exemplified by pain, anxiety, and anger. Groups of scholars and experts work closely together and utilize research methodologies and epidemiological information to arrive at the DSM criteria for psychiatric disorders. As the knowledge advances, the criteria are refined and improved with successive editions of the manual.

In DSM-IV-TR a distinction is drawn between personality traits and personality disorders. *Personality traits* are defined in DSM-IV-TR as “enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts.” (American Psychiatric Association 2000, p. 686). In contrast, *personality disorders* are considered persistent patterns of feelings, thinking, and behavior that result in problems with relationships, in controlling impulses, and in functioning in social, school, or occupational settings. People with personality disorders usually, although not always, experience distress with and cause distress for those with whom they are involved. In most cases the abnormal personality patterns appear by the time the individuals are adolescents or young adults. The general criteria for the diagnosis of personality disorders from DSM-IV-TR (American Psychiatric Association 2000) are summarized in Table 1–3.

References and Selected Readings

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TABLE 1–3. General diagnostic criteria for a personality disorder (slightly modified from DSM-IV-TR)

- A. An enduring pattern of feeling, thinking, and behaving that deviates markedly from the expectations of the person’s culture. This pattern is manifested in at least two of the following areas:
 - 1. *Cognition* (ways of perceiving and interpreting self, other people and events)
 - 2. *Affect* (the range, intensity, volatility, and appropriateness of their emotional responses)
 - 3. *Interpersonal relationships*
 - 4. *Impulse control*
 - B. This pattern of feeling, thinking, and behaving is inflexible and is exhibited across a broad range of personal and social situations.
 - C. The pattern of feeling, thinking, and behaving leads to distress in the individual and others and to impairments in interpersonal, social, school, and/or occupation functioning.
 - D. The pattern of feeling, thinking, and behaving is enduring, and its onset can usually be traced back to childhood, adolescence, or early adulthood.
 - E. The dysfunctional pattern of feeling, thinking, and behaving is not caused by another type of psychiatric disorder or a consequence of a medical condition such as brain injury.
-

Source. Adapted from American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, 4th Edition, Text Revision. Washington, DC, American Psychiatric Association, 2000, p. 689. Used with permission.

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Chapter

2

DOES THIS PERSON HAVE A FATAL FLAW?

Earthquakes are the result of tremendous forces deep within the earth that are invisible to the naked eye and only dimly understood by the human intellect.

—Philip L. Fradkin, *Magnitude 8: Earthquakes and Life Along the San Andreas Fault*

Fatal Flaw Scale

The Fatal Flaw Scale is presented in Appendix A to this chapter. The scale is in the form of a questionnaire that will help you determine whether or not a person with whom you have an important relationship has a fatal flaw of personality or character. If the person is in treatment, the scale can also be completed periodically by significant others as a measure of change and progress.

Discussion of the Fatal Flaw Scale and Its Scoring

Structure of the Fatal Flaw Scale

Psychological rating scales can be structured as follows:

- *Subjective rating scales*, in which the individual whose behavior, thinking, and/or emotions are being rated fills out the scale himself or herself. This type of scale, also called a self-reporting scale, is use-

ful in rating subjective experiences such as anxiety, anger, or sadness of a person who is cooperative, honest, and insightful.

- *Objective rating scales*, in which the behavior and expressed emotions of an individual are rated by another person who has had the opportunity to observe the person being rated.
- *Combination scales*, in which behavior, emotions, and thinking can be rated objectively by a person who has had the opportunity to observe the individual being rated, or subjectively (as a self-reporting instrument) by the person being evaluated.

Clinical Use of the Fatal Flaw Scale

Given the reality that people with flaws of character and personality often do not acknowledge their problems or seek professional help to correct them, I designed the Fatal Flaw Scale to be completed by those who know well and, most commonly, are directly affected by the person being rated. When used in this fashion, the Fatal Flaw Scale is an objective rating scale. Less commonly, when people with character and personality flaws have sought my professional help for diagnosis and treatment, I have suggested that they involve their significant others in completing this scale and that they repeat this process on a regular basis to help monitor their progress in treatment. I recommend having family sessions with the patient with personality and character disorders and his or her significant others, who fill out the Fatal Flaw Scale. On those occasions, the responses to each question are discussed fully.

In the more usual circumstance, the patient is the individual who has a significant relationship with a person with personality and character flaws. As will be discussed throughout this book, many people with severe and persistent disorders of personality or character will not acknowledge their problems or accept professional help. Although it would be my preference—in the clinical setting—to involve the person who was being rated with the Fatal Flaw Scale in the entire rating process, this is usually impractical. Nonetheless, I recommend that the patient consider filling out the scale for a variety of reasons, which I explain. First, just *thinking about* how the questions on the scale may or may not pertain to the significant other is a useful exercise. For example, one patient told me that she had been denying (to herself) how fearful she was of her husband and how concerned she was that he might be abusing her daughter (his stepdaughter) until she thought seriously about answering question 8 in Part A and questions 1 and 3 in Part B of the Fatal Flaw Scale. Second, the Fatal Flaw Scale provides a rough indication of the seriousness or severity of the interpersonal situation in

which you are involved. In this circumstance it can serve the function of a “wake-up call” to alert you that you must change the nature of your involvement with the person with serious flaws. Third, as indicated above, the scale can be used to monitor the progress of a significant other who is working elsewhere in therapy to change his or her personality and character flaws. Finally, several of my patients who have successfully disentangled themselves from a destructive relationship with one individual with a personality flaw have used the scale to help them evaluate other suitors. They are correctly concerned that the psychodynamics and blind spots that might have led them into the original dysfunctional relationship might prevail in the newer one. Once burned, twice warned.

How the Fatal Flaw Scale Should Not Be Used

The Fatal Flaw Scale is intended to be a constructive and useful tool for assessment and measurement of change. It is intended to be advocational, not adversarial. As tempting as it might be to do so, you should not use the scale as a weapon to show the person with the putative flaws what a bad or sick person he or she is, or even to give some indication how much the person has harmed you. Because of the nature of the disorder that is measured by the Fatal Flaw Scale, people so afflicted are usually not pleased when others discover this problem in *their* character or personality. Nor, in my experience, have the results of the Fatal Flaw Scale been particularly useful in motivating a person with such flaws to change or to seek professional help.

Should You Attempt to Use the Scale Right Now?

If you believe that a person with whom you have a significant relationship might have serious flaws of personality or character, I see no reason why you should not use the scale as an initial tool to check out this concern. Once you have completed the scale, if the resulting score indicates that it is “possible,” “probable,” or “highly likely” that the person in question has a flaw, I believe that it is worth your while to read further to learn more about these conditions. The book is designed to provide sufficient information and to present representative examples that will reduce most doubt about whether or not flaws of character and personality are affecting your important relationship. If you have some difficulty in completing the Fatal Flaw Scale on your first attempt, you should review the case studies that are presented in most of the subsequent chapters to see how the scale can be used beneficially.

Appendix A

FATAL FLAW SCALE

Part A

Does this person have a personality and/or character flaw?

Please check the best answer, “Yes” or “No,” to the following questions regarding the person with whom you have an important relationship. If you are not sure, mark that answer “No.”

1. Do I trust this person? (Yes) (No)
2. Has this person “come through” on important commitments? (Yes) (No)
3. Do I feel better about myself as a consequence of this relationship? (Yes) (No)
4. Does this person consider my needs equally to his or hers? (Yes) (No)
5. Is this person sensitive to and supportive of me? (Yes) (No)
6. Will this person communicate with me honestly on significant issues affecting our relationship? (Yes) (No)
7. Is this person honest with other people and trustworthy in his or her other relationships? (Yes) (No)
8. Do I, and [if applicable] do my children, always feel physically safe with this person? (Yes) (No)
9. Does this person respect rules and obey laws? (Yes) (No)
10. Do *other* people whom I love and trust the most believe this person is good for me? (Yes) (No)

Directions: Total the number of “No” answers that you checked.

Scoring:

- A. 0 “No”—Highly Unlikely that this person has flaws of personality and character.
- B. 1–3 “No”—Possible that this person has flaws of personality and character.

- C. 4–5 “No”—Probable that this person has flaws of personality and character.
- D. 5–10 “No”—Highly Likely that this person has flaws of personality and character.

Part B

Does this person’s flaw of personality and character qualify as being a fatal flaw?

(Only to be determined if score on Part A is 4 or higher)

Please check “Yes” or “No” for the following questions regarding the person with whom you have an important relationship. For questions 1, 2, and 3, if you are not sure, mark that answer “Yes.” If you do not have access to accurate information regarding questions 4, 5, and 6, do not check an answer.

1. Does this person persist in engaging in activities that are impulsive, unnecessarily dangerous, or self-destructive? (Yes) (No)
2. Does this person deny that he or she has a problem? (Yes) (No)
3. Does this person refuse professional help for his or her problem? (Yes) (No)
4. Does the person’s problem remain unchanged despite many courses of professional help? (Yes) (No)
5. Is there a good chance that, in the future, this person will physically injure me or my child? (Yes) (No)
6. Does this person persist in engaging in illegal acts? (Yes) (No)

Directions: Total the number of “Yes” answers that you checked.

Scoring:

- A. 0 “Yes”—Highly Unlikely that this person has a fatal flaw.
- B. 1–2 “Yes”—Possible that this person has a fatal flaw.
- C. 3–4 “Yes”—Probable that this person has a fatal flaw.
- D. 5–6 “Yes”—Highly Likely that this person has a fatal flaw.