

The menu

4. The attachment dimension to the somatisation diagnoses, and «psychosomatics».
5. **Psychosomatics and an attachment perspective to personality functioning.**
6. What is it about health services and health professionals which make it easier for patients to remain ill? System errors anchored in the attachment strategies of health professionals.
5. Getting healthy, keeping healthy: the DMM in action.

Personality

Temperament X Attachment strategy

Clarkin

Temperament is best predicted on the basis of the mother's condition in the last 6 m. of pregnancy.

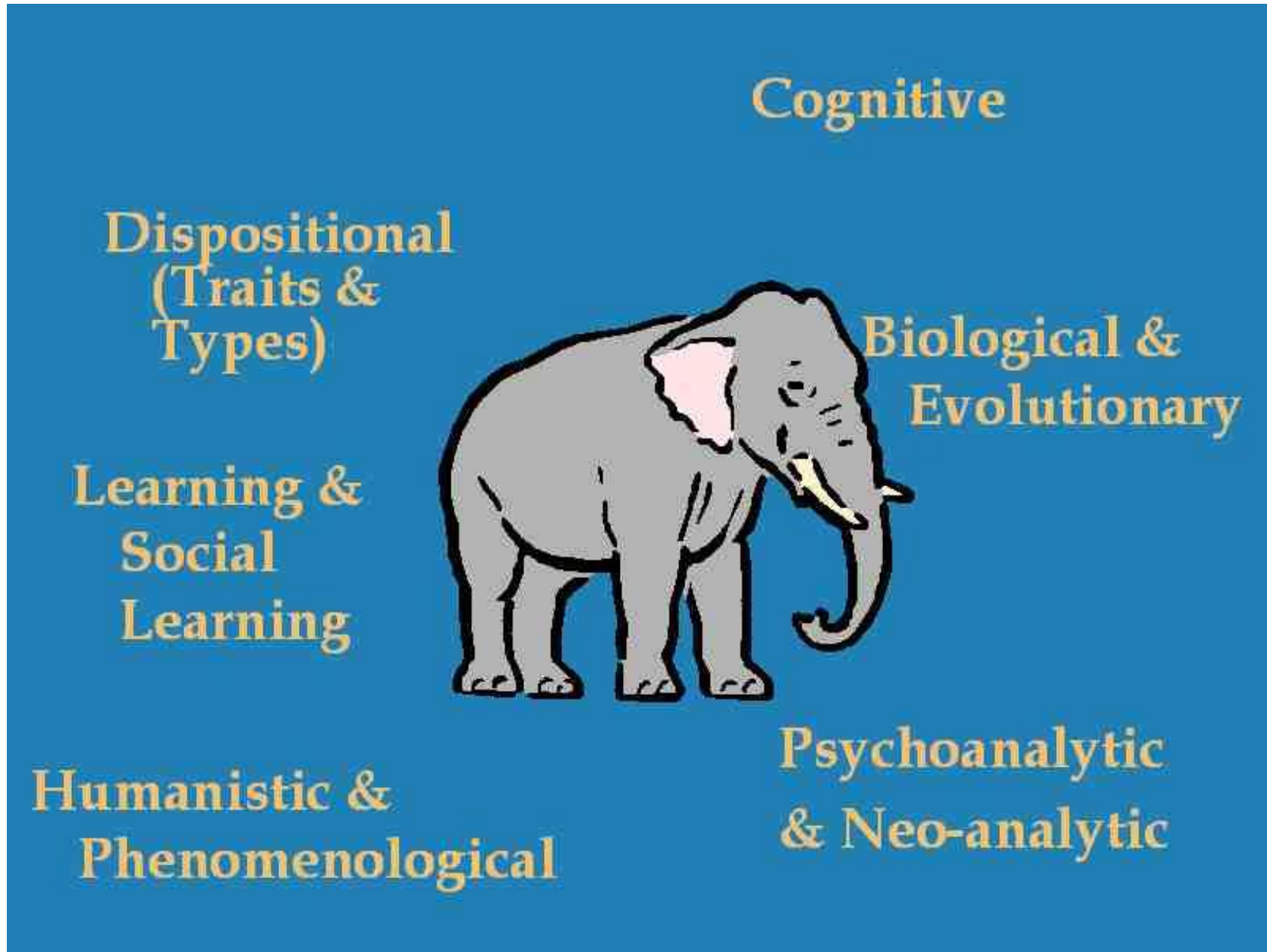
(Generation R Study, Roza et al)

Epigenetics > Genetics

No known genetic loading associated with different strategies.

Attachment strategy X Predisposing state

Personality as the greatest barrier
to successful treatment



DSM5 draft 2010: Personality traits

- Trait domains Revisions 2011 in blue
- Trait facets
- Each on a 4 point scale
 - Negative emotionality → **Neg affectivity**
 - Introversion → **Detachment**
 - Antagonism
 - Disinhibition → Disinhibition **vs** Compulsivity
 - Compulsivity
 - Schizotypy → Psychoticism

Personality disorder traits specified

Personality domains — to be used regardless of «disorder»

Negative emotionality

- Experiences a wide range of negative emotions (e.g., anxiety, depression, guilt/ shame, worry, etc.), and the behavioral and interpersonal manifestations of those experiences
- Trait facets: *Emotional lability, anxiousness, submissiveness, separation insecurity, pessimism, depressivity, suspiciousness, hostility, perseveration, lack of restricted affectivity - guilt/ shame, low self-esteem, self-harm (taken out).*

Now even more like even Type C

Introversion → Detachment

- Withdrawal from other people, ranging from intimate relationships to the world at large; restricted affective experience and expression; limited hedonic capacity
- Trait facets: *Social withdrawal, social detachment, restricted affectivity, anhedonia, intimacy avoidance, suspiciousness – heightened sensitivity to signs of interpersonal ill-intent.*

Now even more like Type A

Antagonism

- Exhibits diverse manifestations of antipathy toward others, and a correspondingly exaggerated sense of self-importance
- Trait facets: *Callousness, manipulativeness, narcissism, histrionism, hostility, aggression, oppositionality, deceitfulness, grandiosity, attention seeking.*

Now even more like odd Type C

Disinhibition → contrasted with Compulsivity (next slide)

- Diverse manifestations of being present- (vs. future- or past-) oriented, so that behavior is driven by current internal and external stimuli, rather than by past learning and consideration of future consequences
- Trait facets: *Impulsivity, distractibility, recklessness → risk taking, irresponsibility, lack of rigid perfectionism*

Vs Compulsivity

- The tendency to think and act according to a narrowly defined and unchanging ideal, and the expectation that this ideal should be adhered to by everyone
- Trait facets: *Perfectionism, perseveration, rigidity, orderliness, risk aversion*

Now even more like contrasting Type C with Type A

Schizotypy → Psychoticism

- Exhibits a range of odd or unusual behaviors and cognitions, including both process (e.g., perception) and content (e.g., beliefs)
- Trait facets: *Unusual perceptions, unusual beliefs* → *experiences, eccentricity, cognitive dysregulation, dissociation proneness*

Was this an attempt to remove Utr? Still seems more of a mess in attachment terms.

Personality

- Personality theory is moving towards being coherent with DMM attachment theory.
- Similarly it is moving towards dimensions as in DMM.
- It is useful to play down pseudo-genetic determinism in influence on temperament.
- And focus more on the importance of stress during pregnancy,
- With prevention through paternal support, and identification of vulnerability through maternal childhood history of relation to own mother,
- And political measures to support pregnant women.