REVISITING THE CONCEPTS OF NORMAL, ADAPTED, MATURE, AND DISORDERED PERSONALITY: TOWARDS A REDEFINITION OF PERSONALITY DISORDER

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Summary

In this paper we analyze the fundamental concepts of normalcy and psychopathology within the context of postmodern liberal culture and digital age of information. The adaptive task of “what to choose” among many acceptable lifestyle alternatives has been favoring the psychopathology personality disorder over the last 3–4 decades. Without strict guidance of the conservative era, individuals who are lacking the sense of internal direction (i.e., those with fragmented personality core), are feeling confused and lost. On the other hand, fragmented personality may appear as a new type of adaptation to the fragmented reality. Consequently, the prevalence of personality disorder is now estimated to be around 15–20% in the general population. Reflecting a significant impact on our daily lives, the postmodern culture has modified some fundamental concepts, such as personality, personality disorder, self, integrity, maturity, among others. These redefined concepts are discussed, especially the concept of personality disorder, which we understand as one core deficit of personality with variable clinical styles or subtypes (narcissistic, antisocial, histrionic, dependent, obsessive, among others). Finally, ethical aspects of behavior are discussed in detail from evolutionary, nosological, and sociological perspectives, as well as its influence on the development of personality and its disorders.

Key words: personality, personality disorder, adaptation, digital era, ethics.

INTRODUCTION

Modern psychology conceptualizes mental health and illness as “mental functioning or dysfunction” and defines them dynamically in time (when do they appear in relation to the stage in life) and context (cultural, historical, and religious, among others). The contemporary way of living, with the “acceleration of time” [1] and the explosive expansion of the virtual space of communication is redefining many fundamental concepts related to personality. Today, almost all aspects of identity, self, closeness, intimacy or community are perceived, experienced, and validated in a new way. [2]. The kinds of changes awaiting human personality are difficult to even hypothesize as “Generation Z” – that has no knowledge of the time before social networks, gets information with ultra-speed, and equally quickly (8 seconds?!) loses interest in it – is coming of age. The uncertainty of the individual in the confusion of social transitions is reflected also in the concept of personality disorder which has become much more flexible. Mental symptoms which would have been diagnosed in psychiatry as borderline personality disorder only ten years ago are today seen as a normal expression of “fragmented self” [3]. This relativization of healthy versus ill or disordered, even though correct at a certain level of generalization, is not particularly informative in practical work as it may obscure the boundaries between mental disorder and mental health, and possibly result in an incorrect approach to the problem. We believe that a way out of this dilemma lies in

defining dimensions of personality, rather than categories of healthy and diseased personality. Dimensions and how they cross match enable us to locate the unique position of the individual in the coordinate system and possibly also determine a personalized (individual-specific) method of help [4].

DIGITAL REVOLUTION, LIFESTYLE AND ADAPTATION

How are current social changes influencing mental life in general, and adaptation strategies, and social and personal value systems, lifestyle and mental health in particular? At a global level, the contemporary society is going through changes that are so fast and so great and this has drastic implications for the contemporary existential milieu [5]. The digital revolution is introducing changes at an unprecedented rate, and is, figuratively, turning the generation gap into a generation abyss. The current socio cultural and technological changes have not been forcefully imposed on us, of course, but represent a natural continuation of evolution and social progress. In other words, on their own, the changes are neither positive nor negative; they are a spontaneous consequence of new technologies, digital revolution and the information age as a qualitative leap in the evolution of knowledge and people's capacities. All this can cause resistance due to inertia, fear of change and novelty, and/or nostalgia for the ways of old. The digital revolution, much like the two preceding socio-cultural revolutions in the history of mankind (agri-

cultural and industrial) fundamentally changes the way in which we live, communicate, work, learn, get news, shop, meet one another, socialize, find partners, etc. The digital revolution is sometimes also referred to as “the third industrial revolution” with the idea that in the first two industrial revolutions machines were introduced to replace manual work (cca. 1760–1840), while telegraph and railway networks, telephone, electrification and assembly lines were introduced into the everyday life of people (cca. 1870–1914). To put things in perspective, it was believed at the time that these technological innovations made possible previously unseen mobility of people and ideas, culminating in what were then described as a “new wave of globalization.” This sounds conspicuously similar to today’s hype of globalization. In other words, today’s new globalization is simply the continuation of the previous one and its outcomes are impossible to predict. As always throughout history, there is no final word or an end to development in the life of people.

With respect to the influence of the digital revolution on the humanities, including psychology and psychiatry, there is an evident need for new concepts which would help us define what is happening to us. The general organization of social structures has shifted from homogeneity to heterogeneity and the means of interpretation of social trends have changed accordingly. In view of these radical ongoing changes in the world, there seems to be a growing need for the classical particularized knowledge and super specialization to be re-

placed by a “neo-Renaissance” (general, summarizing) knowledge about psychological phenomena, while emotional “soft” management and intuitive anticipation represent adaptive advantages.

“NORMAL,” “ADAPTED,” “MATURE” PERSONALITY

Normality of personality and *maturity* of personality are not identical concepts. The first refers to the absence of disorder, and the latter to the quality of psychological health. Simply put, every mature personality is normal, but every normal personality need not necessarily be mature. On the continuum from mature to disordered personality, a part of the spectrum is occupied by the so-called normal personality as a variant of personality expression that is not pathological, but does not necessarily attain a high quality of psychological health. “Average” persons can have normal personality structure and intelligence, relatively well developed character traits, but may lack authenticity, creativity, independence, and a sense of satisfaction and fulfillment. Normality refers to a statistical mean or normative range, and the concept of maturity introduces additional criteria of internal harmony, capacity for close interpersonal relations or effectiveness in employing personal potentials, among others. How one relates to others is key to assessing normality; hence, external criteria are involved. In contrast to normality, maturity mostly refers to an internal level of personality integration and harmony; hence, to internal criteria. We do not argue that all those failing to attain a high

level mental development are immature. The dimension of maturity also includes persons with modest potentials who accept themselves as they are and are accepted by their environments as having attained the maximum (or optimum) of their potentials.

The question arises as to whether it makes any sense to talk about maturity as a separate psychological reality when there is already a veritable plethora of similar terms, such as, for example, good adaptation, self-actualization, and healthy personality, etc. These alternative concepts are not synonymous, even though they largely overlap with the notion of maturity. The concept of maturity has the longest tradition and is most widely accepted in non-psychological circles. Maturity implies developmental continuity, whereas two other concepts (healthy and self-actualized personality) describe a cross-section of a personality's state and lack the clear developmental connotation [6]. As another essential difference, maturity refers to the quality of adaptive processes in different life situations and is less burdened with value-laden hypotheses than the concepts of mental health or self-actualization [7]. As for the concepts of self-actualization and good adaptation, the relationship is much clearer because mature personality need not necessarily be well-adapted. The criterion of maturity does not imply blind conformity to the normative demands of the environment, but rather implies an attitude towards those demands. Extreme conformity and extreme negativity are only two faces of immaturity. With respect to terminology, in contrast to adjustment which repre-

sents a one-way process of adjusting one's personality, i.e., of internal needs, emotions, or motives, to temporary conditions in one's environment (personal loss, death of close persons, occupation change, etc.), adaptation is a two-way process of interacting with the environment in which both sides strive for a balance between getting and giving.

One of the most complex tasks in the development of personality is striking a balance between personal needs and the needs of others, expressing potentials, satisfying wishes or realizing ambitions without threatening or antagonizing one's environment, and, optimally, even inspiring it. This is by no means an easy task because of the natural conflict between personal needs and their deferred gratification in the process of adapting to social norms. Life in the group (civilization) is a consensual relationship in which the individual willingly gives up many aspects of his/her own personal interests and joins the group in order to deal more efficiently with the dangers posed by the outside world (forces of nature), other human beings (wars) and/or disease injury (organized systems of health care). Throughout history individual differences in personality expressed different ways in which individuals adjusted their biological needs to local socio-cultural norms. With the evolution of society towards high tolerance of many alternative life styles, towards nonviolence, and environmental protection, personality adaptation is no longer reflected in the specific solutions to biological needs, but, rather, in the readiness to internalize social trends into personal motivation and everyday

life. If the trend of the past couple of hundred years is anything to go by, a gradual reduction of primal biological behaviors and continued socialization of the self will be the direction of personality evolution in the future. The evolution of human communities is moving towards a complete socialization of the self, which means that personal needs and their gratification will be increasingly defined by social trends, outside the inner circle of personality.

A recent symposium devoted to "Semantics and Maturity of Personality" in Saint Louis, USA, concluded that a strong sense of community in society (reflected in the much more frequent use of the first person plural instead of the first person singular) is characteristic of self-actualized persons with rich internal life and stable self-respect. As concluded by one of the participants, "We is a mature I." Of course, it is necessary here to distinguish between a healthy connectedness to others and an over-dependence on others, or symbiotic relationships. In the case of excessive dependence on others (insisting on community as an expression of a dependent "I") there is no genuine interchange in the relationship, but the person maintains connection to others so that they can deal with this person's personal and practical problems. In contrast to the disquiet of dependence, the mature personality is mostly at peace with itself, its choices are natural and spontaneous, and is capable of supporting own decisions, its goals are focused and relatively stable. This operational definition of maturity is contained in Maslow's concept of the self-actualized personality and with this foundation; the mature personality can

genuinely and even passionately follow internal direction without impacting the environment, and may even be able to inspire it, but certainly never goes against it. This would be characteristic of immature personalities who, despite the degree of personal success or talent, feel mostly isolated, envious and/or dissatisfied, and in most cases also unacceptable, by their environments. We can pose the question whether this concept of "mature" is possible or even realistic today?

For years the mature personality has been defined as having a stable self-respect, accepting oneself as it is, with a *predominantly* positive perception, and a realistic perception of others as *mostly* positive persons. This personality can experience authentic interest in and satisfaction with its work and relationships (self-realization), that is, attach importance to the needs of others through pro-social emotions and activities undertaken for the common good ("extension of the self"). The mature personality spontaneously fits in its social environment, and its own needs are frequently identical to the needs of the environment. These descriptions sound almost utopian in the context of today's environment. In the postmodern age, the narrative of the quality of life has been redefined to the extent that requires contemporary psychiatry and clinical psychology to redefine their criteria of maturity and immaturity [8]. Still, the ideal of maturity as an ultimate quality remains attached to the concepts of integration, authenticity, fitting in with others and oneself, because these are the pillars of its functioning.

COMMON DIMENSIONS OF MATURE AND IMMATURE PERSONALITY

In most cases, persons with personality disorder (PD) manifest behaviors that are more or less also observed in mature personalities. Behaviors of the mature and the immature personalities vary along a continuum, and differ in terms of quantity and context, but most importantly, with respect to the level of personality organization underlying the behavior. We contend that a poorly integrated, fragmented personality structure, alternatively referred to as immature or borderline, underlies all true cases of personality disorder. [4]. Empirical research to date has failed to determine personality traits or behaviors specific to personality disorders. In other words, on the continuum of behavior there is no bimodal distribution of normal and pathological variants, which means that there is no clear boundary or natural cut off point where normality of a personality trait stops, and pathology begins. This way every attempt to separate the pathological from normal traits is arbitrary. With this in mind, it is clear that a simple quantification of the dimensions of behavior (extremes) it is not possible to separate the mature from the immature, that is, normal from pathological personalities. This is why we have sought for many years, along many other authors, a way to assess qualitative differences between the two levels of integration, of normal and pathological, primarily in terms of the levels of organization or functioning of personality.

Morality and violation of norms are the exceptions from other quantitative behavior traits. Here we notice discontinuous distribution along the continuous dimension of morality. Anyone can have immoral thoughts, want to create advantages for oneself through abuse or manipulation of others, or be tempted to do something illegal. All these are derivatives of the selfishness of our biological nature that was made to fit the mold of civilizational norms of life in the community. The question is: how often, in what context, and with what consequences to ourselves or to our community. Introjected moral norms at the moment of temptation activate internal control mechanisms which eliminate problematic behavior as a viable alternative. Where morality is controlled only externally (e.g. fear of punishment), the immature personality succumbs to temptation without experiencing any conflict within oneself, especially where conditions exist for the transgression to be made discreetly, without attracting social or legal stigma. The person with a developed moral integrity can occasionally engage in thoughts about various deviant behaviors, but because of the automatic activation of the internal control mechanism of guilt and punishment and the rational assessment of the immorality of the deviant behavior ("the internal censor"), they, as a rule, do not chose to act and cross the boundary, regardless of whether they would be caught or not. The two above examples illustrate discontinuous distribution on the continuous dimension of morality (non-offender versus offender).

Normal personalities are said to be well adapted, and immature personalities are said to be poorly adapted, disordered, or maladapted. Here we encounter the problem of defining good and poor adaptation. In our view and based on our experience, good adaptation is better defined as functional adaptation, that is, adaptation that fulfils its function in adapting one's internal needs to the social norms and context. Sometimes, however, good adaptation is confused with excessive adaptation (over-adaptation) which effectively means unhealthy, excessive subjugation of one's needs to the socially acceptable norms. It is very important to distinguish over-adaptation from functional adaptation in practice. As clinicians and therapists, we stress the importance of the danger of falling into a trap of expecting a person to inevitably adapt to one's own environment. There are numerous situations in which good adaptation to a bad environment can, in fact, means unhealthy adaptation (the phenomenon known as "Catch 22" after the title of the movie and the book). Contemporary diagnosis has moved the boundaries of good and bad adaptation by viewing the problem of mental health through a social prism (context) as never before [9, 10]. This has not diminished the significance of the psychological-psychiatric aspect of the "normal-pathological" problem. The widely accepted discourse today takes into account the phenomena of unconscious motivation in personality dynamics and etiological multi-causality and functional autonomy in the dynamics of the disorder. The antipsychiatry movement of the 1960s was justified in

its criticism of the prevalent concept of mental health based on adaptation, but, on the other hand, exaggerated the relativity of mental illness.

Based on the characteristics of the mature and immature personality it follows that the so-called normal personality need not necessarily be mature, and equally, that the so-called disordered, maladapted personality is immature by definition. In this book, we examine the emotional, cognitive, and behavioral aspects of the development, structure, and dynamics of unintegrated personalities, that is, of personality disorders. The immaturity of personality is not synonymous with personality disorder. We would say that immaturity is always present in personality disorders, but personality disorders also include other characteristics of personality dynamics and structure (for example, the compensatory pathological self). However, since the unintegrated personality is characterized by the dominance of primitive (immature) defense mechanisms and partial object relations it can be regarded as a kind of synonym of PD.

ON ADAPTATION: ETHICAL ASPECTS OF BEHAVIOR

Persons with personality disorder are frequently believed to be amoral or, at best, to have "loose" permissive morals. This belief is not always justified and is, in fact, a remnant of the now outdated view equating personality disorder with antisocial disorder. We now know that many variants of personality disorder expression, the obsessive adaptation type, for example, need not necessarily

have significant defects in the domain of morality, even though they may meet the criteria for PD. Since character development includes the development, or acquisition, of morality, and since persons with PD have underdeveloped or not fully developed character, we shall now briefly review the developmental and phenomenological aspects of morality in order to explain the relationship between personality disorder and the pathology of morality.

The moral precepts of behavior such as “good-evil,” “honest-dishonest,” or “fair-unfair” are not merely the product of civilization, but constitute the essential *preconditions* of life in the group, that is, of development of civilization. This is the field of evolutionary psychology, a relatively new science that explores psychological phenomena from a modern evolutionary perspective. Robert Wright provided a brilliant introduction to evolutionary psychology in his book “The Moral Animal: Why We Are, the Way We Are” [11]. The phenomenon of morality of behavior emerged in the course of evolutionary development of man as one of the results of natural selection that optimizes life in the community, and increases chances for survival and reproduction of the individual within the group (group as an adaptive solution to the survival of individual members). In other words, in the course of the evolution of man, moral behavior developed because it increased the chances of survival and reproduction through reciprocity of actions, cooperation and a sense of fairness [12]. Figuratively speaking, the human brain is the arena where our animal nature faces our

social realities. Morality is, therefore, based on evolutionary instincts, and moral behaviors were promoted through natural selection because they facilitate survival, reproduction and the welfare of the group, and consequently of its individual members.

The evolutionary success of a species ultimately depends on its ability to leave the greatest possible number of its genetic specimens in a population. This is not accomplished only by direct reproduction, i.e., by passing on one’s own gene variants to one’s immediate progeny. As other members of the individual’s group share the same or very similar genes (recognizable in their characteristics), DNA can increase its own evolutionary success by promoting the genes (i.e., reproduction and survival) of the individuals in its own group, who share similar characteristics (the so-called inclusive fitness). The most obvious category of these individuals is close genetic relatives. From their beginnings about 150 thousand years ago until the agricultural revolution some ten thousand years ago, our not so distant ancestors (*Homo sapiens*) lived in small polygamous groups of hunters and gatherers. In these environments it could never be quite clear who was related to whom and how close their blood ties were. However, a high degree of relatedness among all members could be expected in such small groups by definition. This is why genes promoting behaviors involving sacrifice for the sake of others had great chances of prospering because kin selection increased the chances of prosperity of the same genes and of passing on those same or similar

genes to the next generation. That is all a set of genes can do to survive: to increase the chances of being passed on through generations. Inclusive fitness is seen today as one of the two basic mechanisms through which pro-social behaviors emerge through evolution (reciprocal altruism is the second one).

In reciprocal altruism, an organism acts in a way in that temporarily reduces its own fitness (sacrifices itself) and increases the fitness of another organism in the expectation that the other organism will act in a similar way at a later time. The neurobiological basis of reciprocal altruism is the capacity for empathy, of feeling with others. Many authors hold that empathy is possible owing to the existence of the so-called “mirror” neurons in the brain of many higher animals, primarily the primates. These neurons are activated while an animal performs an action, as well as while it is merely watching others perform that same action. In humans, these neurons are primarily located in the cortex, and their presence is associated with our capacity to feel with others, to relate perception to action, to understand the intentions and activities of others (theory of mind), to learn new skills through imitation, or with our capacity for speech. Reciprocal altruism involves assistance to all members of the group, not just those that are related. Clearly, this is also a precondition of the success of life in a community (civilization) because it increases chances of survival, reproduction and welfare of the group. The majority of animal species living in organized groups have developed at least some behaviors of this type in the

course of their evolution (for example, wild dogs, wolves, ants, hyenas, some bird species, ants).

Human morality is therefore largely a phenomenon of biology and nature, an inherent adaptive characteristic of life in a community, developed to restrict extreme individualism within the community [13]. Extreme individualism undermines group cohesion and reduces the chances for adaptation and survival. In most people, during the stages of the development of moral reasoning (Kohlberg’s well-known stages of moral development) intuitive biological morality and developed moral reasoning give rise to *universal morality*. As the culmination of moral development, universal morality (“if it’s good for you, it’s good for me”) becomes an internal direction (principle) of behavior that guides the behavior of all or most reasonable individuals regardless of their culture, race, gender, sexual orientation, nationality, or any other personal characteristic. In contrast to moral relativism, i.e., the theory that morality varies over time and across cultures, Noam Chomsky developed the concept of universal morality as an inherent characteristic of human neuropsychology (similar to the capacity for language acquisition).

In contrast to biological, unwritten morality, there is also acquired morality, the explicit written and/or unwritten code set by the group within its local culture and institutions of society such as legislature or religion which is internalized in the course of development. An explicit moral code became necessary because of the increasing complexity and size of human communities

where reciprocal altruism (meaning intuitive, unwritten morality) could no longer sufficiently motivate individuals to behave in a socially-acceptable manner to the benefit of the larger group. In other words, in large groups where social roles are diverse and complex, direct observable reciprocity in our behaviors in social interactions becomes blurred (reciprocity is much more difficult to verify in larger than in smaller groups). This opens up space for manipulation, bypassing of rules, extreme egoism, and accumulation of privileges under the guise of morality, eventually creating the need for explicit rules for acceptable and unacceptable behaviors. Acquired morality involves internalization of moral norms of a local community and culture, of written legal norms (the so-called proscriptive, prohibitive, forbidding moral code) and, finally, internalization of the moral code of a given religion (the so-called prescriptive, recommending morality where, with the exception of the Inquisition, both the rewards for adherents and punishment for offenders are more subjective and ideological than concrete). In psychodynamic terms, de-personified acquired morality (meaning, principled, not personal, moral standards) becomes part of a well-integrated Superego. In essence, both the law and religion formulate a list of unacceptable behaviors that deviate from the norms of the group or threaten its cohesion, as well as a system of punishment or correction for those who fail to follow the prescribed norms. Much later, in the most recent past in the history of civilization, society introduced a system of medical treatment of deviant (immoral,

criminal) behaviors deemed to be the result of some mental disorder, rather than simply a matter of personal choice.

The evolution of human psychology recruits pro-social motives and emotions, such as altruism, compassion, empathy as emotional motivators of moral behaviors, and, on the other end, feelings of guilt as a consequence of a moral error in behavior. With their energy and motivation, pro-social emotions incorporate inborn and/or acquired moral standards into principled moral behavior.

In large groups, creating *an impression* of being reliable in interactions is one of the primary ways of ensuring that our sacrifice for such a person would be reciprocated later. This opens up room for fraud because creating the impression of morality can become an end in itself, a manipulative way of ensuring one-way interaction, of always getting and rarely giving (social “seduction”). We may well define this type of cheating as an abuse of the essence of human society (“social parasitism”) because it is the very caricature of the fundamental premise of life in community: that the group would be equally good for all members who follow the principle of reciprocal altruism. We speak here about placing oneself above others in a calculated manner, into a position of authority, power and privilege, a position where the same rules that apply to the “masses” do not apply, while the person or the group poses as moral. These persons chronically break moral and/or legal norms, or fix them to their own advantage, even though they may frequently publicly express outrage at the same type of im-

morality of others (creating an impression of morality). Premeditation is manifested in the calculated assessment that the majority of humanity will be moral (which is statistically correct) and that the disguised individual immorality would go unnoticed (which is statistically probable). There are attempts in the psychological literature to differentiate “successful psychopaths” from “unsuccessful psychopaths” (the latter are colloquially known as “criminals”), with the implication that the former successfully mask their immorality and go unpunished, and may even attain high social status according to the formal standards of success (some politicians, tycoons, bankers, CEOs, among others). The latter (the “unsuccessful”) follow a completely different life scenario, and end up in corrective institutions and prisons. Both groups, however, have very similar personality characteristics, for example impulsivity, ruthlessness, lack of moral sense, undeveloped character. Significant differences between the two groups include higher IQ of “successful psychopaths,” their greater cardiovascular reaction to stress (a tendency to become aroused in emotionally charged situations), and normal fear processing [14] and are mostly involved in nonviolent crime (the so-called “white-collar,” i.e. higher order, crime). In contrast, “unsuccessful psychopaths” have lower IQs, impaired fear processing (due to dissociation of emotional and cognitive processing they do not anticipate problems and have a diminished sense of fear and are primarily engaged in “blue-collar,” i.e. lower order, crime [14]. How is the immorality of the privileged different

from the immorality of persons with PD? It is our understanding that persons with personality disorder or problems are not immoral by design or as a result of premeditation and that they not make a calculated choice to be selfish, inconsiderate, or manipulative. Their immoral actions are, at least in part, the consequence of immature personality structure or part of their chronic struggle against emptiness and fragmentation. There are views that defense mechanisms, which, as a reminder, are immature in personality disorders, might play a central role in moral functioning [6]. In other words, this may be viewed as the immorality of psychopathology in contrast to the immorality of arrogance, untouchability, and strength.

Research has shown that feelings of guilt and shame do not derive only from transgression itself, but also from the chance that it would be discovered. In the pursuit of personal happiness (as a common denominator in the life of all people) the majority of people behave in a way that “is to the good of all,” but do not always live completely in harmony with own moral rules (they “cheat” to a lesser or greater extent). Cheating is particularly frequent when chances of a reward are great and risks of punishment low. We are all biased with regard to our own profit or, on a larger scale, the profit of the group to which we belong and which defines us socially. The consensus among evolutionary psychologists is that this type of bias is built into our species by natural selection. The key point here is that the majority of people are capable of minor moral transgressions (e.g., harmless

“white lies”) while a minority is capable of serious violations of moral norms, including abuse or physical endangerment of others.

ADAPTIVE TASKS REVISITED

With regard to statistical indicators, the rise in the incidence of PDs, interestingly, is concomitant with the evolution of society. Today, personality disorders are relatively frequent in the general population (cca. 10 to 15%) and the population of psychiatric patients (cca. 50%) [15, 16]. We believe that the prevalence of PD has not always been so high. At the beginning of the 20th century, anxiety and neuroses were the dominant “psychopathology of everyday life.” At the time, the religious and social conservatism provided suitable ground for the development of anxiety and neuroses, primarily feeding the feelings of sinfulness and guilt. The central adaptive task facing people at the age of conservatism was to find acceptable ways of expressing their “unacceptable,” asocial impulses, mainly relating to aggression and sexual drives. As an expression of internal conflicts, neuroses appear when powerful, but unacceptable impulses and instinctual needs, otherwise suppressed in the unconscious, try to break into the conscious experience. This is followed with anxiety, sense of guilt, and a feeling of inadequacy. Neurotic defense mechanisms suppress the impulses back into the unconscious and thus protect the person from a negative experience of oneself. The crucial task in the psychological adaptation of people

was the question of how to fit personal impulses, needs, or preferences into a relatively limited spectrum of acceptable variants of behavior. The chances of not being able to fit in were great, of course, in view of the limited choice of acceptable standards of living according to the criteria adopted by the conservative society and/or the strict religious dogma at the time. Conservatism was a period of anxiety because of the sense of inadequacy and suitable for the development of neurotic disorders characterized by guilt (“gateway to neurosis”) and suppression of conflicts.

On the other hand, religious liberalism and ethical-social pluralism at the end of the 20th century and the beginning of the 21st century offer a multitude of acceptable choices, a high tolerance of differences with far less limitations and directions. The new generations detroned sexuality and aggression as primary adaptive themes through a multitude of forms of expression socially acceptable today (personal rights to a lifestyle, emancipation, homosexual marriages, decriminalization of prostitution, etc.). With the rise of social liberalism and the waning influence of religion on defining personal choices and lifestyles the primary tasks of adaptation quickly centered on the questions of meaning and choice. The central question no longer is *how* to express an unacceptable impulse since almost all obstacles have been removed, but *what* to choose from the multitude of acceptable alternatives. The paradox today is that people are flooded with options and that this wealth of alternatives is precisely what makes the choice more difficult. “The

uneasiness in civilization," once linked to the conflict between individual and the repressive pressures of society, today stems from the wealth of possibilities and acceptable alternatives that create uncertainty, as well as ambivalence as to the validity of choice. At the same time, individuals are constantly under commercial pressure to produce new wishes and needs, and this, in turn, gives rise to new uncertainties about the right choices. The endless flood of novelty reduces the space for authentic wishes and interests and undermines the human aspiration for profound knowledge and expertise [17]. In this way, contemporary existential dilemmas about choice, meaning, purpose and identity favor psychopathology of personality.

Compared to the non-psychotic psychopathology of neuroses of Freud's time, today people are more likely to feel "empty" than sad, tense ("nervous") rather than anxious, ambivalent rather than inhibited. In her book "The Neurotic Personality of Our Time" written in 1937 Karen Horney described personality characteristics that clearly foreshadowed the change in the main problems in the non-psychotic psychopathology, a transition from the age of neuroses to the age of personality disorders. Instead of attempting an analysis of neurotic conflicts defense mechanisms that was customary at the time, Horney focused on the fixed behavior characteristics of neurotic personalities such as the quest for power, social recognition, narcissism and alienation. The title itself "The Neurotic Personality..." is illustrative of this transition. The same text written today with the title changed to "The Frag-

mented Personality of Our Time" would be no less topical or precise in its description of personality disorders.

Following the period of conservatism and transition to the period of liberalism and pluralism of the 1960s, normative pressures concerning personal choices and lifestyle were relaxed, but this was not the case with regard to even the minor forms of antisocial behavior. In addition to all old forms of antisocial behavior, the new categories of antisocial behavior now include hate speech, political incorrectness, and violence on the internet, among others. It is ironic that even countries professing complete freedom of speech have legal provisions against hate speech. A cynic in us might be prompted to ask whether the whole legal concept of hate speech was introduced to protect endangered minority groups in earnest, or was this done by the privileged groups, in power or behind it, to criminalize criticism directed at them. It may well be that the truth includes both hypotheses.

CONCLUSION

The pathway to functional adaptation to environment has changed with the liberalization and pluralism of acceptable alternatives. The only thing left from the past is the imperative to obey law and order, now more forcefully enforced than ever before. How personal success or happiness is achieved is left to the individual to choose. The pluralism of acceptable choices may favor fragmentation of the self. In this light, fragmented self can be viewed as some sort of adaptation to the tremendous so-

cial changes and the pluralism of choice and not as a sign of disordered personality [4]. In contrast to normal adaptation, which optimizes the fit between one's internal needs and normative social pressures, the maladaptation of individuals with personality disorder mainly serves the purpose of organizing the internal fragments.

As recently as 50 years ago, the ultimate ideals of mental health were stability and integrity. In the context of the postmodern world, these ideals may sound outdated, perhaps even implying inflexibility and narrow mindedness. We are referring here to the phenomenon of postmodern fragmented self, widely considered to be a natural adaptive answer to the changing cultural and technological milieu of humans. In contrast to the essential (trans-situational, consistent) self of the modern era, the postmodern fragmented self consists of unrelated and abstract signs and symbols created by the semantics of postmodern culture (aka "decentered self"). The fragmentation is occurring in the outer circle of the conscious self, while the inner core of largely unconscious self-integrations is

usually intact. We agree with a number of other authors that the postmodern fragmented self has evolved as a social construction, a natural outcome of the psyche-environment interaction (as the self has always been), created by the same social processes that produced the essential self of the modern era, now defined by abstract symbols created by the media and divorced from traditional face-to-face interpersonal interactions and rituals. Indeed, social rituals are increasingly more occurring in cyberspace while people are becoming increasingly more disconnected in the real world. The postmodern fragmentation of self can be thought of as a form of psycho-plasticity. Thus far, the postmodern fragmented self does not appear to be impacting mental health of the citizens. In contrast, fragmentation of the largely unconscious personality core (referred to as fragmented personality) results in specific intrapersonal and interpersonal psychopathologies and the increased prevalence of personality disorder, now estimated at 15–20% of the general population, may be in part a pathological response to the postmodern era.

REVIZIJA KONCEPTA NORMALNE, ADAPTIRANE, ZRELE I POREMEĆENE LIČNOSTI: KA REDEFINISANJU POREMEĆAJA LIČNOSTI

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Kratak sadržaj

U ovom radu autori analiziraju i redefinišu osnovne koncepte normalnosti i patologije u kontekstu postmoderne liberalne kulture i digitalne informacione ere. Promenjeni adaptivni zadaci koji se tiču izbora između mnogobrojnih prihvatljivih alternativa, favorizuju psihopatologiju poremećaja ličnosti u poslednje 3 do 4 decenije. Bez striktnih pravila o tome šta izabrati kao životni vodič, koja su postojala u konzervativnoj eri, individue kojima nedostaje unutrašnja direkcija (fragmentisane ličnosti) mogu da se osećaju konfuzno i izgubljeno. S druge strane, fragmentacija ličnosti može da se shvati i kao novi vid adaptacije na fragmentisanu realnost. Kao posledica, prevalenca poremećaja ličnosti se danas procenjuje oko 15–20% u opštoj populaciji. Postmoderna kultura i digitalna umreženost komunikacija modifikovali su fundamentalne koncepte koji se tiču ličnosti, poremećaja ličnosti, selfa, integriteta i zrelosti između ostalih. U radu se diskutuju redefinicije ovih koncepata, a posebno koncepta poremećaja ličnosti, koji autori razumeju kao jedinstven bazični deficit u organizaciji ličnosti, sa varijabilnim kliničkim stilovima ili podtipovima adaptacije (narcističnim, antisocijalnim, histrioničnim, zavisnim, opsesivnim itd.) Konačno, diskutuju se detaljno etički aspekti ponašanja, iz evolucione, nozološke i sociološke perspektive i njihov uticaj na razvoj ličnosti i poremećaja ličnosti.

Ključne reči: ličnost, poremećaji ličnosti, adaptacija, digitalna era, etika.

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