

Carine, B.E. (1997). Assessing personal and interpersonal schemata associated with Axis-II cluster B personality disorders: An integrated perspective. *Dissertation Abstracts International*, 58(01), 410B.

Recent conceptualizations, explaining the originations and treatment of personality disorders, integrate theories from the commonly disparate fields of attachment, object relations, and social cognitions (Westen, 1991b; Young, 1990). Utilizing measures based in divergent theoretical views, personal and interpersonal cognitive schemata were assessed in 80 psychiatric inpatients showing personality pathology. The study was conducted to determine whether specific cognitive schemata were associated with patients with Cluster B personality pathology. Characteristic schemata were expected to differentiate patients with Cluster B personality pathology from those with other types of personality pathology, and it was expected that affect would be a significant factor. Patients with high levels of personality pathology, according to MCMI-II scores, were grouped according to type of pathology, into either Cluster B (N = 53), or Cluster AC, (N = 27). Cognitive schemata were assessed using the Schema Questionnaire (SQ, Young, 1991) and the Social Cognitions and Object Relations Scale (SCORS, Westen et al., 1990). The 17 schema subscales of the SQ and SCORS were the predictor variables in a discriminant function analysis. Group membership was predicted correctly in 82.5% of the cases. Three variables contributed significantly to group discrimination. The Cluster B group believed themselves more likely to lose control in emotional situations, and were more likely to believe they would soon lose significant others to whom they had become attached, than did the Cluster AC group. In addition, the Cluster B group was seen as less invested in emotionally mature and socially responsible interpersonal relationships than the Cluster AC group. The specific schemata associated with the Cluster B group should be viewed with caution due to the small number of participants. It appears that specific cognitive schemata may be associated with Cluster B disorders. In addition, both schemata that are conscious and those that may be unconscious may be necessary to describe schemata associated with personality pathology. Furthermore, affect, theorized to play a role in development and maintenance of schemata, appears to be an intrinsic part of schemata. However, the transactional nature of affect and cognitions in schemata makes them difficult to separate.