

SCHEMA THERAPY AS A NEW TREATMENT FOR PERSONALITY DISORDERS

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Abstract: Purpose: to perform the analysis and review of articles on the subject of personality disorder and current schema therapy, highlighting their definitions and their impacts on the mental health of individuals inserted in this context. **Methodology:** The study consists of a literature review, where it was decided not to define a date, using the following keywords as eligibility criteria: personality disorder; refractory symptoms; adolescents and treatments. Among the publications found, those referring to other mental disorders that do not encompass personality disorder (PD) according to DSM-IV were excluded. **Results:** After careful analysis, 06 articles were selected that were properly analyzed to compose this article. Studies have shown that there is a significant influence of the individual's experiences, in its infancy and during its development, in the susceptibility of the installation of PD when creating an Initial Maladaptive Schema (EID). They also elucidate that Personality Disorder must be adequately addressed with Schema Therapy (ST), which promotes the individuality of care, having a high rate of effectiveness. **Conclusion:** Personality Disorder, despite its difficulties related to the treatment and identification of the disease, has scientifically more effective approaches that contribute to the remission of symptoms. However, the lack of early diagnosis and adequate management of ET makes it impossible to stabilize the patient and favors the refractoriness of symptoms. They also elucidate that Personality Disorder must be adequately addressed with Schema Therapy (ST), which promotes the individuality of care, having a high rate of effectiveness. **Conclusion:** Personality Disorder, despite its difficulties related to the treatment and identification of the disease, has scientifically more effective approaches that contribute to the remission of symptoms. However, the lack of early

diagnosis and adequate management of ET makes it impossible to stabilize the patient and favors the refractoriness of symptoms. They also elucidate that Personality Disorder must be adequately addressed with Schema Therapy (ST), which promotes the individuality of care, having a high rate of effectiveness. Conclusion: Personality Disorder, despite its difficulties related to the treatment and identification of the disease, has scientifically more effective approaches that contribute to the remission of symptoms. However, the lack of early diagnosis and adequate management of ET makes it impossible to stabilize the patient and favors the refractoriness of symptoms. Personality Disorder, despite its difficulties related to treatment and identification of the disease, has scientifically more effective approaches that contribute to the remission of symptoms. However, the lack of early diagnosis and adequate management of ET makes it impossible to stabilize the patient and favors the refractoriness of symptoms. Personality Disorder, despite its difficulties related to treatment and identification of the disease, has scientifically more effective approaches that contribute to the remission of symptoms. However, the lack of early diagnosis and adequate management of ET makes it impossible to stabilize the patient and favors the refractoriness of symptoms.

Keywords: Personality disorder; refractory symptoms; teenagers and treatments.

INTRODUCTION

The Diagnostic and Statistical Manual of Mental Disorders, known as DSM, in its fifth edition, brings Personality Disorder (PD) as a pattern that deviates from cultural expectations in terms of behavior and the individual's internal experience, being the same diffuse and inflexible. Its most evident manifestations begin in adolescence or early adulthood, leading to suffering or

impairment. According to this classification, personality disorders can be divided into three major groups based on their similarities. The first group includes paranoid, schizoid and schizotypal personality disorders. The second group is composed of antisocial, borderline, histrionic and narcissistic personality disorders. The third and final group includes avoidant personality disorders, dependent and obsessive-compulsive³. A person with antisocial personality disorder acts, feels, thinks, and behaves differently than a person with schizoid personality disorder, even if both have similar symptoms.

Among the various diagnoses that encompass these disorders, we can mention Borderline Personality Disorder. The individual affected by this disorder undergoes profound behavioral, affective and cognitive changes to avoid loss or abandonment, whether a real or imaginary situation, which leads to disproportionate anger at the situation, despair and inappropriate judgments in relation to close people⁴. According to Kaplan, Sadock and Grebb, 1997, p. 694:

Individuals with borderline personality can be very dependent on those with whom they live, and express intense anger against their close friends when frustrated; however, they cannot tolerate loneliness and prefer a wild search for company, no matter how unsatisfactory, to being alone with themselves. To avoid this loneliness, even for brief periods of time, they will accept a stranger as a friend or be promiscuous. They often complain of chronic feelings of emptiness and boredom if they lack a consistent sense of self [...] and, when pressed, often complain about how depressed they feel most of the time, despite the apparent exuberance of their affections¹.

The focus of borderline disorder treatment is to increase the patient's ability to perceive how their fragmented perceptions are related to their defenses, based on the recognition of recurrent patterns of interaction with others.

It is possible to consider a psychoanalytic approach, but it is necessary to adapt the technique in terms of the patients' ability to elaborate and the peculiarities of their clinical manifestations⁴.

Currently, it is known that problems in the field of mental health go beyond brain circuits, but a world of environmental, genetic and neurobiological interactions. Given this, Schema Therapy (ST) consists of a new psychotherapeutic method that is premised on all the elements that encompass the various etiologies within PD.

This article, therefore, seeks to expand and systematize knowledge about personality disorders and the challenges present in the care and clinical management of these patients. Faced with these difficulties, it is necessary, via a bibliographical review, to understand, interpret and approach this theme, giving a greater focus on the new therapeutic modalities that currently exist. The evaluation and effective treatment of PD require adequate clinical training to obtain relevant information regarding the observed phenomena and data⁶.

METHODOLOGY

This is a qualitative research of the Literature Review type. First, a data search was carried out on the Scielo Brasil platform, without date restrictions and using keywords related to Personality Disorders and Symptomatology. After obtaining some articles, there were other keywords related to the theme. At the end, the following keywords were used: personality disorder; refractory symptoms; adolescents and treatments. Among the publications found, those referring to other mental disorders not recognized by the DSM-IV as a Personality Disorder were excluded. A total of 6 articles remained, all of which were read and analyzed by the researchers.

RESULTS

ET is based on the fact that the construction of personality consists of interactions between innate neurobiological variables, environmental stressors and genetic factors, related to the patient's temperament. Personality determines the subject's self-perception and how he sees the world, in addition to how he will build his bonds and how he will organize his patterns of thoughts, actions and beliefs².

Therefore, research in this area increasingly elucidates the relationship between temperament and character within PD. Temperament contemplates personality elements belonging to heredity; character, on the other hand, is composed of the perspectives of the personality related to the subject's sense of identity and self-perception about himself, built during his development and experience. Thus, according to studies, it is understood that temperament is closely linked to biological essences, which are likely to be influenced by the action of drugs and therapy, for example; which no longer occurs with the character⁵.

DISCUSSION

One of the biggest challenges today has been to accurately identify and diagnose a personality disorder, either because of clinical ignorance or because, often, the patient does not fit into a given diagnostic category. This certainly makes it difficult to establish an effective treatment, be it medication or psychotherapy. Faced with the fragmentation in the formulation of diagnostic hypotheses in relation to personality, it becomes a real scenario of refractory and chronic mental illnesses⁶.

The biological functioning of the limbic system has a neuroendocrine regulatory function through the hypothalamic-pituitary-adrenal (HPA) circuit, which is influenced

by internal and external stimuli, with the aim of maintaining homeostasis. The hypothalamus is responsible for regulating the thyroid and adrenal glands, sexual organs and other body systems. It is known that, according to scientific research, there are two systems of organic response to stress: the neurovegetative, which releases adrenaline through the medulla of the adrenal gland; and the neuroendocrine, which acts on the release of glucocorticoids, produced by the adrenal cortex. After stress occurs, the adrenal gland, aiming at homeostasis, increases cortisol secretion, activating the individual's state of alert. Nonetheless, when the stressful stimulus remains for a long time or becomes chronic, cortisol acquires a potentially toxic action for the organism. Identifying stress factors at an early stage therefore becomes essential in preventing and treating the consequences of this organic-psychological state⁵.

In a simple way, we can say that TE is based on the fact that subjects have, in different degrees, five fundamental emotional needs: secure bonds with other individuals; autonomy, competence and sense of identity; freedom of expression, valid needs and emotions; spontaneity and leisure; and realistic boundaries and self-control. When children do not have their fundamental emotional needs met in their first life experiences, they may develop maladaptive initial schemas. This way, they are predisposed, to a lesser or greater degree, to the development of a personality disorder. In view of that, the TE, when consolidated, perfected psychotherapeutic techniques, prioritizing the Initial Maladaptive Schema (EID), which consists of the belief, values and identity of the individual, resulting in emotional and cognitive patterns. EID's arise in childhood or adolescence, when fundamental emotional needs are neglected by parents or caregivers, or when there are repetitive situations and/

or traumatic events. They are, therefore, also linked to pathologies that are established from the way in which the subject interprets his experiences and interacts with them⁵.

CONCLUSION

Through the literature review, it was considered that there is an improvement in several aspects of the patient's life, however the structural aspects of the personality remain fragile, with the possibility of disorganization due to minimal daily events.

Therefore, we conclude that in agreement with these studies that elucidate the impact of TE, by directing the gaze at the subject and his difficulties, by using management techniques aimed at reducing inappropriate behavior and reformulating high perception and interaction with his environment; becomes the most indicated, presenting high levels of effectiveness to treat patients affected by personality disorders⁵.

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