



Personality Disorders

Personality

- **What is personality?**
 - Personality is a unique and long-term pattern of inner experience and outward behavior
 - Tends to be consistent and is often described in terms of “traits”
 - Also flexible, allowing us to learn and adapt to new environments
 - For those with personality disorders, however, that flexibility is usually missing

PERSONALITY DISORDERS

CLUSTER A

(odd, eccentric)

PARANOID

- suspicious
- hypersensitive
- secretive

SCHIZOID

- seclusive
- indifferent
- passive

SCHIZOTYPAL

- odd in thinking
- w/ bizaare fantasy
- w/ peccular language

CLUSTER B

(dramatic or emotional)

HISTRIONIC

- attention-seeker
- flamboyant
- provocative

NARCISSISTIC

- excessive self-admiration
- egocentric
- sense of grandiose

BORDERLINE

- impulsive
- self-mutilative
- manipulative

ANTISOCIAL

- rule breaker
- aggressive
- abusive

CLUSTER C

(anxious or fearful)

AVOIDANT

- fears criticism
- overly serious
- withdrawn

DEPENDENT

- clingy
- indecisive
- submissive

OBSESSIVE- COMPULSIVE

- perfectionist
- passive-aggressive
- rigid

Personality Disorders

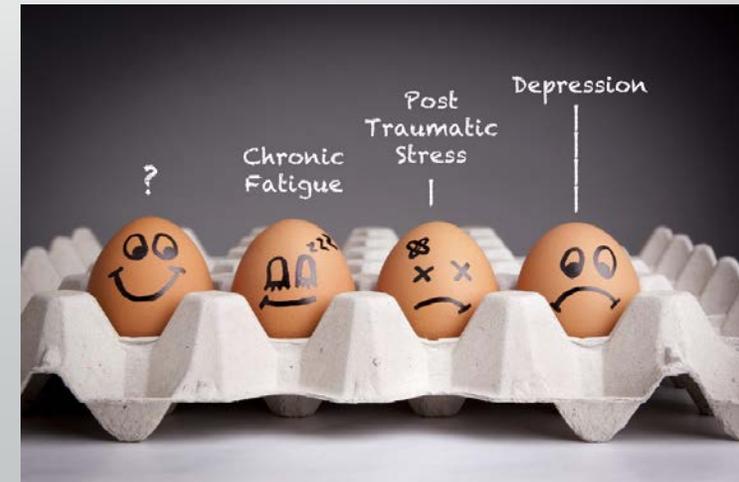
- An enduring, rigid pattern of inner experience and outward behavior that impairs sense of self, emotional experience, goals, and capacity for empathy and/or intimacy
- The rigid traits of people with personality disorders often lead to psychological pain for the individual or others

Personality Disorders

- A personality disorder typically becomes recognizable in adolescence or early adulthood and symptoms last for years
 - Among the most difficult psychological disorders to treat
 - Many sufferers are not even aware of their personality disorder
 - Estimated that 9% to 13% of all adults may have a personality disorder

Personality Disorders

- **High** *comorbidity*
 - complicates a person's chances for a successful recovery from other psychological problems



Classifying Personality Disorders

- The DSM-5 identifies ten personality disorders and separates these into three groups or “clusters”:
 - Odd or eccentric behavior
 - Paranoid, schizoid, and schizotypal
 - Dramatic, emotional, or erratic behavior
 - Antisocial, borderline, histrionic, and narcissistic
 - Anxious or fearful behavior
 - Avoidant, dependent, and obsessive-compulsive

Classifying Personality Disorders

- This DSM listing is called a *categorical* approach
 - It assumes that:
 - Problematic personality traits are either present or absent
 - A personality disorder is either displayed or not
 - A person who suffers from a personality disorder is not markedly troubled by personality traits outside of that disorder
 - It turns out, however, that these assumptions are frequently contradicted in clinical practice

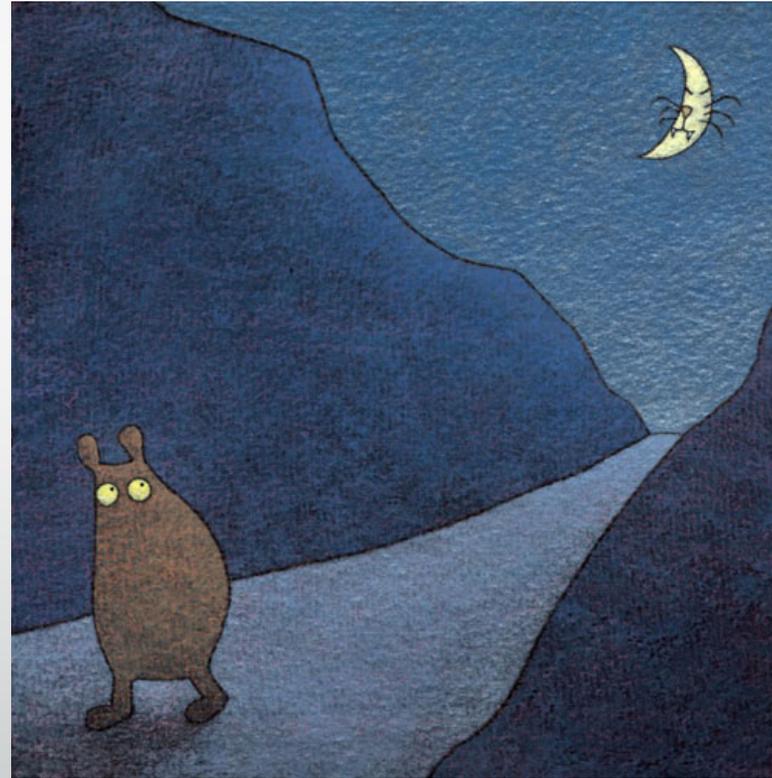
Classifying Personality Disorders

- In fact, the symptom of the personality disorders overlap each other so much that it can be difficult to distinguish one from another
 - In addition, diagnosticians sometimes determine that particular individuals have more than one personality disorder
- This lack of agreement has raised concerns about the validity (accuracy) and reliability (consistency) of these categories

Classifying Personality Disorders

Odd or eccentric

Extreme suspiciousness, social withdrawal, and peculiar ways of thinking and perceiving things



Paranoid Personality Disorder

- Includes four or more of the following:
 - Suspiciousness of others
 - Unjustified doubts about disloyalty
 - Reluctance to confide in others
 - Reading threatening meanings into benign events
 - Persistent tendency to bear grudges
 - Tendency to feel attacked and counterattack
 - Unjustified suspiciousness about infidelity of partner



Treatments for Paranoid Personality Disorder

- People with paranoid personality disorder do not typically see themselves as needing help
 - Few come to treatment willingly
 - Those who are in treatment often distrust and rebel against their therapists
- As a result, therapy for this disorder, as for most of the other personality disorders, has limited effect and moves slowly

- **Schizoid Personality Disorder**
- **Include four or more of the following:**

- **Neither desires nor enjoys close relationships**
- **Almost always chooses solitude**
- **Little if any interest in sexual relationships**
- **Takes pleasure in few activities**
- **Lacks close friends**
- **Indifferent to praise or criticism**
- **Emotional coldness, detachment or flatness**



● **Schizotypal Personality Disorder**

Five or more of the following:

Ideas of reference

Odd beliefs or magical thinking

Unusual perceptual experiences

Odd thinking and speech

Suspiciousness or paranoid ideas

Inappropriate or constricted affect

Odd, eccentric or peculiar behavior or appearance

Lack of close friends

Excessive social anxiety



How Do Theorists Explain Schizotypal Personality Disorder?

- Because the symptoms of schizotypal personality disorder so often resemble those of schizophrenia, researchers have hypothesized that similar factors are at work in both disorders
 - Schizotypal symptoms are often linked to family conflicts and to psychological disorders in parents
 - Researchers have also begun to link schizotypal personality disorder to some of the same biological factors found in schizophrenia, such as high dopamine activity
- The disorder has also been linked to mood disorders, especially depression

Treatments for Schizotypal Personality Disorder

- Therapy is as difficult in cases of schizotypal personality disorder, as in cases of paranoid and schizoid personality disorders
- Most therapists agree on the need to help clients “reconnect” and recognize the limits of their thinking and powers
 - Cognitive-behavioral therapists further try to teach clients to objectively evaluate their thoughts and perceptions and provide speech lessons and social skills training
- Antipsychotic drugs appear to be somewhat helpful in reducing certain thought problems

“Dramatic” Personality Disorders

- Behaviors so dramatic, emotional, or erratic that it is almost impossible for them to have relationships that are truly giving and satisfying
- More commonly diagnosed than the others
 - Only antisocial and borderline personality disorders have received much study
- Causes of the disorders not well understood
- Treatments range from ineffective to moderately effective

Antisocial Personality Disorder

Includes three or more of the following:

- **Failure to conform to lawful behavior**
- **Deceitfulness**
- **Impulsivity**
- **Irritability or aggressiveness**
- **Reckless disregard for safety of self and others**
- **Consistent irresponsibility**
- **Lack of remorse**



Antisocial Personality Disorder

- Aside from substance use disorders, this is the disorder most linked to adult criminal behavior
- The DSM-5 requires that a person be at least 18 years of age to receive this diagnosis
 - Most people with an antisocial personality disorder displayed some patterns of misbehavior before they were 15 years old (conduct disorder).

Antisocial Personality Disorder

- 4 times more common in men than women
- Often arrested, therefore researchers frequently look at prison populations
 - Higher rates of alcoholism/substance use disorders

How Do Theorists Explain Antisocial Personality Disorder?

- Psychodynamic theorists propose that this disorder begins with an absence of parental love, leading to a lack of basic trust; Lack of superego
- Many behaviorists have suggested that antisocial symptoms may be learned through modeling or unintentional reinforcement

How Do Theorists Explain Antisocial Personality Disorder?

- Cognitive view says that people with the disorder hold attitudes that trivialize the importance of other people's needs
- Biological factors may play a role:
 - Lower levels of serotonin, impacting impulsivity and aggression
 - Deficient functioning in the frontal lobes of the brain
 - Lower levels of anxiety and arousal, leading them to be more likely than others to take risks and seek thrills

Treatments for Antisocial Personality Disorder

- Treatments are typically ineffective
- A major obstacle is the individual's lack of conscience or desire to change
 - Most have been forced to come to treatment
 - Some cognitive therapists try to guide clients to think about moral issues and the needs of other people

Borderline Personality Disorder

Five or more of the following:

- Frantic efforts to avoid abandonment
- Unstable and intense relationships
- Unstable self image
- Impulsivity (self destructive)
- Suicidal behavior
- Affective instability
- Chronic feelings of emptiness
- Inappropriate, intense anger



Borderline Personality Disorder

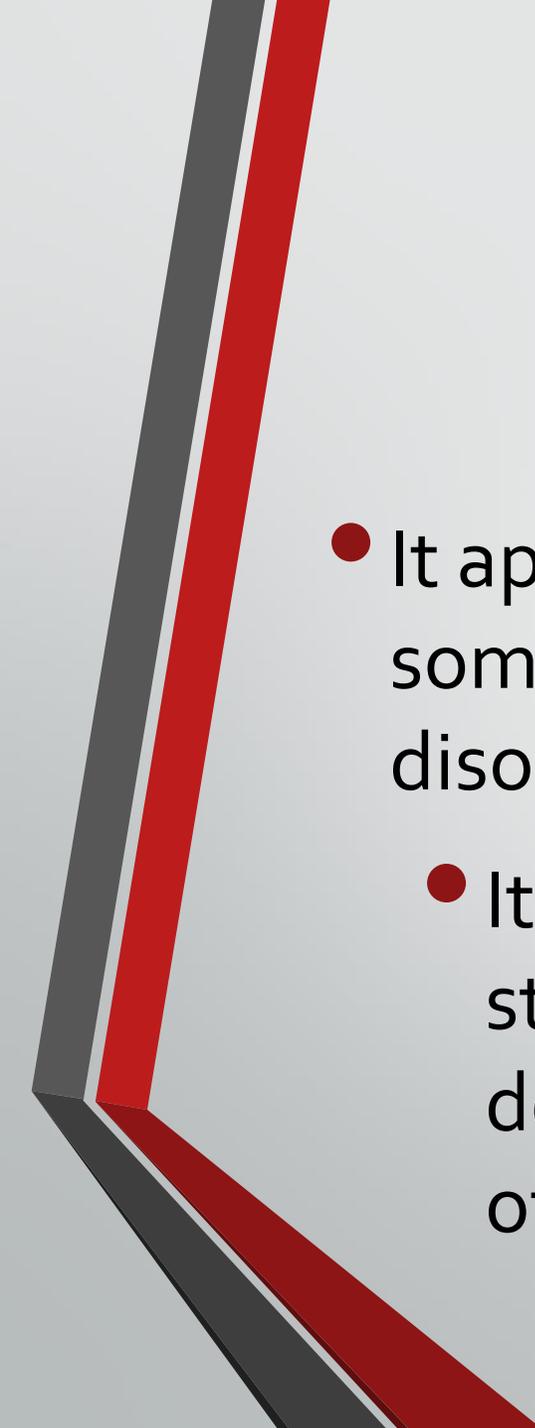
- Close to 75% of those diagnosed are women
 - Highly comorbid
- The course of the disorder varies
 - In the most common pattern, the instability and risk of suicide reach a peak during young adulthood and then gradually wane with advancing age

How Do Theorists Explain Borderline Personality Disorder?

- Because a fear of abandonment tortures so many people with the disorder, psychodynamic theorists look to early parental relationships to explain the disorder
 - Lack of early acceptance or abuse/neglect by parents

How Do Theorists Explain Borderline Personality Disorder?

- Biological abnormalities: such as an overly reactive amygdala and an underactive prefrontal cortex
 - In addition, sufferers who are particularly impulsive apparently have lower brain serotonin activity
 - Close relatives of those with borderline personality disorder are 5 times more likely than the general population to have the disorder



Treatments for Borderline Personality Disorder

- It appears that psychotherapy can eventually lead to some degree of improvement for people with this disorder
 - It is extraordinarily difficult, though, for a therapist to strike a balance between empathizing with a patient's dependency and anger and challenging his or her way of thinking

Treatments for Borderline Personality Disorder

- “Dialectical behavior therapy”
- Largely from the cognitive-behavioral treatment model and borrows heavily from zen buddism.
 - DBT is often supplemented by the clients’ participation in social skill-building groups

Treatments for Borderline Personality Disorder

- Antidepressant, mood stabilizing, antianxiety, and antipsychotic drugs have helped some individuals to calm their emotional and aggressive storms
 - Given the numerous suicide attempts by these patients, their use of drugs on an outpatient basis is controversial
- Most clients seem to benefit from a combination of drug therapy and psychotherapy

◎ **Histrionic Personality Disorder**

Five or more of the following:

- **Uncomfortable if not the center of attention**
- **Inappropriately seductive or provocative**
- **Rapidly shifting and shallow emotions**
- **Use of appearance to draw attention**
- **Speech is impressionistic and lacking in detail**
- **Self-dramatization, theatricality**
- **Suggestibility**
- **Considers relationships more intimate than they are**



How Do Theorists Explain Histrionic Personality Disorder?

- Most psychodynamic theorists believe that, as children, people with this disorder experienced unhealthy relationships in which cold parents left them feeling unloved
- To defend against deep-seated fears of loss, the individuals learned to behave dramatically, inventing crises that would require people to act protectively

Treatments for Histrionic Personality Disorder

- Unlike people with most other personality disorders, more likely to seek treatment on their own
- Working with them can be difficult because of their demands, tantrums, seductiveness, and attempts to please the therapist

● Narcissistic Personality Disorder

● Five or more of the following:

- Grandiose sense of self-importance
- Preoccupied with fantasies of unlimited success, power, brilliance, etc.
- Belief that he or she is “special”
- Requires excessive admiration
- Sense of entitlement
- Interpersonally exploitative
- Lacks empathy
- Often envious
- Arrogant or haughty



How Do Theorists Explain Narcissistic Personality Disorder?

- Psychodynamic theorists more than others have theorized about this disorder, focusing on cold, rejecting parents
 - Interpret this grandiose self-presentation as a way for people with this disorder to convince themselves that they are self-sufficient and without need of warm relationships
 - Research has found increased risk for developing the disorder among abused children and those who lost parents through adoption, divorce, or death

How Do Theorists Explain Narcissistic Personality Disorder?

- Cognitive-behavioral theorists propose that narcissistic personality disorder may develop when people are treated too positively rather than too negatively in early life
 - Those with the disorder have been taught to “overvalue their self-worth”

“Anxious” Personality Disorders

- People with these disorders typically display anxious and fearful behavior
- Although many of the symptoms are similar to those of anxiety and depressive disorders, researchers have found no direct links between this cluster and those diagnoses
- As with most of the personality disorders, research is very limited
 - But treatments for this cluster appear to be modestly to moderately helpful, considerably better than for other personality disorders

Avoidant Personality Disorder

Four or more of the following:

Avoids activities due to fear of criticism, disapproval or rejection

Unwilling to get involved with people unless certain of being liked

Restrained in relationships due to fear of being shamed or ridiculed

Preoccupied with criticism or rejection in social situations

Inhibited in new situations due to feelings of inadequacy

Views self as inept, unappealing, inferior

Reluctant to take personal risks



How Do Theorists Explain Avoidant Personality Disorder?

- Theorists often assume that avoidant personality disorder has the same causes as anxiety disorders, including:
 - Early trauma
 - Conditioned fears
 - Upsetting beliefs
 - Biochemical abnormalities
- Research has not directly tied the personality disorder to the anxiety disorders

How Do Theorists Explain Avoidant Personality Disorder?

- Cognitive theorists believe that harsh criticism and rejection in early childhood may lead people to assume that their environment will always judge them negatively

Dependent Personality Disorder

- People with dependent personality disorder have a pervasive, excessive need to be taken care of
 - As a result, they are clinging and obedient, fearing separation from their loved ones
 - They rely on others so much that they cannot make the smallest decision for themselves
- The central feature of the disorder is a difficulty with *separation*

Dependent Personality Disorder

Five or more of the following:

- Excessive need for advice and reassurance to make decisions
- Needs others to assume responsibility for most areas of life
- Difficulty expressing disagreement
- Difficulty initiating or doing things on own
- Goes to excessive lengths for nurturance or support
- Feels helpless when alone, due to exaggerated fears of being unable to care for self
- Urgently seeks new relationship if close relationship ends
- Preoccupied with fears of being left to care for self



Obsessive-Compulsive Personality Disorder

Personality traits involving preoccupation with orderliness, perfectionism, and control at the expense of spontaneity, flexibility, and enjoyment



Obsessive-Compulsive Personality Disorder

Four or more of the following:

Preoccupation with rules, lists, order, schedules, etc.

Perfectionism

Excessive devotion to work and productivity

Over-conscientious, scrupulous, inflexible about morality

Inability to discard worn-out or worthless objects

Reluctance to delegate tasks or work with

others unless they submit to exactly his or

her way of doing things

Miserly spending style

Rigidity and stubbornness

