Personality Disorders

Personality Disorders: An Overview

- The Nature of Personality and Personality Disorders
  - A **personality** is all the ways we have of acting, thinking, believing, and feeling that make each of us unique and different from every other person
  - Enduring and relatively stable predispositions
  - Personality disorders are long-standing patterns of thought, behavior, and emotions that are maladaptive for the individual or for people around him or her
    - Predispositions are inflexible and maladaptive, causing distress and/or impairment
    - Coded on Axis II of the DSM-IV and DSM-IV-TR
Personality disorders fall into three general clusters:

- **Personality disorders fall into three general clusters:**
  - **Persons in Cluster A seem odd or eccentric**
    - Paranoid, schizoid, schizotypal
  - **Persons in Cluster B seem dramatic, emotional or erratic**
    - Antisocial, borderline, histrionic, narcissistic
  - **Persons in Cluster C appear as anxious or fearful**
    - Avoidant, dependent, obsessive-compulsive

### Table 17-1: DSM-IV Checklist

**PERSONALITY DISORDER**
1. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual’s culture, with at least two of the following areas affected:
   - Cognition
   - Affectivity
   - Interpersonal functioning
   - Impulse control.
2. Pattern is inflexible and pervasive across a broad range of personal and social situations.
3. Pattern is stable and long-lasting, and its onset can be traced back at least to adolescence or early adulthood.
4. Significant distress or impairment.

Categorical vs. Dimensional Views of Personality Disorders

An Alternative: The Five-Factor Model
- Neuroticism
- Extraversion
- Openness to experience
- Agreeableness
- Conscientiousness

Personality Disorders: Facts and Statistics
- Prevalence of Personality Disorders
  - About 0.5% to 2.5% of the general population
  - Rates are higher in inpatient and outpatient settings
- Origins and Course of Personality Disorders
  - Thought to begin in childhood
  - Tend to run a chronic course if untreated
- Co-Morbidity Rates are High
- Gender Distribution and Gender Bias in Diagnosis
  - Gender bias exists in the diagnosis of personality disorders
  - Such bias may be a result of criterion or assessment gender bias
Cluster A: Paranoid Personality Disorder

- Overview and Clinical Features
  - Pervasive and unjustified mistrust and suspicion
  - Occurs more frequently in men than in women
  - Lifetime prevalence is about 1 percent
- The Causes
  - Biological and psychological contributions are unclear
  - May result from early learning that people and the world is a dangerous place
- Treatment Options
  - Few seek professional help on their own
  - Treatment focuses on development of trust
  - Cognitive therapy to counter negativistic thinking
  - Lack good outcome studies showing that treatment is efficacious

Cluster A: Schizoid Personality Disorder

- Overview and Clinical Features
  - Pervasive pattern of detachment from social relationships
  - Very limited range of emotions in interpersonal situations
  - Prevalence of schizoid PD is less than 1 percent and occurs more commonly in men than women
- The Causes
  - Etiology is unclear
  - Preference for social isolation in schizoid personality resembles autism
- Treatment Options
  - Few seek professional help on their own
  - Focus on the value of interpersonal relationships, empathy, and social skills
  - Treatment prognosis is generally poor
  - Lack good outcome studies showing that treatment is efficacious

Cluster A: Schizotypal Personality Disorder

- Overview and Clinical Features
  - Behavior and dress is odd and unusual
  - Most are socially isolated and may be highly suspicious of others
  - Magical thinking, ideas of reference, and illusions are common
  - Risk for developing schizophrenia is high in this group
  - Many also meet criteria for major depression
  - Prevalence of schizotypal PD is about 3 percent and occurs slightly more commonly in men than women
- The Causes
  - Schizoid personality – A phenotype of a schizophrenia genotype?
  - Left hemisphere and more generalized brain deficits
Cluster A: Schizotypal Personality Disorder

- Treatment Options
  - Main focus is on developing social skills
  - Treatment also addresses comorbid depression
  - Medical treatment is similar to that used for schizophrenia
  - Treatment prognosis is generally poor

Etiology of the Odd/Eccentric Cluster

- These disorders are linked to schizophrenia and may represent a less severe form of the disorder
  - Schizophrenia has clear genetic determinants
  - Family studies reveal that relatives of schizophrenia patients are at increased risk for developing schizotypal PD as well as paranoid PD
  - No clear pattern for schizoid PD

Cluster C: Avoidant Personality Disorder

- Overview and Clinical Features
  - Extreme sensitivity to the opinions of others
  - Highly avoidant of most interpersonal relationships
  - Are interpersonally anxious and fearful of rejection
  - Prevalence of Avoidant PD is about 1 percent and this disorder is co-morbid with dependent PD and borderline PD
- The Causes
  - Numerous factors have been proposed
  - Early development – A difficult temperament produces early rejection
- Treatment Options
  - Several well-controlled treatment outcome studies exist
  - Treatment is similar to that used for social phobia
  - Treatment targets include social skills and anxiety
Cluster C: Dependent Personality Disorder

- **Overview and Clinical Features**
  - Excessive reliance on others to make major and minor life decisions
  - Unreasonable fear of abandonment
  - Tendency to be clingy and submissive in interpersonal relationships
  - Prevalence of Dependent PD is about 1.5 percent and occurs slightly more commonly in women than men

- **The Causes**
  - Still largely unclear
  - Linked to early disruptions in learning independence

- **Treatment Options**
  - Research on treatment efficacy is lacking
  - Therapy typically progresses gradually
  - Treatment targets include skills that foster independence

Cluster C: Obsessive-Compulsive Personality Disorder

- **Overview and Clinical Features**
  - Excessive and rigid fixation on doing things the right way
  - Tend to be highly perfectionistic, orderly, and emotionally shallow
  - Obsessions and compulsions are rare
  - Prevalence of Obsessive-Compulsive PD is about 1 percent and this disorder is co-morbid with avoidant PD

- **The Causes**
  - Are largely unknown

- **Treatment Options**
  - Data supporting treatment are limited
  - Treatment may address fears related to the need for orderliness
  - Other targets include rumination, procrastination, and feelings of inadequacy
Cluster B: Borderline Personality Disorder

- Overview and Clinical Features
  - Patterns of unstable moods and relationships
  - Impulsivity, fear of abandonment, coupled with a very poor self-image
  - Self-mutilation and suicidal gestures are not uncommon
  - Prevalence of Borderline PD is about 1-2 percent and occurs more commonly in women than men
  - Most common personality disorder in psychiatric settings
  - Comorbidity rates are high

- The Causes
  - Borderline personality disorder runs in families
  - Early trauma and abuse seem to play some etiologic role

Cluster B: Borderline Personality Disorder

- Treatment Options
  - Few good treatment outcome studies
  - Antidepressant medications provide some short-term relief
  - Dialectical behavior therapy is the most promising psychosocial approach
Cluster B: Histrionic Personality Disorder

- Overview and Clinical Features
  - Patterns of behavior that are overly dramatic, sensational, and sexually provocative
  - Often impulsive and need to be the center of attention
  - Thinking and emotions are perceived as shallow
  - Prevalence of histrionic PD is about 2-3 percent and occurs slightly more commonly in women than men

- The Causes
  - Etiology is largely unknown
  - Is histrionic personality a sex-typed variant of antisocial personality?

Cluster B: Histrionic Personality Disorder

- Treatment Options
  - Few good treatment outcome studies
  - Treatment focuses on attention seeking and long-term negative consequences
  - Targets may also include problematic interpersonal behaviors
  - Little evidence that treatment is effective
Cluster B: Narcissistic Personality Disorder

- Overview and Clinical Features
  - Exaggerated and unreasonable sense of self-importance
  - Preoccupation with receiving attention
  - Lack of sensitivity and compassion for other people
  - Highly sensitive to criticism
  - Tend to be envious and arrogant
  - Prevalence of narcissistic PD is less than 1 percent and this disorder co-occurs with borderline PD

- The Causes
  - Psychoanalytic Viewpoints—child as a means to parent's end
  - Sociological View—Narcissism as a product of the "me" generation

Cluster B: Narcissistic Personality Disorder

- Treatment Options
  - Extremely limited treatment research
  - Treatment focuses on grandiosity, lack of empathy, unrealistic thinking
  - Treatment may also address co-occurring depression
  - Little evidence that treatment is effective
What's Normal?:
Violence in US society

- Violence is an accepted aspect of U.S. culture
- U.S. has higher rate of violent crime and greater proportion of people in jail compared to other industrialized countries
- Young American men die from violent causes such as homicide, car accidents and suicides at rate of more than 70 per 100,000
- Violence is an accepted method of dealing with interpersonal conflict: 1 in 8 males and 1 in 25 females had been in fight in last 30 days
- Southerners more likely to endorse violence in situations involving protection of self, family and property and in response to insults, and child discipline technique

Cluster B:
Antisocial Personality Disorder

Characteristics of the antisocial personality
- A predatory attitude toward other people
- A chronic indifference to and violation of the rights of one’s fellow human beings
- A history of illegal or socially disapproved activity beginning before age 15 and continuing into adulthood
- Failure to show constancy and responsibility in work, sexual relationships, parenthood, or financial obligations
- Irritability and aggressiveness
- Reckless and impulsive behavior
- Disregard for the truth
Antisocial Behavior and Psychopathy

The Psychopath
- Deeds are not motivated by any understandable purpose
- Have only the shallowest emotions
- Poor judgement and failure to learn from experience
- Ability to maintain a pleasant and convincing exterior
- Inadequate conscience development
- Irresponsible and impulsive behavior
- Rejection of authority
- Ability to impress and exploit others
- Inability to maintain good relationships

Overlap and lack of overlap among antisocial personality disorder, psychopathy, and criminality
Antisocial Personality Disorder: Facts and Statistics

- Predominantly affects young, low income, poorly educated males
- One of most frequent personality disorders (3.5%)
- Appears far more frequently in men (5-6x) and starts earlier
- Rates differ by type of sociocultural variations
- Course of childhood deviance- the longer the pattern exists, the less likely they will outgrow these behaviors
- Of children with CD, 40% of males and 24% of females will be diagnosed with adult APD; 50-75% of adolescent delinquents go on to be adult offenders

Antisocial Personality Disorder: Biological Causes

- Genetics: A bad seed?
  - Higher similarity of antisocial traits and criminal behaviors between male MZ twins (51.5%) than DZ twins (23.1%)
  - Studies demonstrate a portion of criminality is consistent with genetic vulnerability
  - Danish and Swedish studies- rates of criminality among adoptees more similar to that of biological parents than between adoptive parents
  - Environmental factors are more important predictors of antisocial conduct than genetics, but there is some genetic vulnerability
Antisocial Personality Disorder: Biological Causes

- Testosterone may play a role in violent behavior, but research is inconsistent.
- Impulsive aggression might be associated with low serotonin, but not with planned violence.
- Children in treatment for disruptive behavior disorders found to have low serotonin levels.
- Aggressiveness ratings and loss of impulse control in rhesus monkeys correlated significantly with low serotonin metabolite levels.
- Some forms of violence may be linked to genetic abnormalities: absence of monoamine oxidase A (metabolism of serotonin) in family with violent males.
- Serotonin deficit may be linked to frontal cortex affecting self-control and judgment.

Deficiencies in emotional arousal: low levels or absence of physical reactions to fearful or aversive conditions.

- Sensation seeking may be one explanation of antisocial behavior.
- Show deficient avoidant learning: psychopaths do not respond to fear-arousing learning situations.
- May lack the ability to inhibit responses even in the face of punishment, difficulty inhibiting certain responses.

![Bar graph showing SERS magnitude for threatening, distress, and neutral stimuli for Psychopaths and Nonpsychopaths.](image)
Antisocial Personality Disorder: Psychological Causes

- Freud says result of malformed superego
- Social learning theorists say environment provides aggressive role models, reinforces aggressive conduct, instigates aggression through frustration and provocation
- Hostile attribution bias (the tendency to believe that negative events are caused by other people intending harm) increases the chances of aggressive responses
- Exposure to violent models in culture
- Dysfunctional family experiences (such as conflict, negativity, criticism, inconsistent anger) in childhood are a powerful predictor of later APD and aggressive conduct

Treatment of Antisocial Personality Disorder

- Treatment
  - Few seek treatment on their own
  - Antisocial behavior is predictive of poor prognosis, even in children
  - Emphasis is placed on prevention and rehabilitation
  - Often incarceration is the only viable alternative

DSM-IV Personality Disorders Under Study

- Proposed DSM Personality Disorders
  - Sadistic personality disorder
  - Self-defeating personality disorder
- New Categories of DSM Personality Disorders Under Study
  - Depressive personality disorder
  - Negativistic personality disorder
Summary of Personality Disorders

- Personality Disorders
  - Long-standing, ingrained ways of thinking, feeling, and behaving
- DSM-IV Includes 10 Personality Disorders
  - Personality disorders fall in one of three clusters – Cluster A, B, or C
- The Causes of Personality Disorders Are Difficult to Pinpoint
  - May be interaction between a child’s biological temperament and from the reactions of self and others to that temperament may emerge a lifelong pattern of dysfunction
- Treatment of Personality Disorders Is Often Difficult
Dependent person need to be taken care of

**Biological Influences**
- Born dependent
- Protection
- Love
- Nurture

**Psychological Influences**
- Early "trauma" of care (death, rejection, or neglect) leads to fear of abandonment

**Social/Cultural Influences**
- Agreement for the sake of avoiding conflict
- Similar to assistant
- Inadequacy
- Sensitive to criticism
- Need for reassurance
- BUT for those same reasons
- Academics withdraw
- Dependents cling

**Treatment**
- Very little research
- Appears as stiff posture
- Submissiveness negates independence