CHAPTER NINE

Personality Disorders

CHAPTER OUTLINE

- Symptoms
- Diagnosis
- Frequency
- Schizotypal Personality Disorders (SPD)
- Borderline Personality Disorders (BPD)
- Antisocial Personality Disorders (ASP)
OVERVIEW

- **Personality** refers to enduring patterns of thinking and behavior that define the person and distinguish him or her from other people.

- The general definition of **personality disorder** presented in DSM-IV-TR emphasizes the duration of the pattern and the social impairment associated with the traits in question.

What is the difference between being eccentric and having a personality disorder?

- The concept of social dysfunction plays an important role in the definition of personality disorders.

- If the personality characteristics identified in DSM-IV-TR criterion sets typically interfere with the person's ability to get along with other people and perform social roles, they become more than just a collection of eccentric traits or peculiar habits.

SYMPTOMS

- **Social Motivation**
  - Motives (either conscious or unconscious) describe the way that the person would like things to be, and they help to explain why people behave in a particular fashion.
  - Two of the most important motives in understanding human personality are:
    - **Affiliation**: the desire for close relationships with other people
    - **Power**: the desire for impact, prestige, or dominance
SYMPTOMS

• Social Motivation (continued)
  — Many of the symptoms of personality disorders can be described in terms of maladaptive variations with regard to needs for affiliation and power.

• Cognitive Perspectives Regarding Self and Others
  — One central issue involves our image of ourselves.
    • Is the self-image stable?
    • Is self-esteem maintained by external validation?

SYMPTOMS

• Temperament and Personality Traits
  — Temperament and personality traits describe how people behave.
  — Refer to a person’s most basic, characteristic styles of relating to the world, especially those styles that are evident during the first year of life
    • Dimensions:
      — Activity level and emotional reactivity

SYMPTOMS

• Context and Personality
  — Differences may not be evident in all situations.
  — Social circumstances frequently determine whether a specific pattern of behavior will be assigned a positive or negative meaning by other people.
TABLE 9-2  Personality Disorders Listed in the DSM-IV-TR

CLUSTER A INCLUDES PEOPLE WHO OFTEN APPEAR ODD OR ECCENTRIC

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid</td>
<td>Disturb and suspiciousness of others</td>
</tr>
<tr>
<td>Schizoid</td>
<td>Detachment from social relationships and restricted range of expression of emotions</td>
</tr>
<tr>
<td>Schizotypal</td>
<td>Discomfort with close relationships; cognitive and perceptual distortions; eccentricities of behavior</td>
</tr>
</tbody>
</table>

CLUSTER B INCLUDES PEOPLE WHO OFTEN APPEAR DRAMATIC, EMOTIONAL, OR ERRATIC

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Antisocial</td>
<td>Disregard for and frequent violation of the rights of others</td>
</tr>
<tr>
<td>Borderline</td>
<td>Instability of interpersonal relationships, self-image, emotions, and control over impulses</td>
</tr>
<tr>
<td>Histrionic</td>
<td>Excessive emotionality and attention seeking</td>
</tr>
<tr>
<td>Narcissistic</td>
<td>Grandiosity, need for admiration, and lack of empathy</td>
</tr>
</tbody>
</table>

CLUSTER C INCLUDES PEOPLE WHO OFTEN APPEAR ANXIOUS OR FEARFUL

<table>
<thead>
<tr>
<th>Personality Disorder</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Avoidant</td>
<td>Social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation</td>
</tr>
<tr>
<td>Dependent</td>
<td>Excessive need to be taken care of, leading to submissive and clinging behavior</td>
</tr>
<tr>
<td>Obsessive-Compulsive</td>
<td>Preoccupation with orderliness and perfectionism at the expense of flexibility</td>
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Cluster A: Paranoid, Schizoid and Schizotypal

<table>
<thead>
<tr>
<th>PARANOID PD</th>
<th>SCHIZOID PD</th>
</tr>
</thead>
<tbody>
<tr>
<td>• Pervasive tendency to be inappropriately suspicious of others’ motive and behaviors</td>
<td></td>
</tr>
<tr>
<td>• Have expectation of being harmed</td>
<td></td>
</tr>
<tr>
<td>• Completely inflexible in their views and expectations</td>
<td></td>
</tr>
<tr>
<td>• Pervasive patterns of indifference to other people, coupled with a diminished range of emotional experience and expression</td>
<td></td>
</tr>
</tbody>
</table>
**DIAGNOSIS**

- **Cluster A: Paranoid, Schizoid, and Schizotypal**
  - Schizotypal PD
    - Centers around peculiar behaviors rather than emotional restriction and social withdrawal.
    - Perceptual and cognitive disturbances
    - Not psychotic or out of touch with reality

**Cluster B: Antisocial, Borderline, Histrionic and Narcissistic PD**

**ANTISOCIAL PD**
- Persistent pattern of irresponsible and antisocial behavior that begins during childhood or adolescence
- Impulsive and reckless
- Lack conscience

**BORDERLINE PD**
- Pervasive pattern of instability in mood and interpersonal relationships
- Find it very difficult to be alone
- Rapid mood shifts
- Anger, identity disturbances

**HISTRIONIC PD**
- Pervasive pattern of emotionality and attention-seeking behavior
- Emotionally shallow
- Tendency of inappropriate exaggeration
- Manipulative

**NARCISSISTIC PD**
- Pervasive pattern of grandiosity, need for admiration, and inability to empathize with others
- Greatly exaggerated sense of self-importance
Cluster C: Avoidant, Dependent, and Obsessive-Compulsive PD

AVOIDANT PD
- Pervasive pattern of social discomfort, fear of negative evaluation, and timidity
- Wants to be liked, but easily hurt by even minimal signs of disapproval

DEPENDENT PD
- Pervasive pattern of submissive and clinging behaviors.
- Afraid of separating from other people on whom they are dependent

DIAGNOSIS
- Cluster C: Avoidant, Dependent, and Obsessive-Compulsive PD
  - Pervasive pattern of orderliness, perfectionism, and mental and interpersonal inflexibility, at the expense of flexibility, openness, and efficiency
  - Preoccupied with details and rules
  - Marked need for control and lack of tolerance for uncertainty

FREQUENCY
- Prevalence in Community and Clinical Samples
  - The overall lifetime prevalence for having at least one personality disorder varies between 10%.
  - Highest prevalence rates for OCPD, ASP, and Avoidant PD is 3%-4%.
  - Low rates (less than 1%) for narcissistic PD may suggest that those suffering do not recognize the nature of their own problems
FREQUENCY

• Gender Differences
  – The overall prevalence of personality disorders is approximately equal in men and women.
  – Antisocial personality disorder: 5% reported for men and 2% for women
• Gender Bias and Diagnosis
  • Critics contend that the definitions of some categories are based on sex role stereotypes and therefore are inherently sexist.

FREQUENCY

• Stability of Personality Disorders over Time
  – Temporal stability is one of the most important assumptions about personality disorders.
  – The long-term prognosis is less optimistic for schizotypal and schizoid personality disorders. People with these diagnoses are likely to remain socially isolated and occupationally impaired.

FREQUENCY

• Culture and Personality
  – Personality disorders may be more closely tied to cultural expectations than any other kind of mental disorder.
  – Much more information is needed before we can be confident that the DSM-IV-TR system for describing personality disorders is valid in other societies.
SCHIZOTYPAL PERSONALITY DISORDER (SPD)

• Symptoms
  – People with SPD frequently met the criteria for additional Axis II disorders.
    • Considerable overlap with Cluster A and avoidant PD
    • Overlap with borderline PD

SCHIZOTYPAL PERSONALITY DISORDER (SPD)

• Causes
  – Genetically related to schizophrenia
  – First degree relatives of schizophrenic patients are considerably more likely than people in the general population to exhibit symptoms of schizotypal PD.
  – Prevalence rates for paranoid and avoidant PD also tend to be higher among relatives of schizophrenic patients.

SCHIZOTYPAL PERSONALITY DISORDER (SPD)

• Treatment
  – Ego-syntonic nature of personality disorders
    • Do not tend to seek treatment
    • Prematurely terminate from treatment
  – Comorbidity
    • Complicates treatment
    • Pure forms
    • Treatment is seldom aimed at problem behaviors that are associated with only one type of PD, therefore efficacy of treatment is difficult to evaluate.
BORDERLINE PERSONALITY DISORDER (BPD)

• One of the most perplexing, most disabling, and most frequently treated forms of PD

• Otto Kernberg (1967, 1975)
  – BPD refers to a set of personality features or deficiencies that can be found in individuals with various disorders.

• Common features/abnormal behaviors of BPD
  – Splitting: alternately seeing people as entirely good or entirely bad
  – Paranoid, schizoid, cyclothymic, and impulse control

BORDERLINE PERSONALITY DISORDER (BPD): Genetics

• Parental loss, neglect and mistreatment during childhood (Fonagy & Bateman, 2008)
• Physical abuse and sexual abuse
• Adolescent girls with BPD report a lack of supervision, frequent witness of domestic violence, and being subjected to inappropriate behavior by their parents and other adults, including verbal, physical, and sexual abuse (Helgeland & Torgersen, 2004; Pally, 2002).

FIGURE 9-1

Family Environment and Risk for Personality Disorders

![Graph showing prevalence of PD in different clusters with childhood maltreatment as a variable]
BORDERLINE PERSONALITY DISORDER (BPD)

• Treatment
  – BPD conditions are the most difficult to treat.
  – Between 1/2 to 2/3 of all patients with BPD discontinue treatment prematurely.
  – Marsha Linehan – Dialectical Behavioral Therapy (DBT)
    • Emphasis: learning to be more comfortable with strong emotions
    • Emphasis: therapist’s acceptance of the patient and their negative behaviors

ANTISOCIAL PERSONALITY DISORDER (ASPD)

• Most thoroughly studied PD over a longer period of time than any other PD
• Psychopathy and ASP: two different attempts to define the same disorder
  – Sufficiently different and do not identify the same people
  – They are no longer used interchangeably
**ANTISOCIAL PERSONALITY DISORDER (ASPD)**

- **Symptoms**
  - Diagnosis requires the presence of conduct disorder prior to the age of 15.
  - At least three out of seven signs of irresponsible and antisocial behavior after the age of 15
  - Psychopathy Checklist (PCL)
    - Robert Hare

- **Causes**
  - Biological factors
  - Adoption studies
    - Highest rates of antisocial behavior are determined by an interaction between genetic factors and adverse environment
    - People raised in more difficult adoptive homes were more likely to engage in various types of aggressive and antisocial behaviors as children and as adults.

**ANTISOCIAL BEHAVIOR OVER THE LIFESPAN**

- Terrie Moffitt
  - Transient
  - Nontransient
  - Life-course-persistent antisocial behavior
  - Psychopaths “burn out” when they reach 40 or 45 years of age
  - Older psychopaths find new outlets for aggression, impulsive behavior, and disregard for others
How can the interaction between genetic factors and family processes be explained?

- Children’s temperament and their characteristic response styles may have an effect on parental behavior.
- Their resistance to disciplinary efforts may discourage adults from maintaining persistent strategies to manage their behaviors.
- This interaction fosters development of poorly controlled behavior.

ANTISOCIAL PERSONALITY DISORDER (ASPD)

- Causes
  - Psychological Factors
    - Investigations have attempted to explain several characteristic features of psychopathy, such as lack of anxiety, impulsivity, and failure to learn from experience (Fowles & Dindo, 2006).
    - Two primary hypotheses to explain the poor performance of psychopaths on these tasks.
      - Cleckley’s argument: psychopaths are emotionally impoverished.
  - Psychological Factors (continued)
    - Psychopaths have difficulty shifting or reallocating their attention to consider the possible negative consequences of their behavior.
    - They fail to inhibit inappropriate behavior because they are less able than other people to stop and consider the meaning of important signals that their behavior might lead to punishment (Hiatt & Newman, 2006; Patterson & Newman, 1993).
ANTISOCIAL PERSONALITY DISORDER (ASPD)

- Treatment
  - People with ASPD seldom seek professional mental health services unless mandated by the legal system.
  - Treatment is seldom effective.
  - The high rate of alcoholism and other forms of substance dependence complicates planning and evaluating treatment programs.