Personality Disorders

Rigid and dysfunctional patterns of thinking, feeling and acting that disrupt person’s ability to maintain healthy relationships.

Start in childhood and continue through adolescence and adulthood. Personality disorders tend to be lifelong, pervasive, and inflexible (which makes them different from clinical disorders in Axis I).

Tend to be more resistant to treatment than those with clinical disorders.

3 Clusters of Personality Disorders
A. eccentric/odd behavior
B. dramatic/erratic behavior
C. anxious/fearful behavior
Cluster A Personality Disorders

Often seem odd or eccentric, with unusual behavior ranging from distrust and suspiciousness to social detachment

<table>
<thead>
<tr>
<th>Type</th>
<th>Characteristics</th>
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<tbody>
<tr>
<td>Paranoid</td>
<td>Distrust of others, believe people out to harm them; could react with violence to defend themselves</td>
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<tr>
<td>Schizoid</td>
<td>No social relationships; the “hermit”</td>
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<tr>
<td>Schizotypal</td>
<td>Problems with either starting or maintaining relationships; odd perceptions, emotions, thoughts, and behavior</td>
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*Paranoid and Schizoid are eliminated from the DSM-5!

Genetically linked to schizophrenia and might be less severe variants, especially people with schizotypal PD. They also have enlarged ventricles and less temporal lobe gray matter.
## Cluster B Personality Disorders

Tendency to be dramatic, emotional, and erratic. Their impulsive behavior, often involving antisocial activities, is more colorful, more forceful, and more likely to bring them into contact with mental health or legal authorities than the other two clusters.

<table>
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<th>Type</th>
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<tr>
<td>Histrionic</td>
<td>Obsessed with being center of attention; very dramatic; emotionally shallow person</td>
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<tr>
<td>Narcissistic</td>
<td>Exaggerated belief that he or she is very important and has achieved much success; arrogant</td>
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<tr>
<td>Borderline</td>
<td>Instability of emotions, impulse control, obsessive fear of being alone, difficulty maintaining relationships and routines</td>
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<tr>
<td>Antisocial</td>
<td>No feelings of regard for others or their welfare; lack of conscience or remorse; most heavily studied personality disorder; sociopath and psychopath have been used to describe this disorder.</td>
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*Histrionic is eliminated from the DSM-5!*
Narcissistic Personality Disorder

- Named after the Greek myth of Narcissus, who fell in love with his own reflection in a pool of water and pined away over it until he was eventually changed into a flower.

- Characteristics of someone with Narcissistic PD:
  - Exaggerated and unreasonable sense of self-importance
  - Extreme sensitivity to criticism
  - A constant need for attention
  - A tendency to arrogantly overestimate personal abilities and achievements.
  - Self-centered and envious.
  - They exaggerate their achievements, expecting others to recognize them as being superior.
  - They tend to be choosy about picking friends, since they believe that not just anyone is worthy of being their friend.
  - They are generally uninterested in the feelings of others (remember Taylor Swift?) and may take advantage of them.

Watch ➔ Mental Health Guru
http://www.youtube.com/watch?v=FFgoGtt7wu4&feature=youtu.be
• Other examples of narcissists:
  – Tom Cruise in the film *Magnolia* (He plays a character called Frank T.J. Mackey, author of a book called *Seduce and Destroy*, a self-help system for men to get women to sleep with them).
  – Dorian Gray, from the book *The Picture of Dorian Gray* by Oscar Wilde.
  – TV: Gregory House, Michael Scott (*The Office*)
  – Charles Manson [http://www.youtube.com/watch?v=f9jRDHGabp8](http://www.youtube.com/watch?v=f9jRDHGabp8)
  – Spencer Pratt: [http://www.youtube.com/watch?v=InH9mQ2Mw1w](http://www.youtube.com/watch?v=InH9mQ2Mw1w)
  – MadTV spoof: [http://www.youtube.com/watch?v=TQ1Z_5c0L3Q](http://www.youtube.com/watch?v=TQ1Z_5c0L3Q)
Borderline Personality Disorder

- A better name would be “emotionally unstable disorder” – the term borderline goes back to when sufferers were thought to be borderline schizophrenic (docs now know they’re often not)
- Lack of stability in interpersonal relationships, self-image, and emotion.
  - Impulsivity
  - An intense fear of abandonment
  - Very poor self-image
  - Turbulent relationships
- People with this disorder are prone to constant mood swings and bouts of anger.
  - They are quick to anger when their expectations are not met.
  - They will take their anger out on themselves, causing themselves injury (self-mutilation)
- Suicidal threats and actions are not uncommon
- Examples: Meg Griffin (Family Guy), mother and daughter from Black Swan, Anakin Skywalker/Darth Vader
- Examples of movies that possibly feature borderline personality disorder (WARNING – these movies would definitely need parental permission!):
  - Fatal Attraction (http://www.youtube.com/watch?v=e3oF8Po4qWc ) and The Hand that Rocks the Cradle (http://www.youtube.com/watch?v=wjtfG8r14Uk)

Watch → Mental Health Guru on Borderline PD
http://www.youtube.com/watch?v=xdPuSnP8YY8
Etiology of Borderline PD

- Biological
  - Genes and deficits in sensitivity to serotonin contribute to components of this disorder, such as impulsivity and emotional deregulation.
  - In some studies, people with BPD show poor frontal lobe functioning and increased activation of the amygdala.

- Socio-Cultural
  - Report a history of parental separation, verbal abuse, and emotional abuse during childhood.

- Psychoanalytic
  - Developed insecure/weak egos because of adverse childhood experiences. They need constant reassuring and see the world in black-and-white terms, causing them to have difficulty regulating emotions.

Etiology of Narcissistic PD

- Humanistic
  - Characteristics of NPD masks a very fragile self-esteem. A failure to develop healthy self-esteem occurs when parents do not respond with approval to their child’s displays of competency; that is, the child is valued as a means of fostering the parents’ self-esteem but not for the child’s own worth.
Antisocial Personality Disorder

- Formerly known as psychopathic or sociopathic personality disorder – it is the most dramatic and troubling of all the personality disorders.
- Symptoms include:
  - This disorder is more likely to occur in males than females, and usually develops by adolescence.
  - It is characterized by a lack of conscience, empathy, and remorse for wrongdoing, even toward friends and family members.
  - People with this disorder exhibit a persistent disregard for and violation of others’ rights (“social predators”). They treat people as objects – as things to be used for gratification and cast aside coldly when no longer wanted.
  - They live for the moment and take action without thinking about consequences.
  - They seek thrills, they are often aggressive, and they do not feel shame or guilt if they break social rules or injure other people along the way.
  - Getting caught does not bother them, either. No matter how many times they are punished or jailed, they never learn to stay out of trouble.
  - However, interestingly enough, they can get away with destructive behavior because they are intelligent, entertaining, and able to feign emotions they do not feel. They are also very deceitful.
  - They win affection and confidence from others of whom they then take advantage.

Watch → Mental Health Guru on Antisocial PD [http://www.youtube.com/watch?v=NfHo-HJObU8]
Etiology of Antisocial PD

**Biological:**
- Reduced activity in the frontal lobe, which is responsible for planning and organization.
- Low levels of physiological arousal; respond to fear-eliciting stimuli with less anxiety than other people

**Socio-cultural:**
- Dysfunctional family, lack of positive parenting, attachment problems that appeared in early childhood, and childhood trauma.
- Living in a high crime neighborhood
Antisocial PD

Psychopathy vs. ASPD
- *Psychopathy* - focuses primarily on underlying personality traits (e.g., being self-centered or manipulative)
- *ASPD* - focuses primarily on observable behavior (e.g., impulsivity, repeatedly changes jobs)

ASPD vs. Criminality
- “Criminal” is a legal term denoting conviction for breaking a law:
  - not all people with ASPD are criminals (or in jails)
  - not all people in jail or considered criminal have ASPD
  - not all people with ASPD are psychopaths
- Punishment of offenders not likely to be very effective for rehabilitation. Getting tough programs like “Scared Straight” and boot camps make kids with ASPD potential worse rather than better

“Social predators who charm, manipulate, and ruthlessly plow their way through life, leaving a broad trail of broken hearts, shattered expectations, and empty wallets. Completely lacking in conscience and empathy, they selfishly take what they want and do as they please, violating social norms and expectations without the slightest sense of guilt or regret.”

Robert Hare (1993)
Cluster C Personality Disorders

Anxiety and fearfulness are often part of these disorders, making it difficult in some cases to distinguish them from anxiety based disorders. People with these disorders, because of their anxieties, are more likely to seek help.

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<tr>
<td>Dependent</td>
<td>An enormous need to be taken care of; cannot make decisions; very needy</td>
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<tr>
<td>Obsessive Compulsive</td>
<td>Obsession with order and control; perfectionist</td>
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<tr>
<td>Avoidant</td>
<td>Oversensitive to criticism; does not partake in social situations.</td>
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Dependent is eliminated from the DSM-5!
Treatment of Personality Disorders

• Biological
  – Schizotypal PD might be treated with antipsychotic drugs
  – Avoidant PD might be treated with antianxiety meds or antidepressants to reduce social anxieties

• Cognitive
  – Break disorder down into a set of separate problems. For example, a person with avoidant PD is extremely sensitive to criticism, which might be treated by social skills training in how to address criticism, by systematic desensitization or rational emotive behavior therapy. Disorders are analyzed in terms of negative cognitive beliefs that could help explain the pattern of symptoms.
  – Borderline PD is the greatest challenge to treat. Patients have difficulty trusting others so hard to maintain the therapeutic relationship and suicide is always a serious risk. Might be treated with Dialectical Behavior Therapy – combines client-centered empathy and acceptance with cognitive behavioral problem solving and social skills training. Goal is to teach the patient to adopt a dialectical view of the world, an understanding that things are not really all bad or all good. Use coaching to help a person control their extreme emotionality and improve relationships. Give patients cognitive behavioral therapy while simultaneously validating and accepting them for who they are
Parking Lot of the Personality Disordered

1. PARANOID - Cornered again!!
2. NARCISSIST - Largest car; prominent hood ornament
3. DEPENDENT - Needs other cars to feel sheltered
4. PASSIVE-AGGRESSIVE - Angles car to take 2 spaces
5. BORDERLINE - Rams into car of ex-lover
6. ANTISOCIAL - Blocks other cars
7. HISTRIONIC - Parks in center of lot for dramatic effect
8. OBSESSIVE - Perfect alignment in parking space
9. AVOIDANT - Hides in corner
10. SCHIZOID - Can't tolerate closeness to other cars
11. SCHIZOTYPAL - Intergalactic parking