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 A: Schizotypal

- The patient is a 32 year old unmarried, unemployed woman on welfare who complains that she feels “spacey.” Her feelings of detachment have gradually become stronger and more uncomfortable. For many hours each day she feels as if she were watching herself move through life, and the world around her seems unreal. She feels especially strange when she looks into a mirror. For many years she has felt able to read people’s minds by a “kind of clairvoyance I don’t understand.” According to her, several people in her family apparently also have this ability. She has no friends, feels lonely and isolated and spends much of each day lost in fantasies or watching TV soap operas. She speaks in vague, abstract, digressive manner, generally just missing the point, but she is never incoherent. She does not experience hallucinations or delusions.
# 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>
<thead>
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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!*
Cluster B

- Narcissistic Personality Disorder
  - A 25 year old, single graduate student complains to his psychoanalyst of difficulty completing his PhD in English literature and expresses concerns about his relationship with women. He believes that his thesis topic may profoundly increase the level of understanding in his discipline and make him famous, but so far he has not been able to get past the third chapter. His mentor does not seem sufficiently impressed with his ideas, and he is thus furious at him, but also self-doubting and ashamed. He blames his mentor for his lack of progress, and thinks that he deserves more help with his grand idea. He brags about his creativity and complains that other people are jealous of his insight. People get tired of his continual self-promotion and lack of consideration of them.

- Antisocial Personality Disorder
  - Mark, a 22 year old came to a psychology clinic on court order. He was awaiting trial for car theft and armed robbery. His case records revealed that he had a long history of arrests beginning at age 9, when he had been picked up for vandalism. He had been expelled from high school for truancy and disruptive behavior. On a number of occasions he had run away from home for days or weeks at a time. To date he had not held a job for more than a few days at a time, even though his generally charming manner enabled him to obtain work readily. He was described as a loner, with few friends. Though initially charming, Mark usually soon antagonized those he met with his aggressive, self-oriented behavior. Mark was generally complimentary during the therapy session. At the end of it, he enthusiastically told the therapist how much he’d benefited from the counseling and looked forward to future sessions. Mark’s first session was his last. Shortly after it, he skipped bail and presumably left town to avoid his trial.

- Borderline Personality Disorder
  - A 26 year old unemployed woman was referred for admission to a hospital by her therapist because of intense suicidal preoccupation and urges to mutilate herself with a razor. The patient was apparently well until her junior year in high school, when she became preoccupied with religion and philosophy, avoided friends, and was filled with doubt about who she was. Academically she did well, but later, during college, her performance declined. In college, she began to use a variety of drugs, abandoned the religion of her family, and seemed to be searching for a charismatic religious figure with whom to identify. At times massive anxiety swept over her and she found it would suddenly vanish if she cut her forearm with a razor blade.
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
Narcissistic Personality Disorder, cont.

• 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*)
  – Or Watch One of the Following Examples of a Narcissist
  – 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)
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-HJOobU8
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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<th>Type</th>
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<tr>
<td>Dependent</td>
<td>An enormous need to be taken care of; cannot make decisions; very needy</td>
</tr>
<tr>
<td>Obsessive Compulsive</td>
<td>Obsession with order and control; perfectionist</td>
</tr>
<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!*
Cluster C

Avoidant

• Sally, a 35 year old librarian, lived a relatively isolated life and had few acquaintances and no close personal friends. From childhood on, she had been very shy and had withdrawn from close ties with others to keep from being hurt or criticized. Two years before she entered therapy, she had had a date to a party with an acquaintance she had met at the library. The moment they had arrived at the party, Sally had felt extremely uncomfortable because she had not been “dressed properly.” She left in a hurry and refused to see her acquaintance again. It was because of her continuing concern over this incident that – two years later – she decided to go into therapy, even though she dreaded the possibility that the psychologist would be critical of her.

Obsessive Compulsive

• Alan appeared to be well suited to his work as a train dispatcher. He was conscientious, perfectionistic, and attended to minute details. However, he was not close to his coworkers and, reportedly, they thought him “off.” He would get quite upset if even minor variations to his daily routine occurred. He would become tense and irritable if coworkers did not follow exactly his elaborately constructed schedules and plans. If he became tied up with traffic, he would beat the steering wheel and swear at other drivers for holding him up. His rigid routines were impossible to maintain, and he often developed tension headaches or stomachaches when he couldn’t keep his complicated plans in order.
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