

Chapter 12 Personality Disorders

The Nature of Personality Disorders

- Enduring patterns of perceiving, relating to, and thinking about the world and oneself
- Manifest across many life areas
- Are inflexible and maladaptive, and cause either significant impairment or distress to self or others

- Dimensional vs. Categorical
 - Problem of degree vs. Problem of kind
- DSM-IV
 - Categorical View
 - Axis II
 - Ten Types
- DSM-IV Clusters
 - Cluster A: “Odd / Eccentric”
 - Cluster B: “Dramatic / Emotional / Erratic”
 - Cluster C: “Anxious / Fearful”

- Cluster A
 - “Odd” or “Eccentric”
 - Paranoid
 - Schizoid
 - Schizotypal

- Paranoid Personality Disorder
 - Pervasive unjustified distrust
 - Excessively suspicious
 - Tend not to confide in others
 - Think others want to harm them
 - Meaningful relationships are very difficult because of the profound mistrust
 - Obviously hostile toward others
 - Appear tense & ready to pounce when they think they’ve been slighted
 - Very sensitive to criticism
 - Excessive need for autonomy

- Causes
 - Still unclear
 - Biological vulnerability
 - Distorted thoughts
 - Roots of these perceptions are in early upbringing
 - Cultural factors
- Treatment
 - Unlikely to initiate treatment
 - Trigger for seeking therapy is crisis in one’s life or anxiety or depression
 - Difficulty establishing trust in treatment
 - Use CT to address mistaken assumptions
 - No evidence that treatment works!

- Schizoid Personality Disorder
 - Extreme social detachment (loner)
 - They neither desire nor enjoy closeness with others, including romantic relationships
 - Limited range of emotions in interpersonal situations
 - Lack emotional expressiveness
 - Appear aloof, cold, indifferent
 - Many are homeless
 - Extreme social deficiencies

- Causes and Treatment
 - Possibly a biological dysfunction similar to that found in autism
 - They rarely request treatment except in response to a crisis
 - Treatment teaches value of social relationships, & involves education about emotions, empathy training, social skills training, & role playing
 - Treatment prospects are poor

- Schizotypal Personality Disorder
 - Also socially isolated
 - **BUT** behavior is more unusual
 - Often considered odd or bizarre because of how they relate to other people, think & behave & even dress
 - They tend to be suspicious & have odd beliefs
 - Ideas of reference
 - Magical thinking
 - Illusions

- Causes
 - Viewed by some as one phenotype of a schizophrenia genotype
- Treatment
 - 30-50% of the people seeking treatment for this also have MDD
 - Limited research into treatment
 - Teach social skills to help reduce their isolation from & suspicion of others
 - Medical treatment similar to that for people with schizophrenia

Cluster B

“Dramatic, Emotional, Erratic”

- Antisocial
- Borderline
- Histrionic
- Narcissistic

Antisocial Personality Disorder

- Long histories of
 - Violating cultural norms
 - Violating rights of others
 - Impulsivity & aggressiveness
 - Lack of remorse
 - Substance abuse is common (83%)
- Long-term outcome often is poor
- Many met the criteria for conduct disorder during childhood
- Antisocial personality disorder, psychopathy & criminality

Causes

- Genetic and Developmental Influences
 - Family, twin, & adoption studies all suggest a genetic influence
 - There's a gene-environment interaction
- Neurobiological Influences
 - Under-arousal Hypothesis
 - Fearlessness Hypothesis
 - Jeffrey Gray's model of brain functioning
 - Individuals with Antisocial PD may have an imbalance between the reward system (REW) & the behavioral inhibition system (BIS), with REW >>> BIS

- Psychological & Social Influences
 - Once they set their sights on a reward goal, they're less likely to be deterred despite signs that the goal is no longer achievable
 - Gerald Patterson
 - Coercive family process
- Developmental Influences
 - Rate of antisocial behavior declines markedly around age 40

- Treatment
 - Most do not seek treatment
 - Can be very manipulative with their therapists
 - Poor prognosis
 - Most common treatment strategy for children involves parent training
 - Focus on prevention

Borderline Personality Disorder

- Unstable & intense relationships
- Unstable self-image
- Unstable moods
- Impulsive behavior
- Causes
 - Runs in families
 - Connection with mood disorders
 - Contribution of early abuse, especially sexual & physical abuse

• Treatment

- Few Controlled Studies
- Medications
 - Antidepressants and Lithium
- Marcia Linehan's Dialectical Behavior Therapy (DBT)
 - Multifactorial
 - Teaches problem solving
 - Teaches identification & regulation of emotions
 - Social skills training
 - Re-experience prior traumatic events to help extinguish associated fear

Histrionic Personality Disorder

- Overly dramatic
- Emphasis on appearance
- Seductive & provocative
- Center of attention
- Seek reassurance & approval
- Tend to be impulsive & have difficulty delaying gratification
- Impressionistic style; vague speech
- Causes
 - Little research
 - Ancient Greeks & hysteria
 - Relationship with Antisocial PD

- Treatment
 - Again few controlled studies
 - Modify attention seeking behavior
 - Focus on changing relationship styles
 - Shown more appropriate behaviors

Narcissistic Personality Disorder

- Grandiose
- Require & expect special attention
- Requires admiration
- Little sensitivity for others or empathy
- Exploits others for their own interests
- Frequently depressed because they often fail to live up to their own expectations

- Causes
 - Lack of early experiences with empathy / altruism
 - A function of the “me generation”
- Treatment studies are limited
 - Therapy focuses on grandiosity, hypersensitivity to evaluation, & lack of empathy toward others
 - CT aims to replace their fantasies with a focus on attainable day-to-day pleasurable experiences
 - Relaxation training to help them face & accept criticism
 - Focus on feelings of others
 - Treatment for depression

>Cluster C

“Anxious or Fearful”

Avoidant

Dependent

Obsessive-Compulsive

Avoidant Personality Disorder

- Because they are hypersensitive to others’ opinions
 - They avoid social relationships
- Because of extreme low self-esteem
 - High fear of rejection,
 - They become very dependent on those few they feel comfortable with
- Take few risks
- Socially inhibited & anxious
- Different from Schizoid PD

- Causes
 - May be born with a difficult early temperament
- Treatment
 - Several well controlled studies
 - Target anxiety and social skills
 - Treatment similar to social phobia
 - Systematic Desensitization
 - Behavioral Rehearsal
 - Modest improvements with fear of negative evaluation, social avoidance & distress

Dependent Personality Disorder

- Excessive reliance on others
- Fear abandonment & rejection
- Submissive, timid & passive
- Cling to relationships
- Causes
 - Disruption in early attachment due to neglect, rejection, or early death
 - Because early bonding is interrupted, they're constantly anxious they'll lose people close to them
- Very limited research into treatment effectiveness

Obsessive-Compulsive PD

- Fixation on doing things “the right way”
- Preoccupation with
 - Orderliness & perfectionism
 - Control
 - Details & rules
- Rigid and stubborn, leading to poor interpersonal relationships
- Very work-oriented
- Only distantly related to OCD

- Causes
 - Weak genetic contribution
 - May require parental reinforcement of conformity & neatness
- Few controlled treatment studies
 - Address fears underlying need for orderliness
 - Relaxation and distraction techniques to redirect the compulsive thoughts

Personality Disorders Under Study

- Depressive personality disorder
 - Self-criticism, dejection, judgmental stance toward others, & a tendency to feel guilt
 - It may be a PD distinct from dysthymic disorder
- Negativistic personality disorder
 - Passive aggression in which people adopt a negativistic attitude to resist routine demands & expectations
 - May be a subtype of Narcissistic PD