

Personality Disorders

PSYCH239



Did You Know That...

- Warning signs of personality disorders may begin appearing in childhood, even during the preschool years?
- People with schizoid personalities may develop stronger attachments to animals than to people?
- Not all people with antisocial personalities are lawbreakers; some are very successful in their chosen, lawful occupations?

Did You Know That...

- Adults with dependent personalities may have such difficulty making independent decisions that they allow their parents to decide whom they will or will not marry?
- It is often difficult to draw the line between normal variations in behaviour and personality disorders?

Did You Know That...

- The conceptualization of certain types of personality disorders may be sexist?
- Despite a veneer of self-importance, people with narcissistic personalities may harbour deep feelings of insecurity?
- Identical twins reared apart show remarkable similarity in psychopathic traits?

Learning Objectives

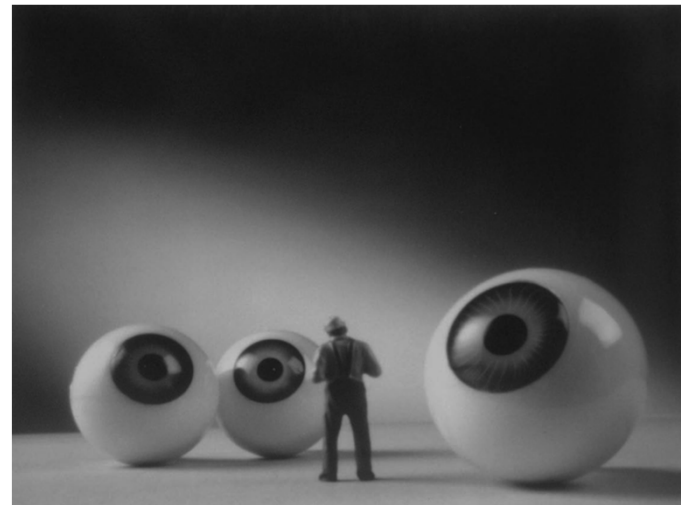
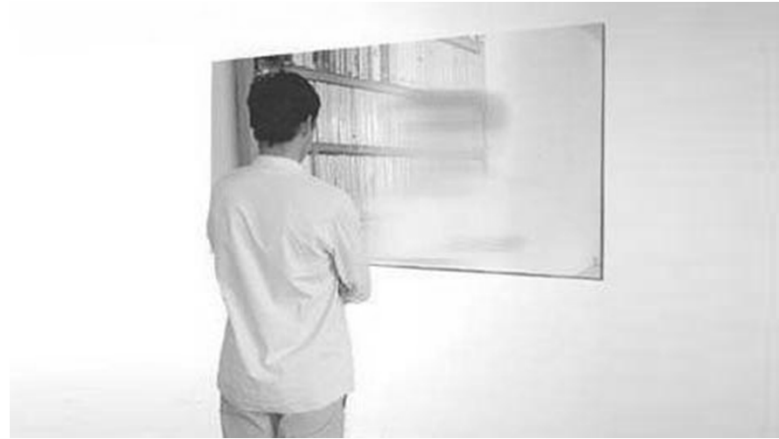
1. Become familiar with the 10 personality disorders (PDs) defined in the DSM-5
 - Core features of each (by cluster)
 - Differential features
2. Understand the problems with the current PDs, and how they may be addressed in future versions of the DSM.
3. Understand the theoretical perspectives pertaining to the various PDs and the methods of Tx that stem from those
4. Gain a more in-depth understanding of Dialectical Behavior Therapy (DBT)

WHAT ARE PERSONALITY DISORDERS?

- All of us have particular styles of behaviour and ways of relating to others. Some of us are shy; others more social. Some of us are orderly; others sloppy.
- When these behaviour patterns become so inflexible or maladaptive that they cause significant personal distress or impair functioning in the social or occupational realms, their behaviour pattern may be diagnosed as a personality disorder.

WHAT ARE PERSONALITY DISORDERS?

- Types of abnormal **behaviour patterns** involving excessively rigid patterns of behaviour or ways of relating to others that ultimately become self-defeating because their rigidity prevents adjustment to external demands.



TYPES OF PERSONALITY DISORDERS

Ego Syntonic: Behaviour or feelings that are perceived as natural or compatible parts of the self.

Ego Dystonic: Behaviour or feelings that are perceived to be foreign or alien to one's self-identity.

General DSM-5 Diagnostic Criteria

- A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's **culture**. This pattern is manifested in two (or more) of the following areas:
 - (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
 - (2) affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
 - (3) interpersonal functioning
 - (4) impulse control

- B. The enduring pattern is **inflexible and pervasive** across a broad range of personal and social situations.
- C. The enduring pattern leads to clinically significant **distress or impairment** in social, occupational, or other important areas of functioning.
- D. The pattern is **stable and of long duration** and its onset can be traced back at least to adolescence or early adulthood.
- E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.
- F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).

THE THREE CLUSTERS

- A) Odd, eccentric behaviour “Mad”
 - Paranoid
 - Schizoid
 - Schizotypal
- B) Dramatic, emotional, impulsive “Bad”
 - Borderline
 - Antisocial
 - Narcissistic
 - Histrionic
- C) Anxious, fearful, avoidant “Sad”
 - Avoidant
 - Dependent
 - Obsessive-Compulsive,

- Important to keep in mind:
 - Many (if not most) PD Dx are “PDNOS”
 - They can fluctuate in their intensity over time
 - Make no mistake about it, these can be highly debilitating disorders. They are not just somebody choosing to be nasty (with the possible exception of AsPD)

TYPES OF PERSONALITY DISORDERS

- **Cluster A**
- Personality Disorders Characterized by Odd or Eccentric Behaviour ('Mad')
 - Paranoid Personality Disorder
- Type of personality disorder characterized by persistent suspiciousness of the motives of others, but not to the point of holding clear-cut delusions.

- Core features
 - Suspiciousness without due cause
 - Preoccupations with unfounded concerns over lack of loyalty of friends, spouse, and family
 - Emotionally closed – reluctant to confide or ‘open up’
 - Interpretive basis that promotes perception of innocuous content as threatening
 - grudging



TYPES OF PERSONALITY DISORDERS

- **Schizoid Personality Disorder**
- Type of personality disorder characterized by a persistent lack of interest in social relationships, flattened affect, and social withdrawal.
- rarely express emotions and are distant and aloof.
 - But emotions of people with schizoid personalities are not as shallow or blunted as they are in people with schizophrenia.

- Core features
 - No interest in, or enjoyment of, close relationships
 - Chronic loner
 - No interest in sex
 - Seldom participates in recreational activities
 - Unaffected by praise or criticism
 - Emotionally cold, detached, flat

TYPES OF PERSONALITY DISORDERS

- **Schizotypal Personality Disorder**
- Type of personality disorder characterized by eccentricities or oddities of thought and behaviour but without clearly psychotic features. Similar to Sz in many respects but without the profound impairment in reality testing.
- Core features
 - Ideas of reference
 - Odd beliefs / magical thinking (not just superstitions)
 - Odd perceptual experiences
 - Peculiar thinking and speech
 - Suspicious/paranoid
 - Social isolation (other than family)
 - Persistent social anxiety



TYPES OF PERSONALITY DISORDERS

- **Cluster B**
- Personality Disorders Characterized by Dramatic, Emotional, or Erratic Behaviour ('Bad')
- Antisocial Personality Disorder (and Psychopathy)
- Type of personality disorder characterized by a chronic pattern of antisocial and irresponsible behaviour and lack of remorse.

- Core features
 - Failure to conform to social and legal norms
 - Lying / conning
 - Impulsivity and short sightedness in planning
 - Irritability / aggressiveness. Fighting
 - Recklessness with self and others
 - Irresponsibility
 - Lack of remorse
 - Note: MUST be 18 and have shown signs of Conduct Disorder before 15 years of age

TYPES OF PERSONALITY DISORDERS

- **PSYCHOPATHY**
- Not a separate DSM PD.
 - An extreme case of ASPD
- Type of personality pattern characterized by affective and interpersonal traits, such as shallow emotions, selfishness, arrogance, superficial charm, deceitfulness, manipulateness, irresponsibility, sensation-seeking, and a lack of empathy, anxiety, and remorse, combined with persistent violations of social norms, a socially deviant and nomadic lifestyle, and impulsiveness.

TYPES OF PERSONALITY DISORDERS

- **PSYCHOPATHY**

- Not all criminals show signs of psychopathy.
 - Not all ASPD patients are psychopaths either!
- Some controversy around the notion of a successful psychopath
 - Must distinguish between *Factor I* and *Factor II* PCL-R features
 - Appreciate that one can have strong (Factor I) features without being a psychopath.
 - May be nominally law-abiding and successful in their chosen occupations, but still show callous disregard for the interests and feelings of others.

TYPES OF PERSONALITY DISORDERS

- Antisocial personality disorder cuts across all racial and ethnic groups.
- Researchers find no evidence of ethnic or racial differences in the rates of the disorder



TYPES OF PERSONALITY DISORDERS

- **PSYCHOPATHY**
- There are several psychophysiological and biological factors that are related to antisocial personality and psychopathy:
 - *Lack of emotional responsiveness*
 - *The craving-for-stimulation model*
 - *Lack of restraint on impulsivity*
 - *Limbic abnormalities*

TYPES OF PERSONALITY DISORDERS

- **BORDERLINE PERSONALITY DISORDER**
- Primarily characterized by a pervasive pattern of instability in relationships, self-image, and mood and a lack of control over impulses. People with BPD tend to be uncertain about their values, goals, loyalties, careers, choices of friends, and perhaps even sexual orientations
- Three dialectical dilemmas (Linehan)
 - emotional vulnerability versus self-invalidation
 - active passivity versus apparent competence
 - unrelenting crisis versus inhibited grieving.

- Core features
 - Works frantically to avoid abandonment
 - Intense and unstable relationships. View of others fluctuates between extremes
 - Unstable self-image / self-concept
 - Marked impulsivity
 - Recurrent *parasuicidal* / self-harming behavior / threats
 - Affective instability
 - Feeling constantly empty
 - Intense, frequently unwarranted, anger and difficulty controlling it
 - May show dissociative or paranoid symptoms

TYPES OF PERSONALITY DISORDERS

- **HISTRIONIC PERSONALITY DISORDER**
- Type of personality disorder characterized by excessive need to be the centre of attention and to receive reassurance, praise, and approval from others. Such persons often appear overly dramatic and emotional in their behaviour.



- Core features
 - Resents attention being directed to others
 - Often seductive or provocative
 - Emotionally shallow / variable
 - Uses physical appearance (including mode of dress) to attract attention
 - Rehearsed way of speaking with limited substance
 - Dramatic, theatrical, emotionally flamboyant
 - Highly suggestible
 - Considers self to be 'close friends' of mere acquaintances

Sample of Histrionic PD

TYPES OF PERSONALITY DISORDERS

- **NARCISSISTIC PERSONALITY DISORDER**
- Type of personality disorder characterized by the adoption of an inflated self-image and demands for constant attention and admiration, among other features.



- Core features
 - Inflated sense of self-worth / self-importance
 - Fantasizes about great power, wealth, desirability, success, etc.
 - Feels special, entitled, above others, complex
 - Demands admiration
 - Exploitative of others
 - Insensitive to the needs and feelings of others
 - Arrogant, haughty
 - Envious of others and resentful of their achievements, but may also think others envy them

TYPES OF PERSONALITY DISORDERS

- **Cluster C**
- Personality Disorders Characterized by Anxious or Fearful Behaviour ('Sad')
 - Avoidant Personality Disorder
- Type of personality disorder characterized by avoidance of social relationships due to fears of rejection.

- Core features
 - Looks in some respects like schizoid PD, but the person really wants to have close relationships
 - Hindered by strong fear of rejection or social inadequacy
 - Avoids activities (including jobs) that require social contact
 - Reluctant to take chances socially. Deep sense of inadequacy
 - ‘Up tight’ (inhibited), even in established relationships
 - Chronically fearful of criticism
 - Sees self as socially inept and inferior
 - Mortified by the prospect of embarrassment



TYPES OF PERSONALITY DISORDERS

- Dependent Personality Disorder
- Type of personality disorder characterized by difficulties making independent decisions and by overly dependent behaviour.

- Core features
 - Can't make decisions for themselves without seeking advice and reassurance
 - Wants others to be responsible for them
 - Avoids expressing dissent
 - Lacks confidence in planning and initiating projects and activities
 - Craves nurturance and support
 - Feels vulnerable when alone
 - Quickly finds a new relationship when another one ends
 - Pre-occupied by fears of being alone

TYPES OF PERSONALITY DISORDERS

- Obsessive-Compulsive Personality Disorder
- Type of personality disorder characterized by rigid ways of relating to others, perfectionistic tendencies, lack of spontaneity, and excessive attention to details.

- Core features
 - Highly concerned with rules, lists, details, procedures, etc.
 - Interferes with completion of tasks
 - Cannot complete task for fear that work is imperfect
 - Neglects leisure and personal life to spend more time on work
 - Inflexibly conscientious, moral, ethical
 - Prone to hoarding as they hate to throw things out
 - Doesn't delegate well
 - Miserly
 - Stubborn and rigid with others
 - Sometimes referred to as 'anal retentive'

Problems with Classification

- Undetermined reliability & validity
- Problems Distinguishing from other types of disorders
- Overlap among disorders
- Difficulty in distinguishing between variations in normal & abnormal behaviour
- Sexist biases

Proposes changes address...

- Reduction in diagnostic overlap
- Less arbitrary diagnostic threshold
- Movement from a categorical to dimensional conceptualization
- Recognition that symptom severity can fluctuate over time
- Alternatively, movement to a *dimensional* (trait) model:
- A. Moderate or greater impairment in personality functioning as manifested by difficulties in two or more of the following areas:
 1. Identity
 2. Self-direction
 3. Empathy
 4. Intimacy

- B. One or more pathological personality trait domains OR specific trait facets within domains, considering ALL of the following domains:
 1. Negative Affectivity (vs Emotional Stability)
 - Intense, unstable emotions
 2. Detachment (vs Extraversion)
 - Withdrawal, restricted affect, social avoidance
 3. Antagonism (vs Agreeableness)
 - Behaving in a way that invites/produces conflict, including criminality
 4. Disinhibition (vs Conscientiousness)
 - Seeking immediate gratification
 5. Psychoticism (vs Lucidity)
 - Unusual, culturally-inappropriate behaviour
- Severity of each is rated on a scale from 0 to 4 on the basis of impairment.

- Probably 6 PDs will survive into the next version of DSM
 - Antisocial/Psychopathic
 - Avoidant
 - Borderline
 - Narcissistic
 - Obsessive-Compulsive
 - Schizotypal

Theoretical Perspectives

- Psychodynamic Perspective
 - Heinz Kohut
 - Self psychology
 - Mostly on narcissistic personality
 - Lack of empathy development
 - Otto Kernberg
 - Mostly re BPD
 - Splitting
 - All good vs All bad
 - Margaret Mahler
 - Also emphasized BPD
 - Symbiotic
 - Separation-individuation

Theoretical Perspectives

Learning Perspectives

- Reinforcement history

Family Perspectives

- Parenting styles and personality

Cognitive-Behavioural Perspectives

- Problem-solving therapy

Theoretical Perspectives

Biological Perspectives

- Genetic Factors
 - Twin Studies
- Neuropsychological Factors
 - Gray: Reinforcement Sensitivity Theory (RST)

Sociocultural Views

- SES, trauma, parenting style, cultural norms

Treatment

- These conditions are highly *refractory!*
 - Difficult for the patient to see, therefore limited insight.
 - Inherent stability of personality
- Treatment is different for various PDs
- “Stepped care” model
- Psychodynamic Approaches
 - Insight re historical basis
 - Insight re how their interpersonal conduct undermines relationships

- Cognitive Behavioural Approaches

- Conceptual personality as persistent behaviour patterns established and maintained by Rf contingencies
- General strategy is to utilize modelling, Rf, and extinction to replace maladaptive behaviours
- Can utilize social skills training, identification of distorted beliefs, coaching family members

- Biological Approaches

- Limited contribution
- Impulsiveness and low affect may reflect serotonin deficiencies, therefore try SSRIs

- Dialectical Behaviour Therapy (DBT)
 - Developed primarily for BPD
 - BPD patients habitually “test” relationships
 - Frequent crises
 - Unscheduled phone calls
 - Suicide threats/attempts
 - “Splitting” professional teams and social groups
 - Caregiver “burnout”
 - mindfulness techniques
 - distress tolerance
 - emotion regulation strategies
 - interpersonal effectiveness
 - Usually team-delivered two full days/week

DBT Sample Video



Marsha Linehan, PhD