Spring Semester 2017

Mon, 14-17, Xianlin II-210

Phone: 86229323 (H)
Office: Heren Lou #315
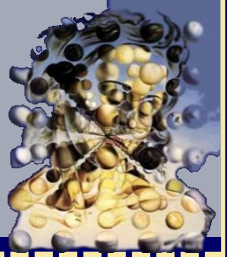Email:
hillerschen@nju.edu.cn
Office hours: by
appointment

10. Personality disorders

"From a humane perspective, determining the nature of a human being is an act which - upon closer reflection - is humiliating and breaks off any kind of communication."
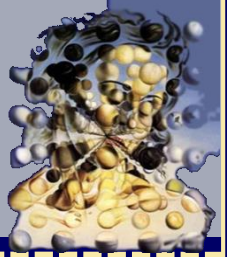
Karl Jaspers

NANJING UNIVERSITY

Peter Fiedler 问:

- How many personality disorders are there?
- What is so "disordered" in a personality disorder?
- Is it possible to draw a line between normality and abnormality in personality?
- Which theory understands personality disorders the best?
- Can personality change?

What is personality?

What is personality (1)?

- No unique definition; highly dependent on the <u>paradigm</u>

- Most important feature: *stable* characteristics over situations and time (trait vs. state)

- Different from temperament (not purely biological)

- Trait concepts (factor analysis)
  - „Big 5" (e.g. Costa and McCrae)
  - 16-PF (Cattell)
  - 3 Factor-Model (Eysenck)
  - …

What is personality (2)?

- *Extraversion*
talkative, energetic, vs. quiet, shy

- *Agreeableness*
sympathetic, kind vs. cold, cruel

- Conscientiousness
organized, responsible vs. careless

- *Neuroticism*
stable, calm vs. instable, anxious, temperamental

- *Openness to experience*
creative, intellectual, open-minded vs. simple, shallow

However:

Behavior not consistent over situations!

Personality disorders

- Main characteristics
  - Gradual development
  - Stable traits over time and „broad range of situations"
  - Inflexible and distorted personality and behavior visible in cognition, affectivity,interpersonal functioning, impulse control
  - Maladaptive ways of perceiving, thinking about and relating to the world accompanied by distress or impairment
  - Disordered interactions! (culture dependent)
  - Egosyntonic (vs. egodystonic for other disorders), but often: „There has always been something wrong with me."
- Life-time prevalence: 13% (24-74% comorbid with MDD)
- Course: probably decreasing over time

Specific personality disorders as listed in DSM-5, section II

Cluster A – *odd or eccentric*

paranoid – schizoid – schizotypal

Cluster B – *dramatic, emotional, erratic*

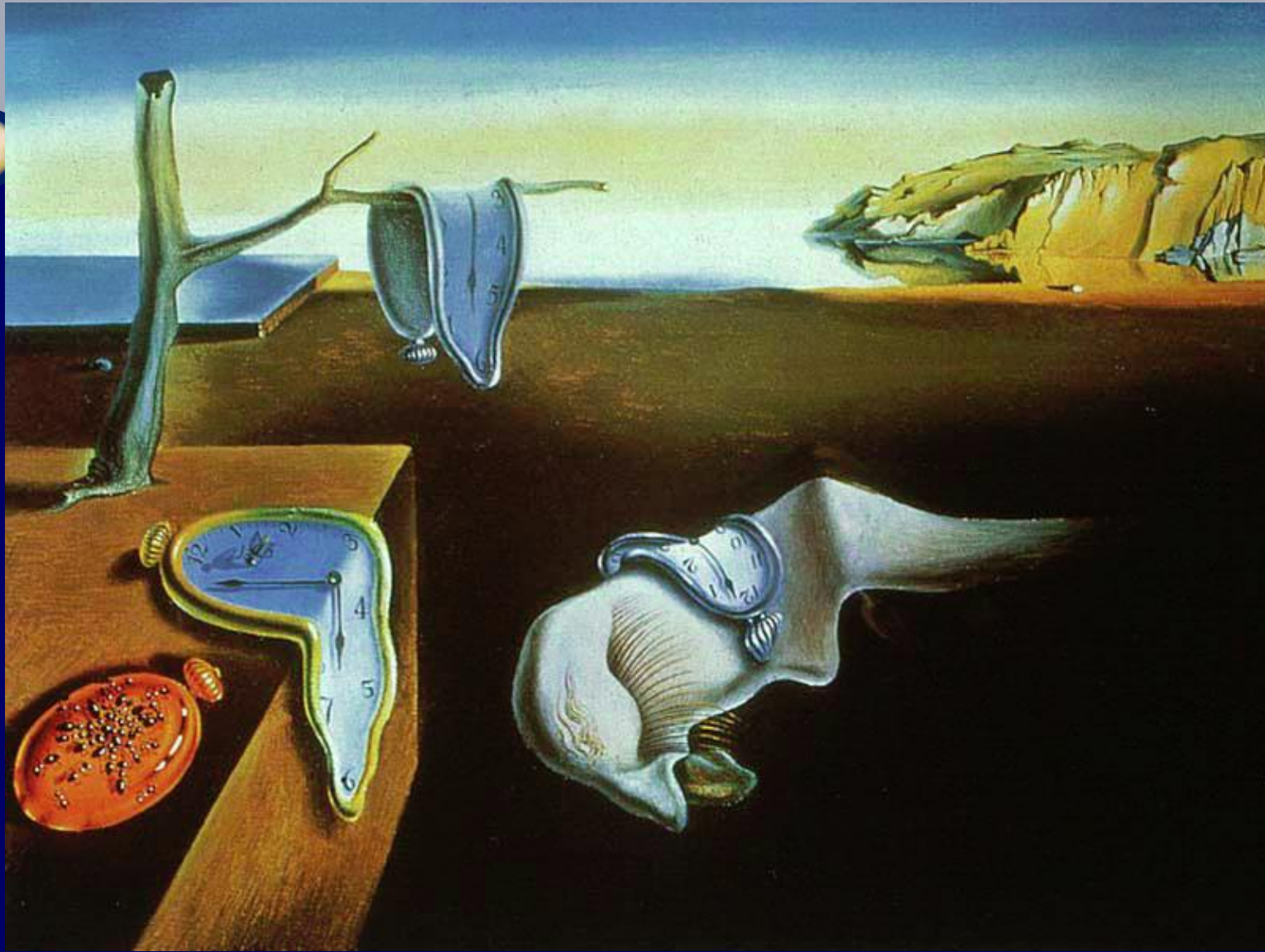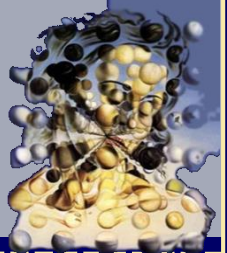antisocial – histrionic – narcissistic – borderline
(depressive; appendix of the DSM-IV)

Cluster C – *fearful or anxious*

avoidant – dependent – obsessive-compulsive
(passive-aggressive/negativistic; appendix of the DSM-IV)
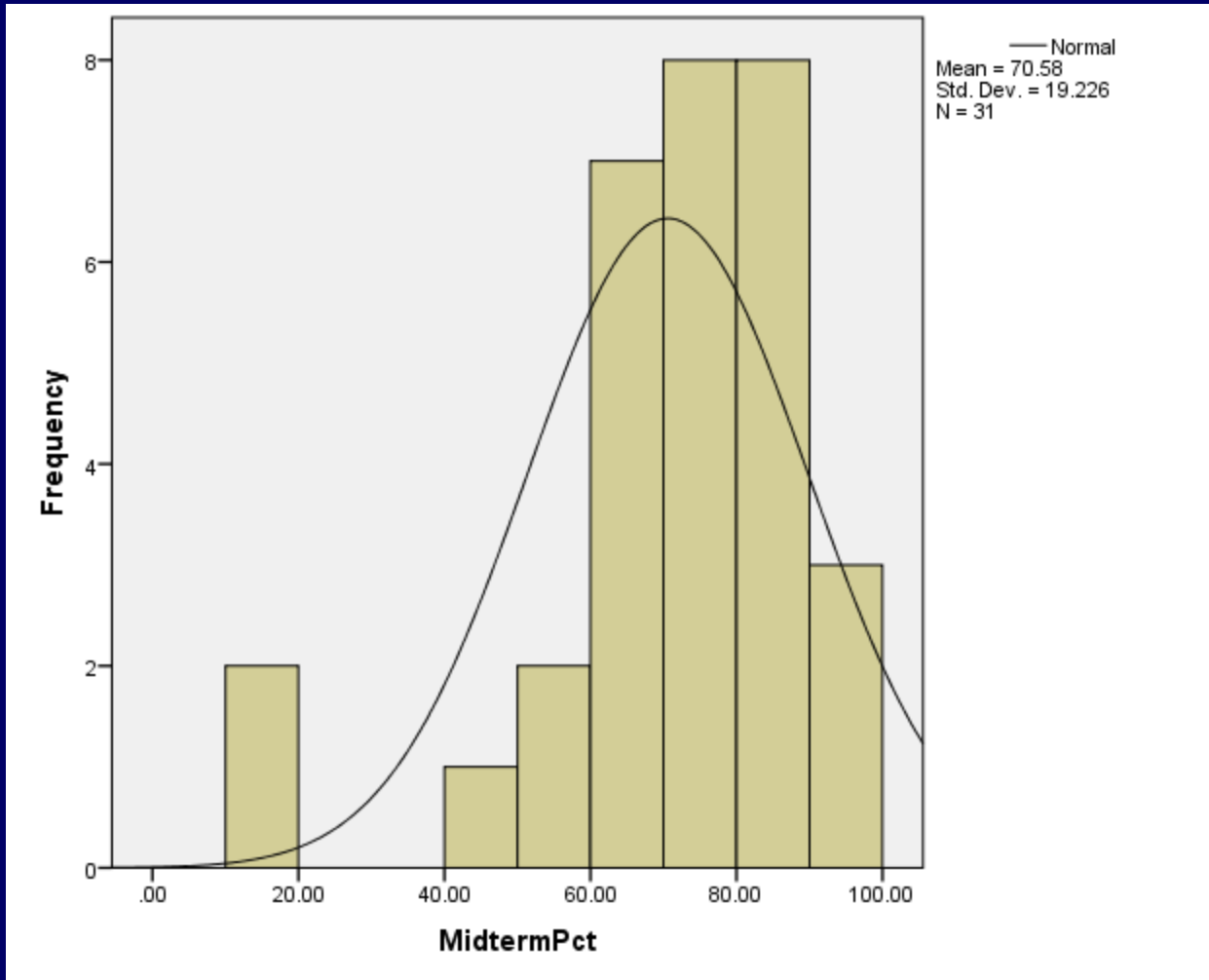
NANJING UNIVERSITY

Homework

- Read the DSM-5 p. 761ff

- Become familiar with the new dimensional criteria (general criteria) for personality disorders.

- How would you diagnose your case example with those criteria? Please first do so without consulting the textbook!

(If you did not receive a case example in class, choose one from the textbook yourself.)
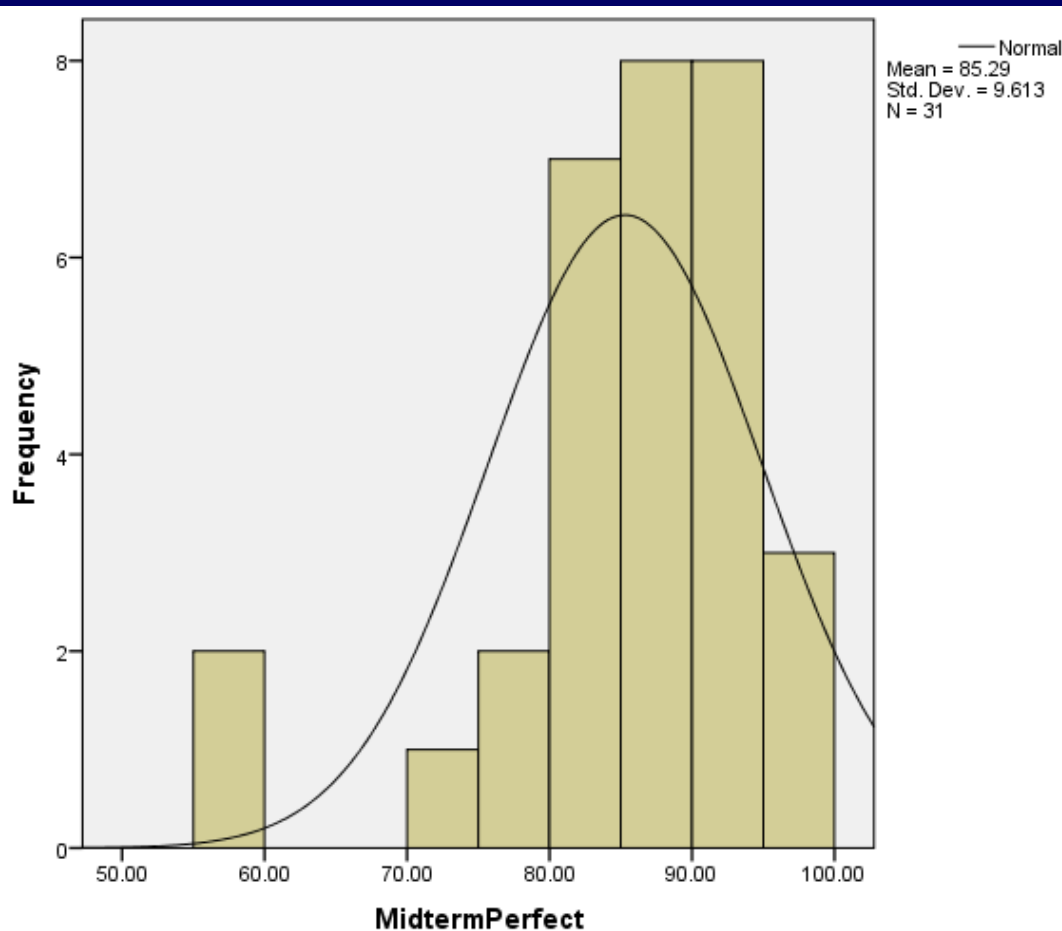
Midterm

Midterm corrections

- Correct your midterm for half of the credit, i.e.

  Maximal gain = (50 - [your score])/2

  e.g.
  - If your score is 40, you can get 10/2=5 additional points leading to a final score of 45.
  - If your score is 21, you can get 29/2=14.5 additional points leading to a final score of 35.5
- Correct your midterm on a separate sheet of paper attached to the original midterm. Do not write anything on the original!!!
- In addition
  - Add your CET-4 score on your sheet (voluntary)
  - Add a sentence of what you believe was your personal challenge in this exam experience.
- **Deadline:** Monday, June 12, 2017

Midterm after (perfect) correction

Midterm exam examples (1)

Q10a

„Chinese and Japanese culture usually talks about Ming and Yuanfen, which makes them accept their situations. So they often relieve and relax. But in Western countries, especially in America, the culture usually talks about the strive, and everyone should strive for the American dream. But in fact, many of people don't have this source to receive education. The derivation between the fact and dream usually makes them develop depression."

Midterm exam examples (2)

Q10b

„The insurance of health about psychological health is covered in Western country which means that you can go to the hospital about many psychological questions to find help. The insurance will help you to pay for the service which makes more poor people can go to hospital. But in China and Japan, the insurance is just covered about your body disease. The poor don't have money to get service about psychology. So, the number of people is lower."

NANJING UNIVERSITY

Cluster A – Odd, eccentric
(Bjornlund, 2012, p. 32)

Paranoid personality disorder	• Distrust and suspicion of others • Believing that others are trying to harm you • Emotional detachment • Hostility
Schizoid personality disorder	• Lack of interest in social relationships • Limited range of emotional expression • Inability to pick up normal social cues • Appearing dull or indifferent to others
Schizotypal personality disorder	• Peculiar dress, thinking, beliefs or behavior • Perceptual alterations, such as those affecting touch

Antisocial personality disorder	• Disregard for others • Persistant lying or stealing • Recurring difficulties with the law • Repeatedly violating the rights of others • Aggressive, often violent behavior • Disregard for the safety of self or others
Borderline personality disorder	• Impulsive and risky behavior • Volatile relationships • Unstable mood • Suicidal behavior • Fear of being alone

CI

Cluster B – Dramatic, emotional, erratic (2)
(Bjornlund, 2012, p. 32)

Histrionic personality disorder	• Constantly seeking attention • Excessively emotional • Extreme sensitivity to others' approval • Unstable mood • Excessive concern with physical appearance
Narcissistic personality disorder Believing that you're better than others	• Fantasizing about power, success, and attractiveness • Exaggerating your achievements or talents • Expecting constant praise and admiration • Failing to recognize other people's emotions and feelings

Cluster C – Fearful, anxious
(Bjornlund, 2012, p. 33)

Avoidant personality disorder	• Hypersensitivity to criticism or rejection • Feeling inadequate • Social isolation • Extreme shyness in social situations • Timidity
Dependent personality disorder	• Excessive dependence on others • Submissiveness toward others • A desire to be taken care of • Tolerance of poor or abusive treatment • Urgent need to start a new relationship when one has ended
Obsessive-compulsive personality disorder*	• Preoccupation with orderliness and rules • Extreme perfectionism • Desire to be in control of situations • Inability to discard broken or worthless objects • Inflexibility

Point prevalence
(Huang et al., 2009; CIDI diagnoses for DSM-IV)

	Cluster A % (s.e.)	Cluster B % (s.e.)	Cluster C % (s.e.)	n
Colombia	5.3 (0.6)	2.1 (0.4)	3.6 (0.5)	2381
Lebanon	4.2 (1.7)	1.7 (0.9)	2.9 (0.8)	1031
Mexico	4.6 (0.7)	1.6 (0.4)	2.4 (0.5)	2362
Nigeria	1.6 (0.5)	0.3 (0.2)	0.9 (0.3)	2143
People's Republic of China	3.1 (0.7)	1.3 (0.7)	1.4 (0.6)	1628
South Africa	3.4 (0.5)	1.5 (0.3)	2.5 (0.5)	4315
USA	4.0 (0.4)	2.0 (0.3)	4.2 (0.4)	5692
Western Europe[a]	1.1 (0.6)	0.4 (0.3)	1.2 (0.5)	1610
Total	3.6 (0.3)	1.5 (0.1)	2.7 (0.2)	21162
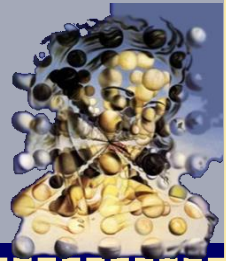
Point prevalence in psychiatric outpatiens in Shanghai (Zhang et al. 2012)

Cluster A	10.1
Paranoid	6
Cluster B	9.8
Borderline	5.8
Cluster C	16.7
Avoidant	8.1
OCD	7.6
Any PD	32

Odds Ratios for Gender
(Huang et al. 2009)

	Cluster A OR (95% CI)	Cluster B OR (95% CI)	Cluster C OR (95% CI)
Gender			
Male	5.0* (5.0–10.0)	1.4 (1.0–2.0)	1.7* (1.3–2.5)
Female	1.0	1.0	1.0

NANJING UNIVERSITY

Problems with the current classification in section II

- *Diagnosis*
  - Criteria not sharply defined
  - Criteria not easy to assess, low agreement of different assessment methods (similar to „personality" per se!)
  - Often comorbidity with other personality disorders
- *Studying causes*
  - Comorbidity
  - Little <u>prospective</u> research
- *Stability*

  Probably less stable than assumed (contradicting the definition!)
- Solution: Dimensional approaches?

NANJING UNIVERSITY

Dimensional research

- Table 5.2 shows significant relationships between the personality disorders and the Big 5 personality dimensions (Fiedler, 1998)
  - "-" = significant negative correlation
  - "+"= significant positive correlation
- What do you notice when you look at the table?
- Can you make out any patterns?
- Which problems about "dimensionalizing" personality disorders become obvious from this table?

NANJING UNIVERSITY

Persönlichkeitsstörung	E 1	E 2	E 3	E 4	E 5	A 1	A 2	A 3	A 4	A 5	C 1	C 2	C 3	C 4	C 5	N 1	N 2	N 3	N 4	N 5	O 1	O 2	O 3	O 4	O 5
paranoid	–					–	–	–	–	–	–					+	+	+							
schizoid	–	–	–	–	–	–		–	–		+					+							–	–	–
schizotypisch	–	–	–		–	–	–	–	–							+	+	+							
antisozial						–	–	–	–	–	–	–	–	–	–		+				+				
Borderline		+				–	–	–	–		–			–		+	+	+	+	+					+
histrionisch	+	+	+	+								–				–		+	+		+	+			
narzißtisch	+	+				–	–		–	–			–			–	–	–	+	+			+		
selbstunsicher	–		–	–	–											+	+	+	+						
dependent		–				+	+						–	–	–	+	+	+	+	+					
zwanghaft	–	–		–		–		–	–		+					+	+	+	+						
passiv-aggressiv	–					–	–	–			–	–	–			+	+	+	+						

*) 1 = Wiggins & Pincus (1989; MMPI-PD); 2 = Costa & McCrae (1990; MMPI-PD); 3 = Trull (1992; MMPI-PD); 4 = Trull (1992; PDQ-R); 5 = Trull (1992; SIDP-R)

Problems of dimensional approaches

- Which personality model do we choose?

- Where should we set the cut-off point?

- High similarities between different personality disorders

- Possible processes not assessed

- No additional etiological value

- Currently: Section III in DSM-5 to define PD via
  - Personality functioning: identity & self-direction, empathy & intimacy
  - Disordered traits
  - Pervasiveness and stability
  - Alternative explanations (e.g. substance abuse, adolescence)

New section III of DSM-5

- General personality functioning (score 0-4, >=2)
  - Self (identity, self-direction)
  - Interpersonal (empathy, intimacy)
- >=1 pathological personality trait
- Inflexible across situations
- Stable across time
- Exclusion of mental disorder, substance/medical condition, developmental and cultural specifics

A. Moderate or greater impairment in personality functioning, manifested by characteristic difficulties in two or more of the following four areas:

1. **Identity:** Excessive reference to others for self-definition and self-esteem regulation; exaggerated self-appraisal inflated or deflated, or vacillating between extremes; emotional regulation mirrors fluctuations in self-esteem.

2. **Self-direction:** Goal setting based on gaining approval from others; personal standards unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations.

3. **Empathy:** Impaired ability to recognize or identify with the feelings and needs of others; excessively attuned to reactions of others, but only if perceived as relevant to self; over- or underestimate of own effect on others.

4. **Intimacy:** Relationships largely superficial and exist to serve self-esteem regulation; mutuality constrained by little genuine interest in others' experiences and predominance of a need for personal gain.

B. Both of the following pathological personality traits:

1. **Grandiosity** (an aspect of **Antagonism**): Feelings of entitlement, either overt or covert; self-centeredness; firmly holding to the belief that one is better than others; condescension toward others.

2. **Attention seeking** (an aspect of **Antagonism**): Excessive attempts to attract and be the focus of the attention of others; admiration seeking.

Why do we have the duality?
(type vs. trait; typological vs. dimensional)

- **Psychiatric hospitals (biomedical model)**
  interested in clear borders between normal and abnormal
  Goal: unambiguous qualitative assessment
  types = personality types
- **Psychologists**
  interested in accurate description of normal personalities
  Goal: detailed quantitative assessment
  traits = independent dimensions

Inter-clinician agreement of PD diagnoses
(Samuel, 2015)

Agreement
- Median (Clinician/Clinician): r = .46; κ = .40
- Median (Clinician/research method): r = .05 - .36 (median r = .23)

Tendencies
- Higher agreement with semi-structured interviews than self-reports
- Convergence when clinicians used more systematic diagnostic methods

But:

Little overlap of PD diagnoses in research and naturalistic settings

Samuel, D. B. (2015). A review of the agreement between clinicians' personality disorder diagnoses and those from other methods and sources. *Clinical Psychology: Science And Practice*, *22*(1), 1-19. doi:10.1111/cpsp.12088

Peter Fiedler 说 (1)

- Personality disorder
  = directing an inter-human problem to the first person's perspective

- Only *repeated* social <u>peculiarities</u> (conformist and non-conformist behavior) make typologies possible which reduce uncertainty and therefore increase efficiency in our social interactions.

- Two major problems in diagnostics:
  - (1) stigmatization
  - (2) shift towards the person
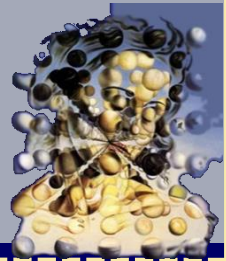
- Diagnostic-definitional aspects are mixed with non-beneficial effects for society (dangerous!)

- The more scientific diagnostics and treatment options seem, the more legal are measures to justify discipline which in turn <u>appeases</u> society (=> long-term labeling).

- Part of the definition *is* that people suffering from PD have no insight and therefore professional evaluations implicitly question the person's ability to help themselves (=> stigmatization).

Peter Fiedler 说 (3)
"Person perspective" of a relationship disorder

- No intended deviation, only visible by looking from the outer perspective

- Criticism less acceptable because personality (person as a whole) questioned and not only a specific behavior in a specific situation.

- Main problem: etiological process is interpersonal while the result of diagnostics focuses on the life-historical "becomeness" of the person

- Furthermore: "diagnostogenic theory" (Jaspers) diagnosis "PD" $\Rightarrow$ patient insecure $\Rightarrow$ behaves according to the personality pattern even more $\Rightarrow$ therapist feels confirmed with his diagnosis

Antisocial and narcissistic PD
(Bjornlund, 2012, p. 32)

Antisocial personality disorder	• Disregard for others • Persistant lying or stealing • Recurring difficulties with the law • Repeatedly violating the rights of others • Aggressive, often violent behavior • Disregard for the safety of self or others
Narcissistic personality disorder Believing that you're better than others	• Fantasizing about power, success, and attractiveness • Exaggerating your achievements or talents • Expecting constant praise and admiration • Failing to recognize other people's emotions and feelings

Cognitive Model (Beck)

Programmed responses

Childhood experiences

Cognitive Triad

Rigid cognitive schemata

About the self

About others

About the future

Maladaptive personality type

Example

Programmed responses

Childhood experiences

Cognitive Triad

Rigid cognitive schema

„I am socially incompetent"

„Others are overly critical and not interested in me."

„If somebody discovers my real me, he will reject me."

Avoidant personality

NANJING UNIVERSITY

Most common schemata (1)

- Paranoid PD
  - Finally people will try to hurt me.
  - You cannot trust people. They just want to use you.
  - People try to disturb me or make me angry.
  - Compromises are <u>defeats</u>.
  - Do not let people come close, otherwise they will discover your weaknesses.
- Schizoid PD
  - Why should I get closer to people? It is not important.
  - I do not care what other people say.
  - Stay calm, showing emotions is unnecessary and sometimes embarrassing.

NANJING UNIVERSITY

Most common schemata (2)

- Antisocial PD
  - Only fools will follow rules./Rules are meant to be broken.
  - Always try to be number 1.
  - Live now!
  - If my behavior hurts others, it is their problem.
  - I will do everything I need to do in order to get what I want.
- Borderline PD
  - I do not know who I am.
  - Someday I will be left alone by others.
  - My pain is so intense, I cannot endure it.
  - My emotions are overwhelming, I cannot control them.
  - When I feel overwhelmed, I can only flee (e.g., by flight or suicide)

Most common schemata (3)

- Histrionic PD
  - I have to stand out.
  - I am not allowed to be frustrated.
  - I have to get everything I want.
  - Feelings have to be expressed immediately.
  - Beauty is the most important criterion of judging somebody else
- Narcissistic PD
  - I have to assert myself in every interaction.
  - I am better than everybody else.
  - I should only have contact to people who are like me.
  - I have to be admired.

NANJING UNIVERSITY

Most common schemata (4)
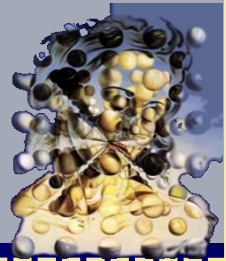
- Avoidant PD
  - I have to be liked.
  - I am not allowed to look dumb or clumsy in front of others.
  - The world is dangerous.
  - It is better to stay alone than taking the risk to be hurt.
  - I need unconditional acceptance before I can start a relationship with somebody else.
- Dependent PD
  - I cannot function without other's support.
  - I need other's advice and security.
  - Usually, I am wrong.
  - I need people around me, otherwise I might get hurt.

Antisocial PD Example: George

- „I didn't care about nobody, I ain't care about myself, my mother, my father, my kids and nothing...it has gotton so bad that I put a gun up to my father...if they would have shot me or would have killed me I wouldn't have cared"

- „What ever it took to beat them that's what I did. I didn't care.... If I feel like killing somebody, I didn't care about it."

- „I have hate inside me."

Guilty or not guilty? Responsibility

Contra

- Psychopathological disposition
- Chronic factors (e.g. abuse, deprivation)
- Deficiency of reality testing mechanisms
- Unstable emotions
- Current constellation of factors, e.g., alcohol, tiredness, arousal
- Frequent social conflicts

Pro

- Long preparation of the deed
- Extensive plans
- Ability to wait
- Complex behavior
- Preparations against detection
- Possibility of different behavior under similar circumstances

Narcissistic character style: Self-worth and self-acceptance (1) Life history
Toebe (in press)

- As a child instrumentalized
  - Upgrading parents
  - Means for a certain purpose (e.g. showing perfect family)
- Child is center, but nothing else
- No real contact within a family because it is only important what others say

- Parents have ambitious wishes and plans for the child's future
- Parents are proud, but not authentically proud
- Needs of the child ignored
- ⇒ Child busy fulfilling the standards
- ⇒ Many self-evaluations
- ⇒ Feeling of emptiness, they have nothing "of their own"

NANJING UNIVERSITY

- Orientation towards external values: having power, being rich, beautiful, successful, etc.

- Chronic feeling of being unauthentic paired with shame if others recognize that

- Attempts to control everything in order not to be shamed

Reasons:

They have nothing of their own, they (try to) live a picture of themselves.

- Relationships: unequal they want others to admire their own grandiosity, admire others (and feel worthless themselves)

- look for recognition that they cannot give themselves

- They know they are avoiding, but they do not know what.

- They love only one part of themselves, but that part has little depth.

- Everything is evaluated rigidly

- => easy to be hurt
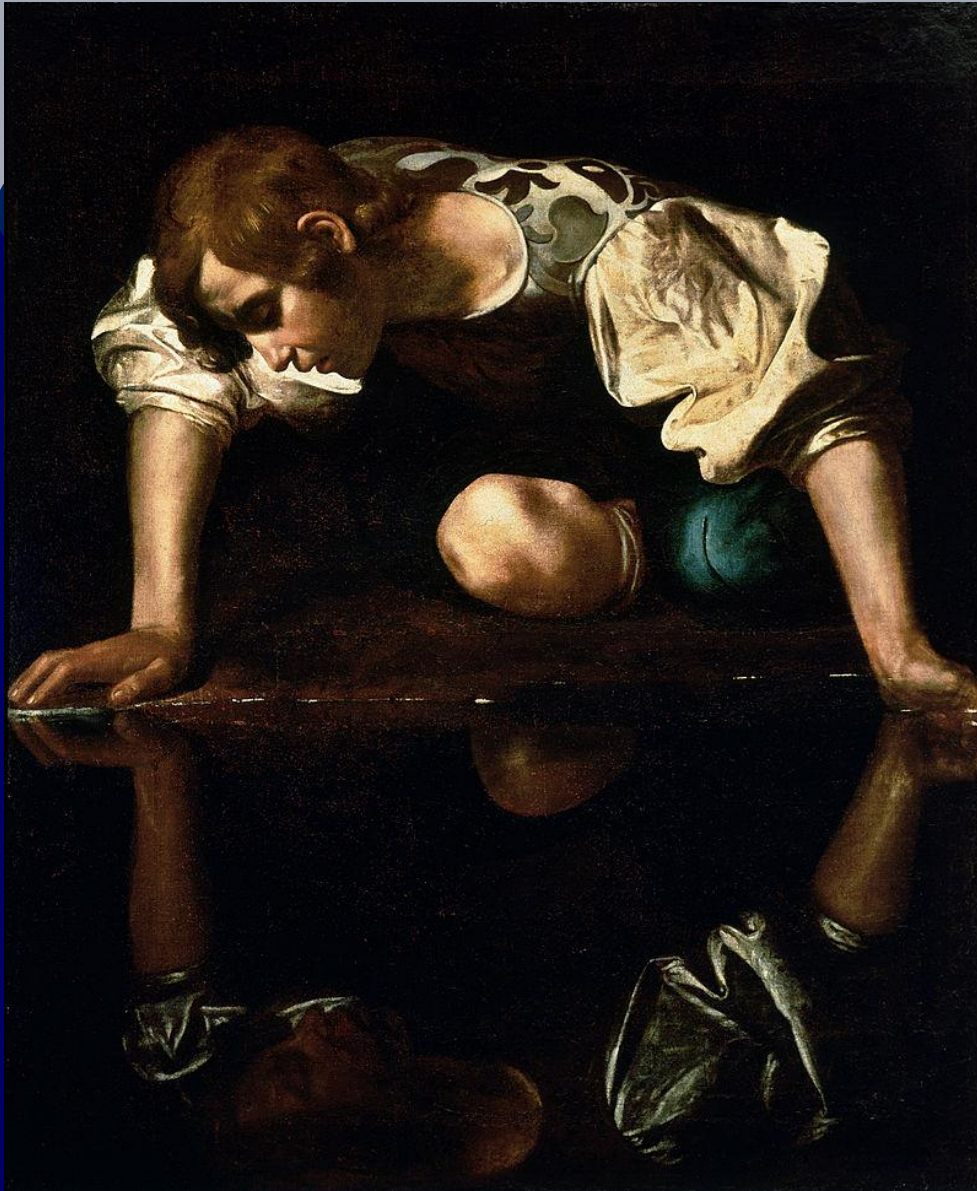
Narcissus

Carvaggio (1597)

Example of new classification: Narcissistic PD

A. Moderate or greater impairment in personality functioning, manifested by characteristic difficulties in two or more of the following four areas:

1. **Identity:** Excessive reference to others for self-definition and self-esteem regulation; exaggerated self-appraisal inflated or deflated, or vacillating between extremes; emotional regulation mirrors fluctuations in self-esteem.

2. **Self-direction:** Goal setting based on gaining approval from others; personal standards unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations.

3. **Empathy:** Impaired ability to recognize or identify with the feelings and needs of others; excessively attuned to reactions of others, but only if perceived as relevant to self; over- or underestimate of own effect on others.

4. **Intimacy:** Relationships largely superficial and exist to serve self-esteem regulation; mutuality constrained by little genuine interest in others' experiences and predominance of a need for personal gain.

B. Both of the following pathological personality traits:

1. **Grandiosity** (an aspect of **Antagonism**): Feelings of entitlement, either overt or covert; self-centeredness; firmly holding to the belief that one is better than others; condescension toward others.

2. **Attention seeking** (an aspect of **Antagonism**): Excessive attempts to attract and be the focus of the attention of others; admiration seeking.

How about this disorder:

A. Puts work (career) above relationships with loved ones (e.g., travels a lot on business, works late at night and on weekends).

B. Is reluctant to take into account others' needs when making decisions, especially concerning the individual's career or use of leisure time, e.g., expects spouse and children to <u>relocate</u> to another city because of individual's career plans.

C. Passively allows others to assume responsibility for major areas of social life because of inability to express necessary emotion (e.g., lets spouse assume most child-care responsibilities).

Kaplan, 1983

Fiedler 回答 (4)

How many personality disorders are there?
- "165 in my book, 207 on my list; if officially 5-16, then mostly comorbid!"
- Zhang et al. (2012): 44% (2PDs), 15% 3PDs!

Conclusion: Extreme personalities
- Simply represent individual diversity which is difficult to systematize;
- *Luckily* show that people are unique in their development and stay distinguishable;
- Unfortunately, as a consequence, can only be classified imperfectly into a system of disorders;
- Luckily!

Fiedler回答 (5)

- *What is so "disordered" in a personality disorder?*
  - Interaction patterns with others
  - => egosyntonic
- *Is it possible to draw a line between normality and abnormality at all?*
  - Current diagnoses usually based on clinical experience
  - Should differentially appropriate contexts be considered? ("tolerance")
  - Motive and behavior have to be distinguished (often meaningful motives make "resistance" phenomena explainable!)

Fiedler回答 (6)

- *Which theory understands personality disorders the best?*
  - None!
  - Currently: absurd competition and theoretical stagnation
- *Can personality change?*
  - Depends on what is defined as personality!
  - "Big 5": few changes > age 30
  - But: more positive variables, e.g. coping, self-efficacy, self-worth feeling, etc., more changeable
  - Few long-term studies for PDs, cross-sectional results indicate decrease of disorders
  - Developmental perspective missing!
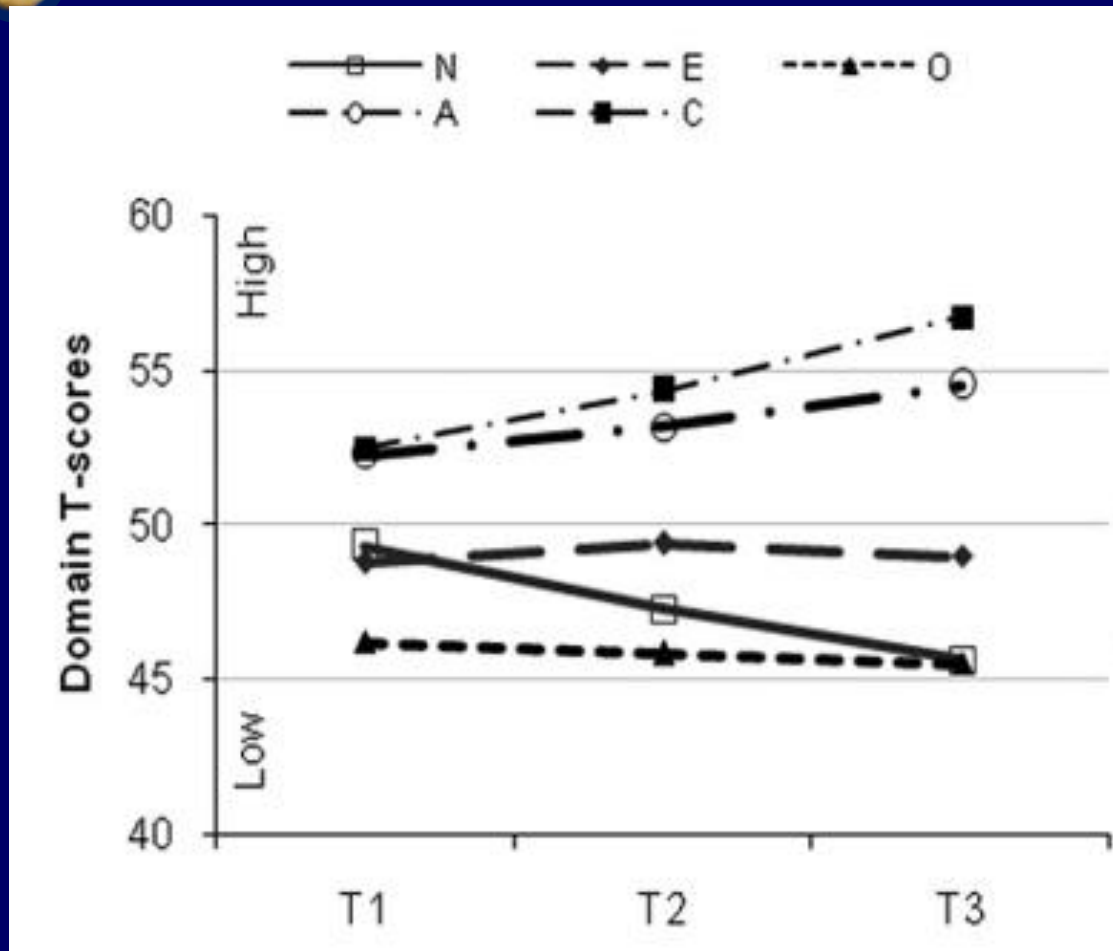
MZ = 107

DZ = 50

T1-T3: 10 years

All variances (except N) significantly different across time.

Personality changes

Personality changes

(Specht et al. 2011; changes of means within 4 years = mean change)
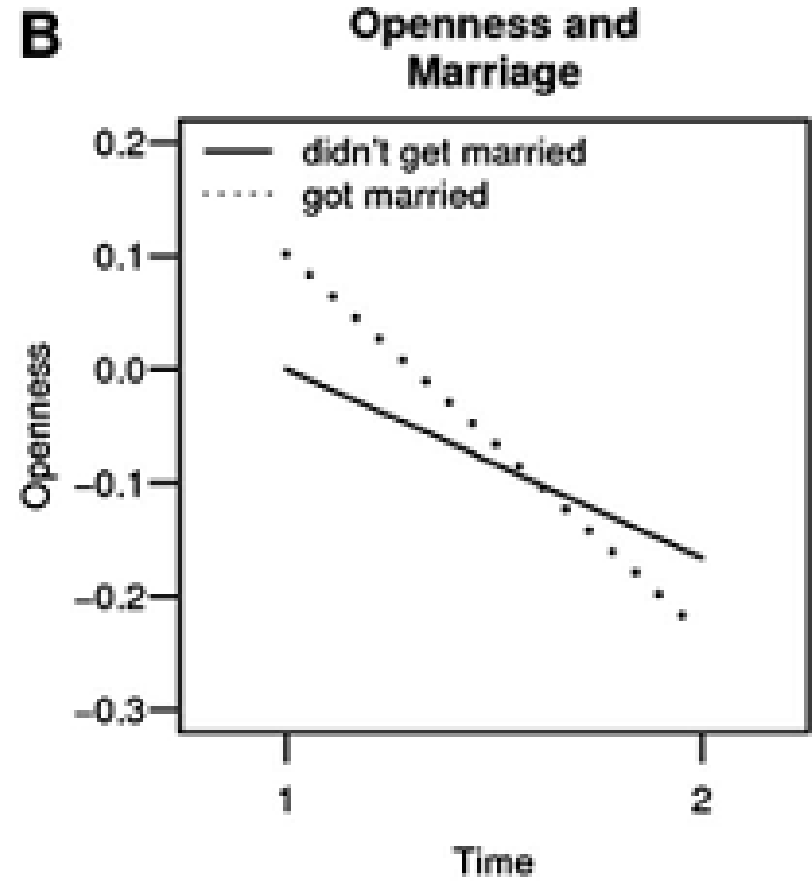
PD's Changes over time
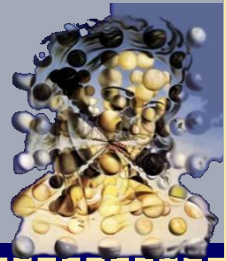## (diary study using self-reports for 100 days every day)
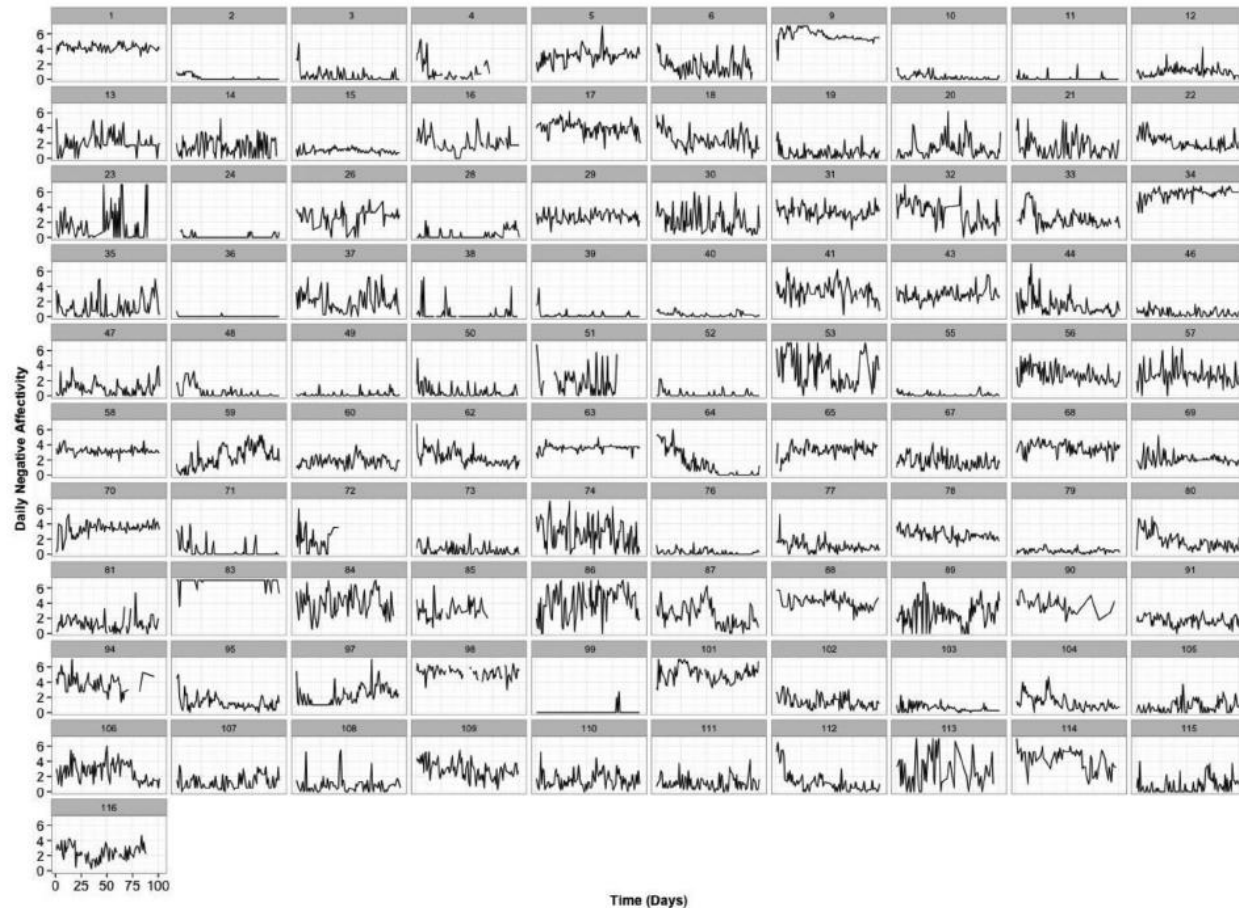
Wright, A. G. C., & Simms, L. J. (2016, May 19). Stability and Fluctuation of Personality Disorder Features in Daily Life. *Journal of Abnormal Psychology*. Advance online publication. http://dx.doi.org/10.1037/abn0000169

In the authors' words: (1)

- "The majority of our sample endorsed engaging in each specific daily PD item at some point during the study." (p. 9)

- Around 50% of variance attributable to between person variance => corresponds to stability requirement

- Around 50% the variance attributable to day-to-day fluctuations. =>

  "It is difficult to provide a concrete anchor for this level of variability." (p. 9)

- "…given the emphasis placed on stability of behavior in the *DSM*, this level of instability may best be interpreted as unexpectedly high from that perspective." (p. 9)

In the authors' words: (2)

- "We found very high levels of differential stability in traits across thirds of the assessment period. That is to say, individuals maintained their relative position to each other in terms of average endorsement from month to month. [...] variability often operates like a dynamic individual difference variable, such that there is interindividual heterogeneity in the amount and patterning of this variability. [...] Variability in daily PD manifestations tends to operate like a stable individual difference in its own right." (p.10)

General Scientific Summary
The general definition of personality disorders includes descriptors of the relative stability in their expression (e.g., "enduring," "pervasive," and "inflexible"). This naturalistic daily diary study shows that personality disorders are, in fact, a combination of stability and variability in their expression.

Volitional changes within 1.5 months Example: extraversion
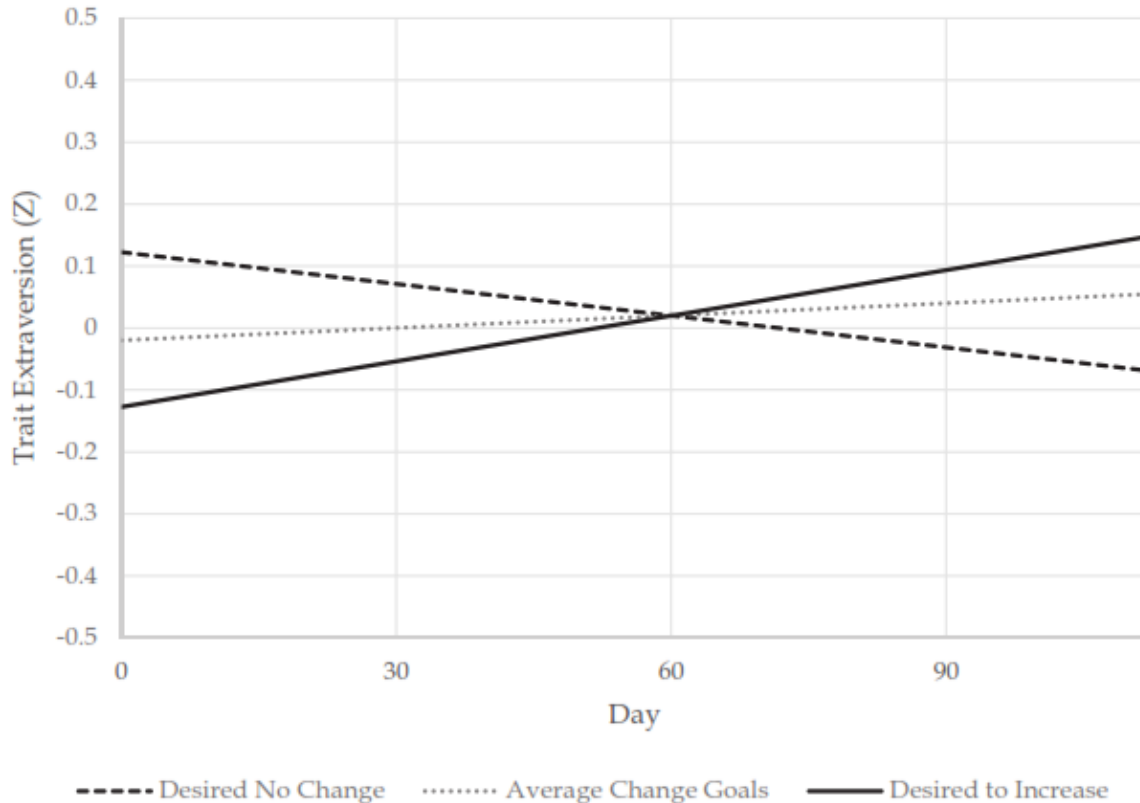
Hudson, N. W., & Fraley, R. C. (2015). Volitional personality trait change: Can people choose to change their personality traits?. *Journal Of Personality And Social Psychology*, *109*(3), 490-507. doi:10.1037/pspp0000021
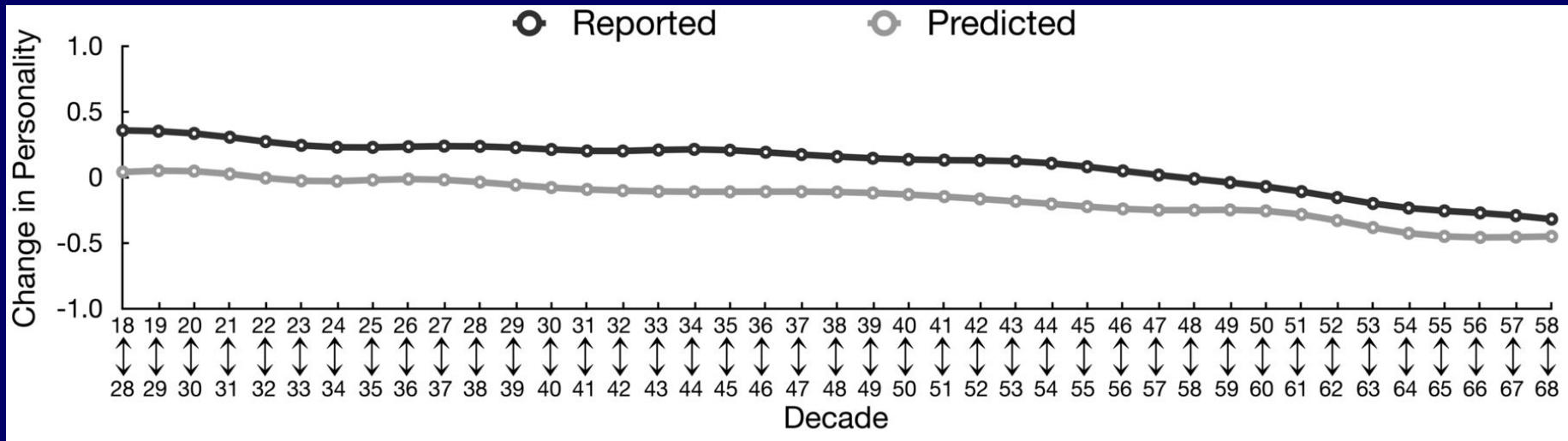
Dan Gilbert:
The psychology of the future self (2014)

http://www.ted.com/talks/dan_gilbert_you_are_always_changing/transcript?language=en

"History is always ending today." (p. 98)

Quoidbach, J., Gilbert, D. T., & Wilson, T. D. (2013). The end of history illusion. *Science*, *339*(6115), 96-98. doi:10.1126/science.1229294

Final remarks/discussion

- Diagnosing personality disorders is often difficult, though behavioral assessment has brought some improvements.

- Even dimensional approaches have their problems (e.g. cut-off points).

- Despite difficulties: personality can be changed (willingly and unwillingly)

- Many (classified) personality disordered people live their lives successfully, hence: context-dependency?

- Should the diagnoses of personality disorders be completely abandoned?