

Chapter 14: Personality Disorders

PSY 440: Abnormal Psychology
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Personality Disorders

◆ Personality Disorder

- Excessively rigid patterns of behavior or ways of relating to others
- Prevents people from adjusting to external demands
- Beginnings are present in childhood
- Childhood abuse

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Personality Disorders: An Overview, Part 1

◆ The nature of personality disorders

- Enduring, inflexible predispositions
- Maladaptive, causing distress and/or impairment
- High comorbidity
- Poorer prognosis
- Ego-syntonic: Unlike other disorders, often feel consistent with one's identity; patients don't feel that treatment is necessary

◆ 10 specific personality disorders organized into 3 clusters

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Personality Disorders: An Overview, Part 2

- ◆ **Prevalence of personality disorders**
 - Affects about 1% of the general population
- ◆ **Origins and course of personality disorders**
 - Thought to begin in childhood
 - Tend to run a chronic course if untreated
 - ◆ May transition into a different personality disorder

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Personality Disorders: Facts and Statistics

- ◆ **Gender distribution and gender bias in diagnosis**
 - Antisocial—more often male
 - Histrionic—more often female
- ◆ **Comorbidity is the rule, not the exception**
- ◆ **Personality disorders under study**
 - Sadistic: Enjoy inflicting pain
 - Passive-aggressive: Defiant, undermine authority
 - Further research is needed

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Personality Disorders: Facts and Statistics, Part 2

- **Three clusters:**
 - ◆ Cluster A: People who are perceived as odd or eccentric
 - ◆ Cluster B: People whose behavior is overly dramatic, emotional, and erratic
 - ◆ Cluster C: People who appear fearful or anxious

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Categorical and Dimensional Models

◆ "Kind" vs. "Degree"

- Personality disorders have traditionally been assigned as all-or-nothing categories
- *DSM-5* retained categorical diagnoses but also introduced additional dimensional model of personality disorders
- Dimensional model: Individuals are rated on the degree to which they exhibit various personality traits

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DSM Dimensional Ratings

◆ Self vs. External

- Self = internal characteristics
- External = how deals with others

◆ Self

- Identity = who they are
- Self-Direction = taking care of themselves

◆ External

- Empathy = understanding others
- Intimacy = letting others get close

- ◆ Rated from 0 (*little or no impairment*) to 4 (*extreme impairment*)

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An Example of a Dimensional Model

I. Negative Affectivity	1. Anxiousness 2. Emotional lability 3. Hostility 4. Perseveration 5. (Lack of) restricted affectivity 6. Separation insecurity 7. Submissiveness
II. Detachment	8. Anhedonia 9. Depressivity 10. Intimacy avoidance 11. Suspiciousness 12. Withdrawal
III. Antagonism	13. Attention seeking 14. Callousness 15. Deceitfulness 16. Grandiosity 17. Manipulativeness
IV. Disinhibition	18. Distractibility 19. Impulsivity 20. Irresponsibility 21. (Lack of) rigid perfectionism 22. Risk taking
V. Psychoticism	23. Eccentricity 24. Perceptual dysregulation 25. Unusual beliefs and experiences

Note: Krueger, Eaton, Derringer et al., 2011

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Cluster A

◆ Personality Disorders Characterized by Odd or Eccentric Behavior

- Paranoid Personality Disorder
- Schizoid Personality Disorder
- Schizotypal Personality Disorder

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Paranoid Personality Disorder, Part 1

◆ Diagnostic Criteria

- Pervasive suspiciousness
- Excessive mistrust of others
- No delusional thinking



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Paranoid Personality Disorder, Part 2

◆ Associated Features

- Overly sensitive to criticism
- Easily angered
- Hold grudges
- Unlikely to confide in others
- Question sincerity and trustfulness of others



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Paranoid Personality Disorder, Part 3

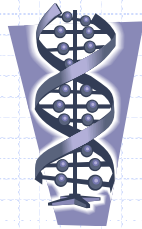
◆ Associated Features, con't

- Suspect infidelity
- Hypervigilant
- Deny blame for misdeeds
- Argumentative
- Litigious
- Perceived as aloof, cold, scheming, devious, and humorless

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Paranoid Personality Disorder, Part 4

- Prevalence rate
 - ♦ 0.5-1%
- Etiology
 - ♦ Family Influences
 - ♦ Genetics
 - ♦ Psychology
 - ♦ Cultural factors



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Paranoid Personality Disorder, Part 2

◆ Treatment options

- Few seek professional help on their own
- Treatment focuses on development of trust
- Cognitive therapy to counter negativistic thinking
- Lack of good outcome studies

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Schizoid Personality Disorder, Part 1

◆ Diagnostic Criteria

- Social isolation
- Lacks interest in social relationships
- Emotions seem blunted or shallow

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Schizoid Personality Disorder, Part 2

◆ Associated features

- Indifferent to criticism or praise
- Wrapped up in abstract ideas

◆ Usually recognized by early adulthood

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Schizoid Personality Disorder, Part 3

■ Etiology

- ◆ Etiology is unclear
- ◆ Childhood shyness
- ◆ Preference for social isolation resembles autism

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Schizoid Personality Disorder, Part 4

■ Treatment

- ♦ Few seek professional help on their own
- ♦ Focus on the value of interpersonal relationships
- ♦ Building empathy and social skills
- ♦ Lack of good outcome studies

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Schizotypal Personality Disorder, Part 1

◆ Diagnostic Criteria

- Difficulties forming close relationships
- Behavior, mannerisms and thought patterns are odd, but not odd enough to warrant a diagnosis of schizophrenia
- Wider range of behaviors, beliefs, and preoccupations than Schizoid PD

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Schizotypal Personality Disorder, Part 2

■ Associated Features

- ♦ Anxious in social settings

■ Usually evident by early adulthood

■ Prevalence rate

■ Etiology

- ♦ Genetic
- ♦ Biology



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Schizotypal Personality Disorder, Part 3

■ Treatment

- ◆ 30–50% meet criteria for major depressive disorder
- ◆ Main focus is on developing social skills
- ◆ Address comorbid depression
- ◆ Medical treatment is similar to that used for schizophrenia
- ◆ Treatment prognosis is generally poor

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Cluster B

- ◆ **Personality Disorders**
Characterized by Dramatic,
Emotional, or Erratic Behavior
 - Antisocial Personality Disorder
 - Borderline Personality Disorder
 - Histrionic Personality Disorder
 - Narcissistic Personality Disorder

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Antisocial Personality Disorder, Part 1

◆ Diagnostic Criteria

- A pattern of irresponsible and antisocial behavior in which the rights of others or major social norms are violated
- Must be 18 years old and have been diagnosed with Conduct Disorder before the age of 15
- Aggressive and impulsive behaviors

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Antisocial Personality Disorder, Part 2

◆ Diagnostic Criteria, con't

- Criminal behavior
- Lack of emotional commitment

◆ Associated Features

- Impulsivity
- Lack of empathy, loyalty, & guilt/remorse
- Superficial charm



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Antisocial Personality Disorder, Part 3

- Egocentricity
- Manipulative
- Callousness toward others
- Failure to conform
- Irresponsibility

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Antisocial Personality Disorder, Part 4

- Aimlessness and lack of long-term goals
- Substance abuse
- Disregard for the truth
- Interpret others' behaviors as more threatening than they are



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Antisocial Personality Disorder, Part 5

- Two components:
 - ◆ Personality
 - ◆ behavior
- Prevalence
- APD and criminal behavior



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Antisocial Personality Disorder, Part 6

- ◆ Relation with early behavior problems and conduct disorder
 - Early histories of behavioral problems, including conduct disorder
 - ◆ "Callous-unemotional" type of conduct disorder more likely to evolve into antisocial PD

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Antisocial Personality Disorder, Part 7

- Families with inconsistent parental discipline and support
- Families often have histories of criminal and violent behavior

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Antisocial Personality Disorder, Part 8

◆ Treatment

- Few seek treatment on their own
- Antisocial behavior is predictive of poor prognosis
- Emphasis is placed on prevention and rehabilitation
- Often incarceration is the only viable alternative
- May need to focus on practical (or selfish) consequences (e.g., if you rob someone, you'll have to serve time)

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Antisocial Personality Disorder, Part 9

◆ Etiology

- Genetic influences
 - More likely to develop antisocial behavior if parents have a history of antisocial behavior or criminality
- Developmental influences
 - High-conflict childhood increases likelihood of APD in at-risk children
- Neurobiological influences
 - Antisocial traits are not well explained by neuropsychological research

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Antisocial Personality Disorder, Part 9

◆ Etiology (con't)

- Arousal theory
 - People with APD are chronically under-aroused and seek stimulation from the types of activities that would be too fearful or aversive for most
- Psychological and social influences
 - In research studies, psychopaths are less likely to give up when goal becomes unattainable—may explain why they persist with behavior (e.g., crime) that is punished

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Antisocial Personality Disorder, Part 10

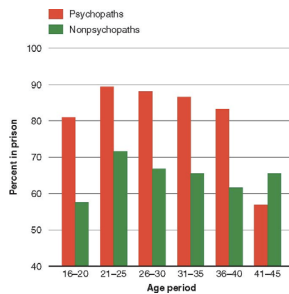
◆ Etiology, further con't

■ An integrated model

- ◆ APD is the result of multiple interacting factors
- ◆ Impaired fear conditioning: Children who develop APD may not adequately learn to fear aversive consequences of negative actions (e.g., punishment for setting fires)
- ◆ Mutual biological–environmental influence
 - Early antisocial behavior alienates peers who would otherwise serve as corrective role models
 - Antisocial behavior and family stress mutually increase one another

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Antisocial Personality Disorder, Part 11



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Borderline Personality Disorder, Part 1

◆ Diagnostic Criteria

- Pervasive pattern of instability of relationships, self-image, and mood, and a lack of control over impulses
- Uncertain about personal identities
- Nagging feeling of boredom and emptiness
- Cannot tolerate being alone

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Borderline Personality Disorder, Part 2

◆ Diagnostic Criteria, con't

- Instability of moods

◆ Disorder of Emotional Dysregulation

◆ Associated Features

- Impulsive
- Self-mutilation
- Suicide attempts
- Troubled familial relationships



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Borderline Personality Disorder, Part 3

◆ Associated Features, con't

- Intense fear of abandonment
- View relationships as problematic
- Insecure attachment style
- Read subtle emotions well
- Expect others to be selfish
- Difficult to work with in psychotherapy

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Borderline Personality Disorder, Part 4

◆ Etiology

- High emotional reactivity
- Runs in families
- May have impaired functioning of limbic system
- Early trauma/abuse plays a causal role for some

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Borderline Personality Disorder, Part 5

◆ Etiology, con't

- "Triple vulnerability" model applies to BPD:
 - ◆ generalized biological vulnerability (reactivity)
 - ◆ generalized psychological vulnerability (lash out when threatened)
 - ◆ specific psychological vulnerability (stressors elicit borderline behavior)

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Borderline Personality Disorder, Part 6

◆ Treatment options—few good outcome studies

- Antidepressant medications provide some short-term relief
- Dialectical behavior therapy is most promising treatment
 - ◆ Focus on dual reality of acceptance of difficulties and need for change
 - ◆ Focus on interpersonal effectiveness
 - ◆ Focus on distress tolerance to decrease reckless/self-harming behavior

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Borderline Personality Disorder, Part 7

- Prevalence Rate
- Course
- Some argue BPD should be a subset of PTSD

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Histrionic Personality Disorder, Part 1

◆ Diagnostic Criteria

- Excessive emotionality and an overwhelming need to be the center of attention
- Tendency to be dramatic and emotional

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Histrionic Personality Disorder, Part 2

◆ Associated Features

- Demand that others meet their need for attention
- Self-centered and intolerant
- Grow restless with routine and crave novelty and stimulation
- Flirtatious and seductive
- Use physical appearance as a means of drawing attention to themselves
- Lack in self-esteem

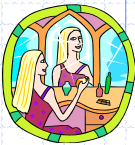
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Histrionic Personality Disorder, Part 3

- Prevalence Rate
- Course

◆ Etiology

- Failure to learn empathy as a child
- Sociological view—product of the “me” generation



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Histrionic Personality Disorder, Part 3

◆ Treatment options

- Focus on grandiosity, lack of empathy, unrealistic thinking
- Little evidence that treatment is effective

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Narcissistic Personality Disorder, Part 1

◆ Diagnostic Features

- Inflated or grandiose sense of self and extreme need for admiration
- Enjoy basking in the light of adulation



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Narcissistic Personality Disorder, Part 2

◆ Associated Features

- Self-absorbed
- Lack empathy
- Preoccupied with fantasies of success and power, ideal love, or recognition
- Gravitate to careers where they can be the center of attention
- Envious of those who have greater success

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Narcissistic Personality Disorder, Part 3

◆ Associated Features, Con't

- Insatiable ambition
- Strained interpersonal relationships

◆ Prevalence Rate

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Narcissistic Personality Disorder, Part 3

◆ Etiology

- Failure to learn empathy as a child
- Sociological view—product of the “me” generation

◆ Treatment options

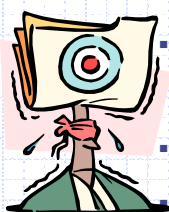
- Focus on grandiosity, lack of empathy, unrealistic thinking
- Little evidence that treatment is effective

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Avoidant Personality Disorder, Part 1

◆ Diagnostic Criteria

- Terrified of rejection and criticism
- Unwilling to enter into a relationship unless there are strong reassurances of acceptance
- Avoid group occupational or recreational activities
- Prefer to spend time alone



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Avoidant Personality Disorder, Part 2

- ◆ **Diagnostic Criteria, Con't**
 - Have an interest in social relationships but are paralyzed
- ◆ **Associated Features**
 - Social isolation
 - Fear public embarrassment
 - Stay with usual routines
- ◆ **Prevalence Rate**



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Avoidant Personality Disorder, Part 3

- ◆ **Etiology**
 - Numerous factors have been proposed
 - Difficult temperament and early rejection
- ◆ **Treatment options**
 - Several well-controlled treatment outcome studies exist
 - Treatment is similar to that used for social phobia
 - Treatment targets include social skills and anxiety

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Cluster C

- ◆ **Personality Disorders Characterized by Anxious or Fearful Behaviors**
 - Dependent Personality Disorder
 - Obsessive Compulsive Personality Disorder

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Dependent Personality Disorder, Part 1

◆ Diagnostic Criteria

- Excessive need to be taken care of by others
- Overly submissive
- Extremely fearful of separation



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Dependent Personality Disorder, Part 2

◆ Associated Features

- Find it difficult to do things on their own
- Very reliant on others for support and guidance
- Avoid positions of responsibility
- Overly sensitive to criticism
- Preoccupied with fears of rejection and abandonment
- Higher rate of "oral" behaviors

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Dependent Personality Disorder, Part 3

◆ Prevalence Rate

◆ Comorbid Disorders

- Psychological
- Physical

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Dependent Personality Disorder, Part 4

◆ Causes

- Still largely unclear
- Linked to early disruptions in learning independence

◆ Treatment options

- Research on treatment efficacy is lacking
- Therapy typically progresses gradually
- Treatment targets include skills that foster independence

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Obsessive-Compulsive Personality Disorder, Part 1

◆ Diagnostic Criteria

- Excessive degree of orderliness, perfectionism, and rigidity
- Difficulty coping with ambiguity
- Difficulty expressing feeling
- Meticulousness in work habits
- No obsessions or compulsions

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Obsessive-Compulsive Personality Disorder, Part 2

◆ Associated Features

- Cannot complete things in a timely fashion
- Focus on details rather than wholes
- Impaired social relationships

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Obsessive-Compulsive Personality Disorder, Part 3

◆ Associated Features, Con't

- Do not participate in social or leisure activities
- Stingy with money
- Difficulties making decisions
- Overly rigid in terms of morality



◆ Prevalence Rate

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Obsessive-Compulsive Personality Disorder, Part 4

◆ Etiology

- Largely unknown
- Weak genetic link

◆ Treatment options

- Data supporting treatment are limited
- Address fears related to the need for orderliness
- Rumination, procrastination, and feelings of inadequacy

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Problems with the Classification of Personality Disorders

- ◆ Undetermined reliability and validity
- ◆ Problems distinguishing between Axis I and Axis II disorders
- ◆ Overlap among disorders
- ◆ Problems distinguishing between normal and abnormal behavior

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Problems with the Classification of Personality Disorders

- ◆ Sexist bias
- ◆ Confusing labels with explanations

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