

Chapter Eleven: Personality Disorders

PSY 440: Abnormal Psychology
Dr. Rick Grieve
Western Kentucky University

1

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

2

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

3

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

4

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

5

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

6

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

7

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*)

8

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

9

Cluster A

◆ Personality Disorders Characterized by Odd or Eccentric Behavior

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

10

Paranoid Personality Disorder, Part 1

◆ Diagnostic Criteria

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



11

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



12

Paranoid Personality Disorder, Part 3

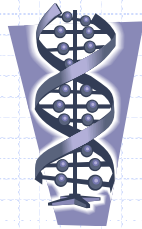
◆ Associated Features, con't

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

13

Paranoid Personality Disorder, Part 4

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



14

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

15

Schizoid Personality Disorder, Part 1

◆ Diagnostic Criteria

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

16

Schizoid Personality Disorder, Part 2

◆ Associated features

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

◆ Usually recognized by early adulthood

17

Schizoid Personality Disorder, Part 3

■ Etiology

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

18

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

19

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

20

Schizotypal Personality Disorder, Part 2

■ Associated Features

- ♦ Anxious in social settings

■ Usually evident by early adulthood

■ Prevalence rate

■ Etiology

- ♦ Genetic
- ♦ Biology



21

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

22

Cluster B

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

23

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

24

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



25

Antisocial Personality Disorder, Part 3

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

26

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



27

Antisocial Personality Disorder, Part 5

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



28

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

29

Antisocial Personality Disorder, Part 7

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

30

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)

31

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

32

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

33

Antisocial Personality Disorder, Part 10

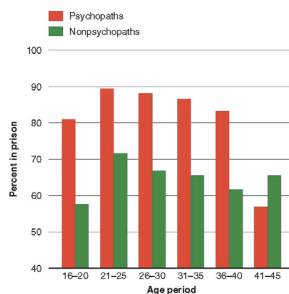
◆ Etiology, further con't

■ 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

34

Antisocial Personality Disorder, Part 11



CENGAGE

© 2019 Cengage. All rights reserved.

35

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

36

Borderline Personality Disorder, Part 2

◆ Diagnostic Criteria, con't

- Instability of moods

◆ Disorder of Emotional Dysregulation

◆ Associated Features

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



37

Borderline Personality Disorder, Part 3

◆ Associated Features, con't

- Intense fear of abandonment
- View relationships as problematic
- Insecure attachment style
- Read subtle emotional well
- Difficult to work with in psychotherapy

38

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

39

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)

40

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

41

Borderline Personality Disorder, Part 7

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

42

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

43

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

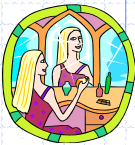
44

Histrionic Personality Disorder, Part 3

- Prevalence Rate
- Course

◆ Etiology

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



45

Histrionic Personality Disorder, Part 3

◆ Treatment options

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

46

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



47

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

48

Narcissistic Personality Disorder, Part 3

◆ Associated Features, Con't

- Insatiable ambition
- Strained interpersonal relationships

◆ Prevalence Rate

49

Narcissistic Personality Disorder, Part 3

◆ Etiology

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

◆ Treatment options

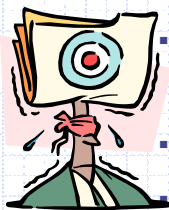
- Focus on grandiosity, lack of empathy, unrealistic thinking
- Little evidence that treatment is effective

50

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



51

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**



52

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

53

Cluster C

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

54

Dependent Personality Disorder, Part 1

◆ Diagnostic Criteria

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



55

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

56

Dependent Personality Disorder, Part 3

◆ Prevalence Rate

◆ Comorbid Disorders

- Psychological
- Physical

57

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

58

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

59

Obsessive-Compulsive Personality Disorder, Part 2

◆ Associated Features

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

60

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

61

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

62

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

63

Problems with the Classification of Personality Disorders

- ◆ Sexist bias
- ◆ Confusing labels with explanations

64

References

- ◆ American Psychiatric Association (1994). *Diagnostic and statistical manual of mental disorders* (Fourth Ed.). Washington, D. C.: Author.
- ◆ Durand, V. M., & Barlow, D. H. (2006). *Essentials of abnormal psychology* (4th Edition). Pacific Grove, CA: Wadsworth.
- ◆ Durand, V. M., Barlow, D. H., & Hoffman, S. G. (2018). *Essentials of abnormal psychology* (8th Edition). Wadsworth.
- ◆ Hodges, S. (2003). Borderline personality disorder and posttraumatic stress disorder: Time for integration? *Journal of Counseling and Development*, 81, 409-417.
- ◆ Kessler, R. C., McGonagle, K. A., Zhao, S., Nelson, C. R., Hughes, M., Eshleman, S., Wittchen, H. U., & Kendler, K. S. (1994). Lifetime and 12-month prevalence of DSM-III-R psychiatric disorders in the United States: Results from the National Comorbidity Survey. *Archives of General Psychiatry*, 51, 8-19.
- ◆ Lenzenweger, M. F., Johnson, M. D., & Willett, J. B. (2004). Individual growth curve analysis illuminates stability and change in personality disorder features. *Archives of General Psychiatry*, 61, 1015-1024.
- ◆ Merrill, K. A., & Strauman, T. J. (2004). The role of personality in cognitive-behavioral therapies. *Behavior Therapist*, 35, 131-146.

65

References

- ◆ Nairne, J. S. (1999). *Psychology: The adaptive mind* (2nd Ed.). Albany, NY: Brooks/Cole Publishing Company.
- ◆ Nevid, J. S., Rathus, S. A., & Greene, B. (2003). *Abnormal psychology in a changing world*. Upper Saddle River, NJ: Prentice Hall.
- ◆ Zanari, M. C., Frankenberg, F. R., Duba, E. D., Sichel, A. E., Trikha, A., Levin, A., et al. (1998). Axis I comorbidity of borderline personality disorder. *American Journal of Psychiatry*, 155, 1733-1739.

66
