Personality Disorders

Chapter 16

Personality

- What is personality?
  - Personality is a unique and long-term pattern of inner experience and outward behavior
  - Personality tends to be consistent and is often described in terms of “traits”
    - These traits may be inherited, learned, or both
  - Personality is also flexible, allowing us to learn and adapt to new environments
    - For those with personality disorders, however, that flexibility is usually missing

Personality Disorders

- What is a personality disorder?
  - An inflexible pattern of inner experience and outward behavior
  - This pattern is seen in most interactions, differs from the experiences and behaviors usually expected of people, and continues for years
  - The rigid traits of people with personality disorders often lead to psychological pain for the individual and social or occupational difficulties
  - The disorder may also bring pain to others
Classifying Personality Disorders

- A personality disorder typically becomes recognizable in adolescence or early adulthood
  - These are among the most difficult psychological disorders to treat
  - Many sufferers are not even aware of their personality disorder
  - It has been estimated that 9% to 13% of all adults may have a personality disorder

Classifying Personality Disorders

- Personality disorders are diagnosed on Axis II of the DSM-IV-TR
- These patterns are not typically marked by changes in intensity or periods of clear improvement
- Those diagnosed with personality disorders are often also diagnosed with an Axis I disorder
  - This relationship is called “comorbidity”
  - Whatever the reason, research indicates that the presence of a personality disorder complicates and reduces a person’s chances for a successful recovery

Classifying Personality Disorders

- The DSM-IV-TR identifies ten personality disorders and separates these into three categories or “clusters”:
  - Odd or eccentric behavior
    - Paranoid, schizoid, and schizotypal personality disorders
  - Dramatic, emotional, or erratic behavior
    - Antisocial, borderline, narcissistic, and histrionic personality disorders
  - Anxious or fearful behavior
    - Avoidant, dependent, and obsessive-compulsive personality disorders
Classifying Personality Disorders

- The various personality disorders overlap each other so much that it can be difficult to distinguish one from another
- The frequent lack of agreement between clinicians and diagnosticians has raised concerns about the validity (accuracy) and reliability (consistency) of these categories
- It should be clear that diagnoses of such disorders can easily be overdone

“Odd” Personality Disorders

- The cluster of “odd” personality disorders includes:
  - Paranoid personality disorder
  - Schizoid personality disorder
  - Schizotypal personality disorder

“Odd” Personality Disorders

- People with these disorders display behaviors similar to, but not as extensive as, schizophrenia
  - Behaviors include extreme suspiciousness, social withdrawal, and peculiar ways of thinking and perceiving things
  - Such behaviors leave the person isolated
  - Some clinicians believe that these disorders are actually related to schizophrenia, and thus call them “schizophrenia-spectrum disorders”
“Odd” Personality Disorders

- Clinicians have learned much about the symptoms of odd personality disorders, but little of their causes or how to treat them
  – In fact, people with these disorders rarely seek treatment

Paranoid Personality Disorder

- This disorder is characterized by deep distrust and suspicion of others
  - Although inaccurate, the suspicion is usually not “delusional” – the ideas are not so bizarre or so firmly held as to clearly remove the individual from reality
  - As a result of their mistrust, people with paranoid personality disorder often remain cold and distant

Paranoid Personality Disorder

- They are critical of weakness and fault in others, particularly at work
  - They are unable to recognize their own mistakes and are extremely sensitive to criticism
  - They often blame others for the things that go wrong in their lives and they repeatedly bear grudges
  - Between 0.5% and 3% of adults are believed to experience this disorder, apparently more men than women
How Do Theorists Explain Paranoid Personality Disorder?

- The proposed explanations of this disorder, like those of most other personality disorders, have received little systematic research
  - Psychodynamic theorists trace the pattern back to early interactions with demanding parents
  - Cognitive theorists suggest that maladaptive assumptions such as “People are evil and will attack you if given the chance” are to blame
  - Biological theorists propose genetic causes and have looked at twin studies to support this model

Treatments for Paranoid Personality Disorder

- People with paranoid personality disorder do not typically see themselves as needing help
  - Few come to treatment willingly
  - Those who are in treatment often distrust and rebel against their therapists
  - As a result, therapy for this disorder, as for most of the other personality disorders, has limited effect and moves slowly

- Object relations therapists try to see past the patient’s anger and work on the underlying wish for a satisfying relationship
- Behavioral and cognitive therapists try to help clients control anxiety and improve interpersonal skills
  - Cognitive therapists also try to restructure clients’ maladaptive assumptions and interpretations
- Drug therapy is of limited help
Schizoid Personality Disorder

- This disorder is characterized by persistent avoidance of social relationships and limited emotional expression
- Withdrawn and reclusive, people with this disorder do not have close ties with other people; they genuinely prefer to be alone
- People with schizoid personality disorder focus mainly on themselves and are often seen as flat, cold, humorless, and dull
- The disorder is estimated to affect fewer than 1% of the population
  - It is slightly more likely to occur in men than in women

How Do Theorists Explain Schizoid Personality Disorder?

- Many psychodynamic theorists, particularly object relations theorists, link schizoid personality disorder to an unsatisfied need for human contact
  - The parents of those with the disorder are believed to have been unaccepting or abusive of their children

How Do Theorists Explain Schizoid Personality Disorder?

- Cognitive theorists propose that people with schizoid personality disorder suffer from deficiencies in their thinking
  - Their thoughts tend to be vague and empty, and they have trouble scanning the environment for accurate perceptions
Treatments for Schizoid Personality Disorder

• Their extreme social withdrawal prevents most people with this disorder from entering therapy unless some other disorder makes treatment necessary
  – Even then, patients are likely to remain emotionally distant from the therapist, seem not to care about treatment, and make limited progress

• Cognitive-behavioral therapists have sometimes been able to help people with this disorder experience more positive emotions and more satisfying social interactions
  - The cognitive end focuses on thinking about emotions
  - The behavioral end focuses on the teaching of social skills

• Group therapy is apparently useful as it offers a safe environment for social contact
• Drug therapy is of little benefit

Schizotypal Personality Disorder

• This disorder is characterized by a range of interpersonal problems, marked by extreme discomfort in close relationships, odd (even bizarre) ways of thinking, and behavioral eccentricities
  - These symptoms may include ideas of reference and/or bodily illusions
  - People with the disorder often have great difficulty keeping their attention focused; conversation is typically digressive and vague, even sprinkled with loose associations
Schizotypal Personality Disorder

• They tend to drift aimlessly and lead an idle, unproductive life, choosing undemanding jobs in which they are not required to interact with other people
• It has been estimated that 2% to 4% of all people (slightly more males than females) may have the disorder

How Do Theorists Explain Schizotypal Personality Disorder?

• Because the symptoms of schizotypal personality disorder so often resemble those of schizophrenia, researchers have hypothesized that similar factors are at work in both disorders
  • Schizotypal symptoms are often linked to family conflicts and to psychological disorders in parents
  • Researchers have also begun to link schizotypal personality disorder to some of the same biological factors found in schizophrenia, such as high dopamine activity
• The disorder has also been linked to mood disorders, especially depression

Treatments for Schizotypal Personality Disorder

• Therapy is as difficult in cases of schizotypal personality disorder, as in cases of paranoid and schizoid personality disorders
• Most therapists agree on the need to help clients “reconnect” and recognize the limits of their thinking and powers
  • Cognitive-behavioral therapists further try to teach clients to objectively evaluate their thoughts and perceptions and provide speech lessons and social skills training
• Antipsychotic drugs appear to be somewhat helpful in reducing certain thought problems
“Dramatic” Personality Disorders

• The cluster of “dramatic” personality disorders includes:
  – Antisocial personality disorder
  – Borderline personality disorder
  – Histrionic personality disorder
  – Narcissistic personality disorder

“Dramatic” Personality Disorders

• The behaviors of people with these disorders are so dramatic, emotional, or erratic that it is almost impossible for them to have relationships that are truly giving and satisfying
• These personality disorders are more commonly diagnosed than the others
  – Only antisocial and borderline personality disorders have received much study
• The causes of the disorders are not well understood
• Treatments range from ineffective to moderately effective

Antisocial Personality Disorder

• Sometimes described as “psychopaths” or “sociopaths,” people with antisocial personality disorder persistently disregard and violate others’ rights
  – Aside from substance-related disorders, this is the disorder most linked to adult criminal behavior
• The DSM-IV-TR requires that a person be at least 18 years of age to receive this diagnosis
  – Most people with an antisocial personality disorder displayed some patterns of misbehavior before they were 15 years old
Antisocial Personality Disorder

- People with the disorder are likely to lie repeatedly, be reckless, and impulsive
  - They have little regard for other individuals, and can be cruel, sadistic, aggressive, and violent

Antisocial Personality Disorder

- Surveys indicate that 2% to 3.5% of people in the U.S. meet the criteria for this disorder
  - The disorder is 4 times more common in men than women
- Because people with this disorder are often arrested, researchers frequently look for people with antisocial patterns in prison populations
  - Studies indicate higher rates of alcoholism and other substance-related disorders among this group

Antisocial Personality Disorder

- Children with a conduct disorder and an accompanying attention-deficit/hyperactivity disorder apparently have a heightened risk of developing antisocial personality disorder
How Do Theorists Explain Antisocial Personality Disorder?

- Psychodynamic theorists propose that this disorder begins with an absence of parental love, leading to a lack of basic trust
- Many behaviorists have suggested that antisocial symptoms may be learned through modeling or unintentional reinforcement

How Do Theorists Explain Antisocial Personality Disorder?

- The cognitive view says that people with the disorder hold attitudes that trivialize the importance of other people’s needs
- A number of studies suggest that biological factors may play a role
  - Lower levels of serotonin, impacting impulsivity and aggression
  - Deficient functioning in the frontal lobes of the brain
  - Lower levels of anxiety and arousal, leading them to be more likely than others to take risks and seek thrills

Treatments for Antisocial Personality Disorder

- Treatments are typically ineffective
- A major obstacle is the individual’s lack of conscience or desire to change
  - Most have been forced to come to treatment
  - Some cognitive therapists try to guide clients to think about moral issues and the needs of other people
    - Hospitals and prisons have attempted to create therapeutic communities
  - Atypical antipsychotic drugs also have been tried but systematic studies are still needed
Borderline Personality Disorder

- People with this disorder display great instability, including major shifts in mood, an unstable self-image, and impulsivity
  - Interpersonal relationships are also unstable
- People with borderline personality disorder are prone to bouts of anger, which sometimes result in physical aggression and violence
  - Just as often, however, they direct their impulsive anger inward and harm themselves

- Many of the patients who come to mental health emergency rooms are individuals with the disorder who have intentionally hurt themselves
- Their impulsive, self-destructive behavior can include:
  - Alcohol and substance abuse
  - Reckless behavior, including driving and unsafe sex
  - Self-injurious or self-mutilation behavior
  - Suicidal actions and threats
- People with the disorder frequently form intense conflict-ridden relationships while struggling with recurrent fears of impending abandonment

- Between 1.5% and 2.5% of the general population are thought to suffer from this disorder
  - Close to 75% of those diagnosed are women
- The course of the disorder varies
  - In the most common pattern, the instability and risk of suicide reach a peak during young adulthood and then gradually wane with advancing age
How Do Theorists Explain Borderline Personality Disorder?

• Because a fear of abandonment tortures so many people with the disorder, psychodynamic theorists look to early parental relationships to explain the disorder
  - Object-relations theorists propose a lack of early acceptance or abuse/neglect by parents
    - Research has found some support for this view, including a link to early sexual abuse

How Do Theorists Explain Borderline Personality Disorder?

• Some features of the disorder have also been linked to biological abnormalities, such as an overly reactive amygdala and an underactive prefrontal cortex
  - In addition, sufferers who are particularly impulsive apparently have lower brain serotonin activity
  - Close relatives of those with borderline personality disorder are 5 times more likely than the general population to have the disorder

How Do Theorists Explain Borderline Personality Disorder?

• A number of theorists currently use a biosocial theory, stating that the disorder results from a combination of internal and external forces
  - Some sociocultural theorists suggest that cases of borderline personality disorder are particularly likely to emerge in cultures that change rapidly
Treatments for Borderline Personality Disorder

• It appears that psychotherapy can eventually lead to some degree of improvement for people with this disorder
  – It is extraordinarily difficult, though, for a therapist to strike a balance between empathizing with a patient’s dependency and anger and challenging his or her way of thinking

• Antidepressant, antipolar, antianxiety, and antipsychotic drugs have helped some individuals to calm their emotional and aggressive storms
  • Given the numerous suicide attempts by these patients, their use of drugs on an outpatient basis is controversial
  • Some patients have benefited from a combination of drug therapy and psychotherapy

Histrionic Personality Disorder

• People with histrionic personality disorder are extremely emotional and continually seek to be the center of attention
  • They often engage in attention-getting behaviors and are always “on stage”
    • Approval and praise are the lifeblood of these individuals
  • People with histrionic personality disorder are often described as vain, self-centered, and demanding
    • Some make suicide attempts, often to manipulate others
Histrionic Personality Disorder

- This disorder was once believed to be more common in women than in men
  - However, research has revealed gender bias in past diagnoses
- The latest statistics suggest that around 2% to 3% of adults have this personality disorder, with males and females equally affected

How Do Theorists Explain Histrionic Personality Disorder?

- The psychodynamic perspective was originally developed to explain cases of hysteria, and theorists have retained their interest in the disorder today
  - Most psychodynamic theorists believe that, as children, people with this disorder experienced unhealthy relationships in which cold parents left them feeling unloved and afraid of abandonment
  - To defend against deep-seated fears of loss, the individuals learned to behave dramatically, inventing crises that would require people to act protectively

- Cognitive theorists look at the lack of substance and the extreme suggestibility found in people with the disorder
  - Some propose that people with histrionic personality disorder hold a general assumption that they are helpless to care for themselves, so they seek out others who will meet their needs
  - Sociocultural and multicultural theorists believe the disorder is caused in part by society’s norms and expectations
  - The vain, dramatic, and selfish behavior may be an exaggeration of femininity as our culture once defined it
Treatments for Histrionic Personality Disorder

• Unlike people with most other personality disorders, those with histrionic personality disorder are more likely to seek treatment on their own
• Working with them can be difficult because of their demands, tantrums, seductiveness, and attempts to please the therapist

Treatments for Histrionic Personality Disorder

• Cognitive therapists try to help people with this disorder change their belief that they are helpless and try to help them develop better, more deliberate ways of thinking and solving problems
• Psychodynamic therapy and group therapy have also been applied to help clients deal with their dependency
• Clinical case reports suggest that each of the approaches can be useful
  • Drug therapy is less successful, except as a means of relieving the depression experienced by some patients

Narcissistic Personality Disorder

• People with narcissistic personality disorder are generally grandiose, need much admiration, and feel no empathy with others
• People with this disorder exaggerate their achievements and talents, and often appear arrogant
How Do Theorists Explain Narcissistic Personality Disorder?

- Psychodynamic theorists more than others have theorized about this disorder, focusing on cold, rejecting parents
- Cognitive-behavioral theorists propose that narcissistic personality disorder may develop when people are treated too positively rather than too negatively in early life
  - Those with the disorder have been taught to “overvalue their self-worth”
- Finally, many sociocultural theorists see a link between narcissistic personality disorder and “eras of narcissism” in society

Treatments for Narcissistic Personality Disorder

- This disorder is one of the most difficult personality patterns to treat
  - Clients who consult therapists usually do so because of a related disorder, most commonly depression
  - Once in treatment, the individuals may try to manipulate the therapist into supporting their sense of superiority
  - None of the major treatment approaches have had much success

“Anxious” Personality Disorders

- The cluster of “anxious” personality disorders includes:
  - Avoidant personality disorder
  - Dependent personality disorder
  - Obsessive-compulsive personality disorder
“Anxious” Personality Disorders

- People with these disorders typically display anxious and fearful behavior
- Although many of the symptoms are similar to those of anxiety and depressive disorders, researchers have found no direct links between this cluster and those Axis I diagnoses
- As with most of the personality disorders, research is very limited
  - But treatments for this cluster appear to be modestly to moderately helpful, considerably better than for other personality disorders

Avoidant Personality Disorder

- People with avoidant personality disorder are very uncomfortable and inhibited in social situations, overwhelmed by feelings of inadequacy, and extremely sensitive to negative evaluation
  - They believe themselves unappealing or inferior and often have few close friends

Avoidant Personality Disorder

- The disorder is similar to social phobia, and many people with one disorder experience the other
  - Similarities between the two disorders include a fear of humiliation and low self-confidence
  - A key difference is that people with social phobia mainly fear social circumstances, while people with avoidant personality disorder tend to fear close social relationships
- As many as 1% and 2% of adults have avoidant personality disorder, men as frequently as women
How Do Theorists Explain Avoidant Personality Disorder?

- Theorists often assume that avoidant personality disorder has the same causes as anxiety disorders, including:
  - Early trauma
  - Conditioned fears
  - Upsetting beliefs
  - Biochemical abnormalities
- Research has not directly tied the personality disorder to the anxiety disorders

How Do Theorists Explain Avoidant Personality Disorder?

- Psychodynamic theorists focus mainly on the general sense of shame felt by people with avoidant personality disorder
- Cognitive theorists believe that harsh criticism and rejection in early childhood may lead people to assume that their environment will always judge them negatively
- Behavioral theorists suggest that people with this disorder typically fail to develop normal social skills

Treatments for Avoidant Personality Disorder

- People with avoidant personality disorder come to therapy seeking acceptance and affection
- Keeping them in therapy can be challenging because they soon begin to avoid sessions
- A key task of the therapist is to gain the individual's trust
  - Beyond building trust, therapists tend to treat the disorder as they treat social phobia and anxiety
  - These treatments have had modest success
- Group therapy formats, especially those that follow cognitive-behavioral principles, also help by providing practice in social interactions
- Antianxiety and antidepressant drugs are also sometimes useful
Dependent Personality Disorder

- People with dependent personality disorder have a pervasive, excessive need to be taken care of
  - As a result, they are clinging and obedient, fearing separation from their loved ones
  - They rely on others so much that they cannot make the smallest decision for themselves
  - The central feature of the disorder is a difficulty with separation

Dependent Personality Disorder

- Many people with this disorder feel distressed, lonely, and sad
  - Often they dislike themselves
  - They are at risk for depression, anxiety, and eating disorders and may be especially prone to suicidal thoughts
  - Studies suggest that over 2% of the population experience the disorder
  - Research suggests that men and women are affected equally

How Do Theorists Explain Dependent Personality Disorder?

- Psychodynamic explanations for dependent personality disorder are very similar to those for depression
  - Freudian theorists argue that unresolved conflicts during the oral stage of development can give rise to a lifelong need for nurturance
  - Object-relations theorists say that early parental loss or rejection may prevent normal experiences of attachment and separation, leaving some children with lingering fears of abandonment
  - Other theorists argue that parents were overinvolved and overprotective, increasing their children’s dependency
How Do Theorists Explain Dependent Personality Disorder?

• Behaviorists propose that parents unintentionally rewarded their children’s clinging and “loyal” behavior while punishing acts of independence
• Cognitive theorists identify two maladaptive attitudes:
  • “I am inadequate and helpless to deal with the world”
  • “I must find a person to provide protection so I can cope”

Treatments for Dependent Personality Disorder

• In therapy, people with this disorder usually place all responsibility for their treatment and well-being on the clinician
  – A key task is to help patients accept responsibility for themselves
  – Couple or family therapy can be helpful; both are often recommended
  – Treatment can be at least modestly helpful

Obsessive-Compulsive Personality Disorder

• People with obsessive-compulsive personality disorder are so preoccupied with order, perfection, and control that they lose all flexibility, openness, and efficiency
• These individuals tend to be rigid and stubborn
How Do Theorists Explain Obsessive-Compulsive Personality Disorder?

- Most explanations of obsessive-compulsive personality disorder borrow heavily from those of obsessive-compulsive anxiety disorder, despite doubts concerning a link between the two.
- Psychodynamic explanations dominate and research is limited.

How Do Theorists Explain Obsessive-Compulsive Personality Disorder?

- Freudian theorists suggest that people with obsessive-compulsive personality disorder are *anal regressive*:
  - Because of overly harsh toilet training, people become angry and remain *fixated* at this stage of psychosexual development.
  - To keep their anger under control, they resist both their anger and their instincts to have bowel movements.
  - As a result, they become extremely orderly and restrained.

How Do Theorists Explain Obsessive-Compulsive Personality Disorder?

- Cognitive theorists have little to say about the origins of the disorder, but they do propose that illogical thinking processes help maintain it.
Treatments for Obsessive-Compulsive Personality Disorder

• People with obsessive-compulsive personality disorder do not usually believe there is anything wrong with them
  – They are therefore unlikely to seek treatment unless they also are suffering from another disorder, most frequently anxiety or depression

• Individuals with this personality disorder often appear to respond well to psychodynamic or cognitive therapy
• A number of clinicians report success with SSRIs (selective serotonin reuptake inhibitors)

Multicultural Factors: Research Neglect

• According to DSM-IV-TR, a pattern diagnosed as a personality disorder must “deviate markedly from the expectations of a person’s culture”
  – Given the importance of culture in the definition, it is striking how little multicultural research has been conducted
What Problems Are Posed by the DSM-IV-TR Categories?

• Most of today’s clinicians believe that personality disorders are important and troubling patterns
• Some of the diagnostic criteria cannot be observed directly
  – The diagnoses often rely heavily on the impressions of the individual clinician
  – Similarly, clinicians differ widely in their judgments about when a normal personality style crosses the line and deserves to be called a disorder

What Problems Are Posed by the DSM-IV-TR Categories?

• The similarity of disorders within a cluster or between clusters creates classification difficulties
  • Research suggests that people with disorders of personality typically meet diagnostic criteria for several personality disorders
  • People with quite different personalities may be given the same diagnosis
  • Individuals must meet a certain number of criteria to receive a given diagnosis, but no single feature is necessary for any diagnosis

Are There Better Ways to Classify Personality Disorders?

• The leading criticism of DSM-IV-TR’s approach to personality disorders is that the classification system uses categories – rather than dimensions – of personality