Chapter 12
Personality Disorders

The Nature of Personality Disorders
- Enduring patterns of perceiving, relating to, and thinking about the world and oneself
- Manifest across many life areas
- Are inflexible and maladaptive, and cause either significant impairment or distress to self or others

- Dimensional vs. Categorical
  - Problem of degree vs. Problem of kind
- DSM-IV
  - Categorical View
  - Axis II
  - Ten Types
- DSM-IV Clusters
  Cluster A: “Odd / Eccentric”
  Cluster B: “Dramatic / Emotional / Erratic”
  Cluster C: “Anxious / Fearful”

Cluster A
“Odd” or “Eccentric”
  Paranoid
  Schizoid
  Schizotypal

- Paranoid Personality Disorder
  - Pervasive unjustified distrust
  - Excessively suspicious
  - Tend not to confide in others
  - Think others want to harm them
  - Meaningful relationships are very difficult because of the profound mistrust
  - Obviously hostile toward others
  - Appear tense & ready to pounce when they think they’ve been slighted
  - Very sensitive to criticism
  - Excessive need for autonomy

- Causes
  - Still unclear
  - Biological vulnerability
  - Distorted thoughts
  - Roots of these perceptions are in early upbringing
  - Cultural factors
- Treatment
  - Unlikely to initiate treatment
  - Trigger for seeking therapy is crisis in one’s life or anxiety or depression
  - Difficulty establishing trust in treatment
  - Use CT to address mistaken assumptions
  - No evidence that treatment works!
- Schizoid Personality Disorder
  - Extreme social detachment (loner)
  - They neither desire nor enjoy closeness with others, including romantic relationships
  - Limited range of emotions in interpersonal situations
  - Lack emotional expressiveness
  - Appear aloof, cold, indifferent
  - Many are homeless
  - Extreme social deficiencies

- Causes and Treatment
  - Possibly a biological dysfunction similar to that found in autism
  - They rarely request treatment except in response to a crisis
  - Treatment teaches value of social relationships, & involves education about emotions, empathy training, social skills training, & role playing
  - Treatment prospects are poor

- Schizotypal Personality Disorder
  - Also socially isolated
  - **BUT** behavior is more unusual
  - Often considered odd or bizarre because of how they relate to other people, think & behave & even dress
  - They tend to be suspicious & have odd beliefs
    - Ideas of reference
    - Magical thinking
    - Illusions

- Causes
  - Viewed by some as one phenotype of a schizophrenia genotype

- Treatment
  - 30-50% of the people seeking treatment for this also have MDD
  - Limited research into treatment
  - Teach social skills to help reduce their isolation from & suspicion of others
  - Medical treatment similar to that for people with schizophrenia

Cluster B

  "Dramatic, Emotional, Erratic"
  - Antisocial
  - Borderline
  - Histrionic
  - Narcissistic

Antisocial Personality Disorder

- Long histories of
  - Violating cultural norms
  - Violating rights of others
  - Impulsivity & aggressiveness
  - Lack of remorse
  - Substance abuse is common (83%)

- Long–term outcome often is poor
- Many met the criteria for conduct disorder during childhood
- Antisocial personality disorder, psychopathy & criminality
Causes

- Genetic and Developmental Influences
  - Family, twin, & adoption studies all suggest a genetic influence
  - There’s a gene–environment interaction
- Neurobiological Influences
  - Under–arousal Hypothesis
  - Fearlessness Hypothesis
  - Jeffrey Gray’s model of brain functioning
    - Individuals with Antisocial PD may have an imbalance between the reward system (REW) & the behavioral inhibition system (BIS), with REW >>> BIS

- Psychological & Social Influences
  - Once they set their sights on a reward goal, they’re less likely to be deterred despite signs that the goal is no longer achievable
  - Gerald Patterson
    - Coercive family process
- Developmental Influences
  - Rate of antisocial behavior declines markedly around age 40

Treatment

- Most do not seek treatment
- Can be very manipulative with their therapists
- Poor prognosis
- Most common treatment strategy for children involves parent training
- Focus on prevention

Borderline Personality Disorder

- Unstable & intense relationships
- Unstable self-image
- Unstable moods
- Impulsive behavior

- Causes
  - Runs in families
  - Connection with mood disorders
  - Contribution of early abuse, especially sexual & physical abuse

- Treatment
  - Few Controlled Studies
  - Medications
    - Antidepressants and Lithium
  - Marcia Linehan’s Dialectical Behavior Therapy (DBT)
    - Multifactorial
      - Teaches problem solving
      - Teaches identification & regulation of emotions
      - Social skills training
      - Re–experience prior traumatic events to help extinguish associated fear

Histrionic Personality Disorder

- Overly dramatic
- Emphasis on appearance
- Seductive & provocative
- Center of attention
- Seek reassurance & approval
- Tend to be impulsive & have difficulty delaying gratification
- Impressionistic style; vague speech

- Causes
  - Little research
  - Ancient Greeks & hysteria
  - Relationship with Antisocial PD
Treatment
- Again few controlled studies
- Modify attention seeking behavior
- Focus on changing relationship styles
- Shown more appropriate behaviors

Narcissistic Personality Disorder
- Grandiose
- Require & expect special attention
- Requires admiration
- Little sensitivity for others or empathy
- Exploits others for their own interests
- Frequently depressed because they often fail to live up to their own expectations

• Causes
  - Lack of early experiences with empathy / altruism
  - A function of the “me generation”
• Treatment studies are limited
  - Therapy focuses on grandiosity, hypersensitivity to evaluation, & lack of empathy toward others
  - CT aims to replace their fantasies with a focus on attainable day-to-day pleasurable experiences
  - Relaxation training to help them face & accept criticism
  - Focus on feelings of others
  - Treatment for depression

>Cluster C
“Anxious or Fearful”
Avoidant
Dependent
Obsessive-Compulsive

Avoidant Personality Disorder
• Because they are hypersensitive to others’ opinions
  - They avoid social relationships
• Because of extreme low self-esteem
  - High fear of rejection,
  - They become very dependent on those few they feel comfortable with
• Take few risks
• Socially inhibited & anxious
• Different from Schizoid PD

• Causes
  - May be born with a difficult early temperament
• Treatment
  - Several well controlled studies
  - Target anxiety and social skills
  - Treatment similar to social phobia
    • Systematic Desensitization
    • Behavioral Rehearsal
  - Modest improvements with fear of negative evaluation, social avoidance & distress
### Dependent Personality Disorder
- Excessive reliance on others
- Fear abandonment & rejection
- Submissive, timid & passive
- Cling to relationships

**Causes**
- Disruption in early attachment due to neglect, rejection, or early death
- Because early bonding is interrupted, they’re constantly anxious they’ll lose people close to them

**Very limited research into treatment effectiveness**

### Obsessive-Compulsive PD
- Fixation on doing things “the right way”
- Preoccupation with
  - Orderliness & perfectionism
  - Control
  - Details & rules
- Rigid and stubborn, leading to poor interpersonal relationships
- Very work-oriented
- Only distantly related to OCD

### Personality Disorders Under Study
- Depressive personality disorder
  - Self-criticism, dejection, judgmental stance toward others, & a tendency to feel guilt
  - It may be a PD distinct from dysthymic disorder
- Negativistic personality disorder
  - Passive aggression in which people adopt a negativistic attitude to resist routine demands & expectations
  - May be a subtype of Narcissistic PD

### Causes
- Weak genetic contribution
- May require parental reinforcement of conformity & neatness

**Few controlled treatment studies**
- Address fears underlying need for orderliness
- Relaxation and distraction techniques to redirect the compulsive thoughts