Personality Disorders

DSM-IV Axis II

Personality disorders are enduring patterns of perceiving, relating to, and thinking about the environment and oneself that:

- are exhibited in a wide range of social and personal contexts
- are inflexible and maladaptive
- cause significant functional impairment or subjective distress

Diagnostic Criteria

- General Diagnostic Criteria for a Personality Disorder
  A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture in two or more of the following areas:
    1. Cognition
    2. Affectivity
    3. Interpersonal functioning
    4. Impulse control

- This enduring pattern:
  B. is inflexible and pervasive
  C. leads to significant distress or impairment
  D. is stable and of long duration
  E. is not better accounted for by another mental disorder
  F. is not due to direct physiological effects of a substance

Statistics

<table>
<thead>
<tr>
<th>Disorder</th>
<th>Prevalence (general population)</th>
<th>Gender difference (clinical population)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Paranoid personality disorder</td>
<td>2.3% - 3.4%</td>
<td>More males</td>
</tr>
<tr>
<td>Schizoid personality disorder</td>
<td>3.7% - 4.9%</td>
<td>More males</td>
</tr>
<tr>
<td>Schizotypal personality disorder</td>
<td>0.6% - 3.3%</td>
<td>More males</td>
</tr>
<tr>
<td>Antisocial personality disorder</td>
<td>0.7% - 1.0%</td>
<td>More males</td>
</tr>
<tr>
<td>Borderline personality disorder</td>
<td>0.7% - 1.6%</td>
<td>More females</td>
</tr>
<tr>
<td>Histrionic personality disorder</td>
<td>&lt; 2%</td>
<td>No difference</td>
</tr>
<tr>
<td>Narcissistic personality disorder</td>
<td>0.1%</td>
<td>More males</td>
</tr>
<tr>
<td>Avoidant personality disorder</td>
<td>5.0% - 5.2%</td>
<td>No difference</td>
</tr>
<tr>
<td>Dependent personality disorder</td>
<td>0.6 - 1.5%</td>
<td>No difference</td>
</tr>
<tr>
<td>Obsessive-compulsive personality disorder</td>
<td>2.0% - 2.4%</td>
<td>More males</td>
</tr>
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</table>
Kind vs. Degree

- Categorical versus Dimensional Models
  - DSM-IV: the categorical perspective that Personality Disorders represent qualitatively distinct clinical syndromes.
  - Alternative approach: The dimensional perspective that Personality Disorders represents maladaptive and extreme variants of personality traits that many of us experience temporarily or to a lesser degree.

PD Clusters

- DSM-IV-TR Personality Disorder Clusters

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Cluster A: Paranoid PD

- Characterized by:

  A pattern of pervasive and unjustified distrust and suspiciousness of others, beginning by early adulthood and present in a variety of contexts.
Paranoid PD: Diagnostic features

- Pervasive distrust and suspiciousness of others.
- Preoccupation with unjustified doubts about the loyalty of friends or others.
- Tendency to read hidden demeaning or threatening meanings into benign remarks.
- Bearing persistent grudges over insults.
- Recurrent suspicions, without justification, regarding the fidelity of spouse or sexual partner.
- Does not occur exclusively during the course of schizophrenia or another psychotic disorder.

Paranoid PD: Diagnostic features

- Differential Diagnosis
  - Paranoid PD can be distinguished from Schizophrenia (Paranoid Type) and Mood Disorder with Psychotic Features because these disorders are all characterized by a period of persistent psychotic symptoms - to give Paranoid PD diagnosis the disorder must have been present before the onset of psychotic symptoms and must persist when these are in remission.
  - The disorder must also be distinguished from personality change due to a general medical condition or from symptoms that develop due to chronic substance abuse.

Paranoid PD: Causes & Treatment

- Causes
  - Biological and psychological contributions are unclear.
  - May result from early learning that people and the world is a dangerous place (which leads to maladaptive vigilance).

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

Cluster A: Schizoid PD

- Characterized by:
  - A pervasive pattern of detachment of (and lack of enjoyment of) social relationships and a restricted range of expressions of emotions, beginning by early adulthood.
Schizoid PD: Diagnostic features

- Pervasive pattern of detachment from social relationships and a restricted range of expression of emotions, beginning by early adulthood.
- No desire for social relationships and lack of ability to form close social relationships
- Often single, with little interest in sex or intimacy
- Preference for solitary activities
- Often appear indifferent to compliments and criticisms
- Find little or no joy in activities
- Does not occur exclusively with schizophrenia or another disorder.

Schizoid PD: Causes & Treatment

- Causes
  - Childhood shyness a precursor?
  - Preference for social isolation in schizoid personality resembles autism. Poor social skills training?

- Treatment
  - Few seek professional help on their own.
  - Treatment focuses on the value of interpersonal relationships, empathy, and social skills.
  - Treatment prognosis is generally poor.

Cluster A: Schizotypal PD

- Characterized by:
  - A pattern of interpersonal deficits featuring acute discomfort with close relationships, as well as cognitive and perceptual distortions and eccentricities of behavior.

Schizotypal PD: Diagnostic features

- Acute discomfort with close interpersonal relationships (as opposed to a lack of interest), cognitive and perceptual distortions, and eccentricities of behavior, beginning by early adulthood.
- Odd or eccentric behavior or appearance (e.g., mumbling; odd dress)
- Often misinterpreting casual incidents as having particular or unusual meaning for themselves
- Odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms.
- Suspicious and paranoid thoughts
### Schizotypal PD: Diagnostic features

- Express little emotion or inappropriate emotion.
- Unusual perceptual experiences, including illusions.
- Odd thinking or speech.
- Does not occur exclusively with schizophrenia or another disorder.

### Schizotypal PD and other disorders

- 30% - 50% of individuals diagnosed with schizotypal PD have a concurrent diagnosis of Major Depressive Disorder when admitted to a clinical setting.
- Considerable co-occurrence with Schizoid, Paranoid, Avoidant, and Borderline Personality Disorders.
- Social isolation and restricted affectivity are common to Schizoid, Schizotypal, and Paranoid PDs, but Schizoid PD can be distinguished from Schizotypal PD by the lack of cognitive and perceptual distortions and from Paranoid PD by the lack of suspiciousness.

### Schizotypal PD: Causes & Treatment

**Causes**
- A phenotype of a schizophrenia genotype?
- Evidence of some damage to the left hemisphere and more generalized brain abnormalities.

**Treatment**
- Main focus is on developing social skills.
- Treatment also addresses co-morbid depression.
- Medical treatment is similar to that used for schizophrenia.
- Treatment prognosis is generally poor.

### Identify the Personality Disorder

- Theo is quite a loner. He walks to class by himself, does not talk to anyone and appears indifferent to other people. It is clear that Theo neither desires nor enjoys closeness with others. He does not act in any obviously unusual ways nor does he appear to possess strange beliefs about the world.

- You are waiting to board a plane when you hear that the flight has been delayed due to a passing thunderstorm. The man sitting next to you says, "Passing thunder storm, sure! That's Jim again, he's been doing everything to make me miss this meeting because he's trying to get me fired!"
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Cluster B: Antisocial PD

- Characterized by:
  A pervasive pattern of disregard for and violation of, the rights of others that begins in childhood or early adulthood.
  ("social predators")

Antisocial PD: Warning signs

- Defiance and disregard for social norms or the rights of other people
- Regularly performing illegal acts
- Show little empathy for others
- Lack of remorse for persons they have hurt
- Tendency to be self-absorbed
- Often appear superficial
- Show difficulties in fulfilling responsibilities and commitments

Antisocial PD: Warning signs

- Habitually lying or being manipulative
- Use of aliases and conning people for personal profit or pleasure
- Frequent physical aggression and conflict with other people
- Having had serious behavioral problems in childhood
- Blaming others or offering rationalizations for antisocial behavior
- Impulsive behavior
Antisocial PD: DSM-IV Criteria

A. Pervasive pattern of disregard for and violation of the rights of others since age 15, indicated by three or more of the following:
1. Failure to conform to social norms
2. Deceitfulness
3. Impulsivity or failure to plan ahead
4. Irritability and aggressiveness
5. Recklessness
6. Recklessness
7. Lack of remorse

Antisocial PD: DSM-IV Criteria

B. Individual is at least 18 years old.
C. Evidence of Conduct Disorder before age 15.
D. Occurrence of antisocial behavior is not exclusively during the course of Schizophrenia or a Manic Episode.

Antisocial PD and Psychopathy

- Alternative labels and Diagnostic Criteria:
  The Cleckley/Hare Psychopathy criteria

- DSM-IV Antisocial PD criteria: focus on observable behaviors.
- Cleckley/Hare Psychopathy criteria: focus on underlying personality traits.

Antisocial PD and Psychopathy

- Hare Psychopathy Checklist (Psychopathy personality profile):
  - Glibness/superficial charm
  - Lack of realistic, long-term plans
  - Impulsivity and irresponsibility
  - Grandiose sense of self-worth
  - Need for stimulation/proneness to boredom
  - Pathological lying
  - Conning/manipulative
Antisocial PD and Psychopathology

- Hare Psychopathology Checklist (continued):
  - Lack of remorse of guilt- callous and lacking empathy
  - Shallow affect
  - Parasitic lifestyle
  - Poor behavior controls
  - Promiscuous sexual behavior
  - Early behavior

Antisocial PD and Psychopathology

- Antisocial PD, Psychopathology, and Criminality

Antisocial PD: Causes

- Causes: Genetic Contributions
  - Family, twin, and adoption studies suggest a genetic influence on both Antisocial PD and criminality.
  - Gene-environment interaction.
  - Integrative Model: the important element is that biological, psychophysiological, and cultural factors combine in intricate ways to create someone like George.

Antisocial PD: Causes

- Causes: Neurobiological Contributions
  - The Underarousal Hypothesis - Cortical arousal is too low.
  - The Cortical Immaturity Hypothesis - Cerebral cortex is not fully developed.
  - The Fearlessness Hypothesis: Psychopaths fail to respond with fear to danger cues.
Antisocial PD: Treatment

- Few seek treatment on their own
- Antisocial behavior is predictive of poor prognosis, even in children
- Emphasis is placed on prevention and rehabilitation
- Incarceration is often the only viable alternative

Cluster B: Borderline PD

- Characterized by:
  A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and control over impulses that begins by early adulthood.

Borderline PD: Diagnostic features

- Frantic efforts to avoid real or imagined abandonment.
- A pattern of unstable and intense interpersonal relationships: alternating between extremes of idealization and devaluation.
- Unstable self-image or sense of self
- Impulsivity in areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating)
- Recurrent suicidal behaviors or threats, or self-mutilation.

Borderline PD: Diagnostic features

- Affective instability and reactivity (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- Chronic feelings of emptiness
- Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- Transient (brief) stress-related paranoid ideation or severe dissociative symptoms
### Borderline PD: Diagnostic features

Mnemonic for some features of Borderline PD: PRAISE
- Paranoid ideas
- Relationship instability
- Angry outbursts, affective instability, abandonment fears
- Impulsive behavior, identity disturbance
- Suicidal behavior
- Emptiness

### Borderline PD: Causes & Treatment

**Causes**
- Borderline PD more prevalent in certain families and linked to mood disorders - genetic influence?
- Psychosocial influence: possible contribution of early trauma?
- Parallels between PTSD and borderline PD.

**Treatments**
- Antidepressant medications provide some short-term relief.
- Dialectical behavior therapy is the most promising psychosocial approach.

### Summary

- General Definition: Enduring and relatively stable ways of thinking, feeling, and behaving.
- Disagreement over how to categorize personality disorders.
- DSM-IV (categorical approach): Includes 10 personality disorders, each falling into one of three clusters.
- It is difficult to pinpoint the causes of personality disorders.
- It is often difficult to treat personality disorders.