Personality Disorders

Psychology 311
Abnormal Psychology

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Overview

- Personality
  - Is a characteristic way of responding
  - Personality traits need to be adaptive

Personality Disorders

- 10-15% of general population have some disorder
- Are long-standing maladaptive inflexible ways of relating to the environment.
- Usually begin to see problems in early adolescence
  - Individuals have a rigid and narrow way of responding to stressors

Problems

- Classification of Disorders is difficult
  - Little is known about origins and development
  - Little research is done on personality disorders
  - Disorders are usually not dramatic or incapacitating so people do not seek help.

Major Characteristics

- Personality styles are ingrained, deeply rooted, and firmly established.
- Most individuals do not raise questions about their habitual ways of functioning

Diagnostic Issues

- Personality disorders are diagnosed on Axis II of DSM-IV
- Diagnosis can only be made when a person’s inflexible, long-lasting behavior pattern causes important social problems or job problems

- Note: Mental Retardation is also diagnosed on Axis II
  - Reason: Both disorders have lifetime or near-lifetime duration and stability
  - Not likely to be periods of improvement or change
Comparison of Axis I with Axis II Disorders

- Axis I disorders
  - People usually see their problems as the symptoms of some disorder and seek treatment
- Axis II Disorders
  - People are more likely to say their problems are caused by family or co-workers
  - Thus, they do not need to seek treatment

Often Persons have both Axis I and II Problems

- No one knows why
- Tend to see a mix of problems
  - Difficult to determine which problem came first
  - Was a stressor precipitating the disorder?
- Result, makes it difficult to diagnose

Reason

- If a person needs 4 of seven characteristics
  - You could have two persons show different sets of symptoms
  - Prototypal approach
    - How reliable is it?

Disorders are Presented in Three Groups

- Odd or Eccentric
- Dramatic, Emotional, Erratic
- Anxious and Fearful

Odd or Eccentric

- Types
  - Paranoid Personality Disorders
  - Schizoid Personality Disorder
  - Schizotypal Personality Disorder
- Behavior
  - Odd, eccentric, reclusive, suspicious behavior
  - May read hidden meanings in things,
  - Are detached from social relations
  - Are withdrawn, cold, irrational

Paranoid Personality Disorders

- Overview
  - Have unwarranted suspicion of others
  - Mistrust others
  - Are hypersensitive
    - Neighbor parks their car on the street just to annoy THEM
  - Person rarely seeks help
  - Cannot take criticism
  - Often are cold, humor less, devious, scheming
Must have 4 of following 7 symptoms

- Perceives attacks from others
- Questions loyalty and trust
- Expects to be exploited
- Reads hidden meanings
- Holds grudges
- Are reluctant to confide in others
- Have recurrent suspicion of infidelity

Schizoid Personality Disorder

Overview
- Are reserved
- Socially withdrawn
- Seclusive
- Prefer to be alone in work and play
- Lack capacity for warm, close relationships
- Have poor social skills
- Lack humor
- Are detached from the environment
- Have flat and cold emotional responses
- May have problems at work because of contact required by others
- Are not concerned with relationships with others
- Are poor prospects for therapy

Need 4 of 7 Symptoms

- No desire for relationships
- Always choose solitary activities
- Get pleasure from few activities
- Have little desire for sex
- Are indifferent to praise or criticism
- Have no close friends
- Show emotional coldness

Schizotypal Personality Disorder

- Many researchers consider this disorder to be a precursor to schizophrenia

- Symptoms
  - Have oddities of thinking, perceiving, communicating and behavior
  - Not as extreme as schizophrenia
  - Clinicians will try to rule out hearing voices

Some Symptoms

- Are difficult to understand
  - Use thoughts and words that are common in uncommon ways
  - Express ideas unclearly
- Under stress
  - Thinking deteriorates
  - May appear delusional

Dramatic, Emotional, Erratic Behavior Group

- Not like the first group
- This group seeks attention, are highly noticeable, are very unpredictable

- Disorders
  - Histrionic Personality Disorder
  - Narcissistic Personality Disorder
  - Borderline Personality Disorder
  - Antisocial Personality Disorder
Histrionic Personality Disorder

- Occurs in more women than men
- Overview
  - Are dramatic
  - Have exaggerated emotional displays
  - Are self-centered
  - Want constant attention
  - Cannot focus on questions
  - Gives feelings and expressions, not information
  - Use physical qualities for attention
  - Attempt to be very seductive

Etiology

- Possibly begins in childhood
- Co morbid with Borderline Disorders

Narcissistic Personality Disorder

- Developed from classical Greek Myth
  - Narcissus falls in love with his reflection
  - Could not grasp his image
  - Dies in anguish

Overview

- Have a grandiose view of themselves and their abilities
- Require constant attention
- Desire/seek excessive admiration
- Have excessive self-concern
- Have inflated sense of self
- No empathy for others feelings
- Commonly occurs with Borderline Disorders

Need 5 of 8 for Diagnosis

- Have shallow emotional expression
- Over concern with physical appearance
- Inappropriate sexual seduction
- Discomfort when not the center of attention
- Intolerance for situations that do not work out
- Relations are more intimate than actually are
- Exaggerated emotional responses

Need 5 or More

- Have a grandiose view of one’s importance
- Preoccupation with one’s success, brilliance, beauty
- Extreme need for admiration
- Have a strong sense of self-entitlement
- Exploit others
- Envy others
Borderline Disorders
• Key Features
  • Impulsivity or instable relations and moody
  • Are argumentative, irritable
  • Sarcastic, quick to take offense
  • Have gambling, spending, sex, substance abuse, and eating sprees
  • Not clear of self, loyalties, values career
  • Cannot bear to be alone
  • Have a fear of isolation
  • Depression

Overall
• Are intense, clinging, dependent
• Are angry at others if they get desired attention
• Manipulate others by
  • physical symptoms
  • Suicide
  • Mutilation

Biological Etiology
• Some data suggest impaired frontal lobe damage
  • Is thought to play a role in impulsive behavior
  • Some believe genetic vulnerabilities

Antisocial Personality Disorder
• Identified with crime, violence, delinquency after age 15
• Diagnosis is not given until age 18
• 60% of children with conduct problems are antisocial
• Higher rates in men
• More common in low socioeconomic status
• Is common with substance abuse disorders too
• Typically see this disorder in people who have committed crimes.

Some symptoms
• Irresponsible
• Physically aggressive
• Law Breaking
• Irritable
• Default on loans
• Reckless
• Impulsive

Key Symptom
• Lack of sympathy for victims
• Have no guilt
• No remorse
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**Etiology**

- Genetic Predisposition?
  - Encourages parent to give
  - More discipline
  - Be harsh
  - Lack warmth
  - Result
  - Antisocial blooms
- Etiology
  - Can be seen as environmental, physical, genetic, temperament

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**Therapy**

- Not usually successful
  - Lack of empathy and social responsibilities are detriments in building rapport
- Current focus
  - Prevention for at-risk children

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**Etiology**

- Begins in adolescence or early adulthood
- Occurs mostly in women
- Co morbidity with
  - substance abuse
  - Post Traumatic Stress Disorder
  - Eating Disorders
- Treatment is not very successful
  - Therapist is harping

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**Anxious or Fearful Behavior Group**

- Always nervous or dependent on others
- Disorders
  - Avoidant Personality Disorder
  - Dependent Personality Disorder

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**Avoidant Personality Disorder**

- Overview and symptoms
  - Have low self esteem
  - Have a fear of negative evaluations
  - Have a fear of rejection
  - Are reluctant to enter into relationships
    - Limit activities to avoid new people and situations
    - Are scared of social situations
  - Afraid to try anything new
  - Unwilling to get involved unless they are reassured they will be liked

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**Others**

- Has co morbidity with dependent personality disorders and borderline disorder
- To cope, individuals constantly scan the environment looking for signs to interpret
- Lives are controlled by a fear of looking foolish or being embarrassed
- Usually individuals have poorer social skills than those with social phobias
Dependent Personality Disorders

- Individuals view themselves as weak and others as strong
- Have a strong need to be taken care of
- Allow others to make decisions for them
- Lack confidence
- Fear separation
  - Are submissive and clinging
  - Try to make themselves very pleasing

Others

- Found more in Japan and India
  - More dependent cultures
- Found more in women than men
- Co morbidity with all other disorders

- Therapy best if it includes assertiveness training

Conclusions

- Many types of disorders
- Often are not considered disorders by the person
- Treatment is often limited