Chapter 12: Personality Disorders

- Quiz
- Review Quiz
- Lecture, Videos, Discussion

Personality Disorders: Outline

- Overview
  - Nature of personality
  - DSM-IV Multiaxial System
  - Categorical vs. Dimensional Models
  - PD clusters
  - Statistics, gender differences, comorbidity
  - Cluster A
    - Paranoid, Schizoid, Schizotypal
  - Cluster B
    - Antisocial, Borderline, Histrionic, Narcissistic
  - Cluster C
    - Avoidant, Dependent, Obsessive-Compulsive

Overview

- Personality
  - Enduring, relatively stable predispositions or attitudes towards the world
  - Manifests in consistent biases or styles of relating & thinking
- Personality Disorder
  - A personality type that is inflexible, maladaptive, and causes significant distress and/or impairment
  - PDs are coded on Axis II
    - Axis I: Major psychopathology
    - Axis II: Enduring traits (personality, developmental, cognitive factors)

Personality: Categorical vs. Dimensional models

- Two competing models
  - Categorical:
    - Personality factors exist in clusters, there are no “in between” states
  - Dimensional:
    - Personality factors exist on a continuum. You can have any amount (small, medium, large) on any factor, or any mix of them.
- Question: Are personality disorders qualitatively different (categorical) than normals, or are they simply extreme versions of normal behaviors (dimensional)?
- Example:
  - Male vs. female
  - Maleness vs. femaleness

Dimensional Model: the “big 5”

- No current agreement on the # of personality factors, but some models are popular
- Big 5 model suggests five major dimensions of personality
  - Extraversion
    - Talkative, assertive, active & outgoing
  - Agreeableness
    - Kind, trusting, warm, giving
  - Conscientiousness
    - Organized, thorough, reliable
  - Emotional stability
    - Even-tempered
  - Openness to experience
    - Imaginative, creative, curious

Epidemiology

- Estimates range from 0.5% to 2.5% of general population
  - Rates much higher in inpatient & outpatient settings (10% to 30%)
- Development
  - Begins in childhood
- Usually gradual, chronic course
- High comorbidity rates with other psychological disorders
- Gender bias - Unequal diagnosis across genders
  - E.g. Borderline: 75% female
  - Explained by diagnostic bias?
    - Same case presented as either “male” or “female” was diagnosed correctly as ASPD in males, but incorrectly as Histrionic PD in females
    - Community surveys find smaller gender differences
Personality Disorder Clusters

- **Cluster A** - “Odd or eccentric”
  - paranoid
  - schizoid
  - schizotypal
- **Cluster B** - “Dramatic, emotional, erratic”
  - antisocial
  - borderline
  - histrionic
  - narcissistic
- **Cluster C** - “Fearful or anxious”
  - avoidant
  - dependent
  - obsessive-compulsive

Personality Disorder Statistics

<table>
<thead>
<tr>
<th>Cluster</th>
<th>Disorder</th>
<th>Prevalence</th>
<th>Gender Differences</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Paranoid</td>
<td>1%</td>
<td>m &gt; f</td>
</tr>
<tr>
<td></td>
<td>Schizoid</td>
<td>&lt; 1%</td>
<td>m &gt; f</td>
</tr>
<tr>
<td></td>
<td>Schizotypal</td>
<td>4%</td>
<td>m &gt; f</td>
</tr>
<tr>
<td>B</td>
<td>Antisocial</td>
<td>3%</td>
<td>m &gt;&gt; f (75% male)</td>
</tr>
<tr>
<td></td>
<td>Borderline</td>
<td>2.5%</td>
<td>m &lt;&lt; f (75% female)</td>
</tr>
<tr>
<td></td>
<td>Histrionic</td>
<td>2%</td>
<td>m = f</td>
</tr>
<tr>
<td></td>
<td>Narcissistic</td>
<td>&lt; 1%</td>
<td>m &gt; f</td>
</tr>
<tr>
<td>C</td>
<td>Avoidant</td>
<td>&lt; 1%</td>
<td>m = f</td>
</tr>
<tr>
<td></td>
<td>Dependent</td>
<td>2%</td>
<td>m = f (??)</td>
</tr>
<tr>
<td></td>
<td>Obsessive-Compulsive</td>
<td>4%</td>
<td>m &gt; 4</td>
</tr>
</tbody>
</table>

Paranoid Personality Disorder

- **Clinical Features**
  - Pervasive and unjustified mistrust & suspicion
- **Causes**
  - biological ? unclear
  - not strongly related to relatives with Schizophrenia
  - psychological - early learning that world is dangerous
- **Treatment**
  - few seek treatment
  - treatment focuses on development of trust
  - CBT to counter negative thinking
  - data & studies are lacking

Schizoid Personality Disorder

- **Note:** not same as Schizotypal or schizophrenia
- **Clinical Features**
  - detachment from social relationships
  - lack desire, as well as skills?
  - limited range of interpersonal emotions
- **Causes**
  - unclear. childhood shyness is risk factor
  - preference for social isolation - resembles Autism
- **Treatment**
  - few seek treatment
  - treatment focuses on realistic valuation of social relationships, social skills practice
  - data & studies are lacking
Schizotypal Personality Disorder

- Note: not same as Schizoid, but can be thought of as Schizophrenia-lite
- Clinical Features
  - odd behavior & appearance, social isolation, suspicious, magical thinking, IOR, depression
  - Note: must consider cultural context of magical beliefs
- Causes
  - may be a less-severe form of schizophrenia, yet does not seem generally to lead to schizophrenia. Higher % in relatives of schizophrenics
- Treatment
  - focus on social skills, co-morbid depression
  - medical treatment similar to Schizophrenia
  - prognosis is poor.

Personality Disorder Clusters

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  - dependent
  - obsessive-compulsive

Antisocial Personality Disorder

- Clinical Features
  - noncompliance / violation of social norms, rights of others
  - irresponsible, impulsive, deceitful
  - lack conscience, empathy, remorse
  - high comorbidity for substance abuse (83%)
- Causes
  - Relationship with Conduct Disorder and early behavioral problems
  - Family Hx of inconsistent parental discipline or support, criminal or violent behavior
    (continued...)

“Psychopathy”

- Whereas antisocial PD is defined by behavior, psychopathy is defined by personality traits:
- Psychopathic traits
  - glibness/superficial charm
  - grandiose sense of self-worth
  - Prone to boredom, need stimulation
  - Pathological lying
  - Conning/manipulative
  - Lack of remorse
Psychopathy, ASPD, Criminality Overlap

Antisocial Personality: Biology

- Neurobiological Theories
  - brain damage -- (not much support)
  - under-arousal -- chronic low brain activity leads to increased risky behavior to gain normal activity
  - cortical immaturity?
  - fearlessness hypothesis -- fail to respond to danger cues
  - Gray's model of behavioral inhibition / activation -- BIS and REW out of balance
  - relation between IQ and criminality? (High IQ less likely to commit crime, and/or less likely to get caught?)
- Treatment
  - few seek treatment, most are forced into treatment
  - poor prognosis
  - incarceration is sometimes only option

Borderline Personality Disorder

- Note: "the border between neurotic and psychotic"
- Clinical Features
  - moods are unstable and highly over-reactive
  - impulsivity, fear of abandonment, poor self image
  - self injury / mutilation, suicidal gestures
- Causes
  - runs in families
  - early childhood trauma / abuse
  - Linehan (UW) : combo of biological over reactivity plus invalidating environment?
- Treatment
  - few good studies
  - DBT - Dialectical Behavior Therapy - uses eastern meditative concepts, in-your-face style, and CBT technique

Video: Borderline PD #1-3

Histrionic Personality Disorder

- Clinical Features
  - overly dramatic, sensational, sexually provocative
  - impulsive, desire to be center of attention
  - thinking / emotions perceived as shallow
- Causes
  - unknown
  - the female version of antisocial PD?
- Treatment
  - focus on consequences of attention-seeking behavior
  - little evidence that treatment is effective

Narcissistic Personality Disorder

- Clinical Features
  - exaggerated / unreasonable self of self-importance
  - preoccupied with receiving attention
  - lack sensitivity & compassion for others
  - sensitive to criticism, envious, arrogant
- Causes
  - failure to learn empathy as child?
  - generational?
- Treatment
  - focus on symptoms
  - little evidence that treatment is effective
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Avoidant Personality Disorder
- Clinical Features
  - extreme sensitivity to opinions of others
  - avoids interpersonal relationships
  - anxious, fearful of rejection
- Causes
  - not known
  - difficult temperament & early rejections?
- Treatment
  - similar to social anxiety / social phobia

Dependent Personality Disorder
- Clinical Features
  - reliance on others
  - fear of abandonment
  - clingy, submissive in interpersonal relationships
- Causes
  - not known
- Treatment
  - research lacking
  - focus on skills that foster independence

Obsessive-Compulsive Personality Disorder
- Clinical Features
  - Excessive & rigid fixation on doing things a certain way
  - highly perfectionist, orderly, emotionally shallow
  - true obsessions & compulsions are rare
- Causes
  - not known
- Treatment
  - research lacking
  - address anxieties about orderliness

Summary of Personality Disorders
- Personality Disorders
  - Long-standing patterns of behavior & cognition
  - Develop early, gradually, have chronic course
- Disagreements
  - what is proper taxonomy of PDs
  - categorical? dimensional? combination?
- Causes : largely unknown
- Treatment : often difficult, prognosis generally poor
- Research : lacking, most do not seek treatment until after full-blown disorder, which makes developmental studies difficult.