


Personality Disorders

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Outline

- What are Personality Disorders?
- Three Clusters of Disorders
 - Odd-Eccentric
 - Dramatic-Emotional
 - Anxious-Fearful
- What about Multiple Personalities?
 - Dissociative Identity Disorder
- Gender Bias in Diagnosis



Defining Personality Disorders

A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:

- (1) cognition (i.e., ways of perceiving and interpreting self, other people, and events)
- (2) affectivity (i.e., the range, intensity, lability, and appropriateness of emotional response)
- (3) interpersonal functioning
- (4) impulse control

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The pattern is stable and of long duration and its onset can be traced back at least to adolescence or early adulthood.

E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.

F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug of abuse, a medication) or a general medical condition (e.g., head trauma).

Personality Disorder Test

1. Do you suspect that others are exploiting, harming or deceiving you?
2. Do you persistently bear grudges and not forget insults or injuries?
3. Do you almost always choose solitary activities?
4. Do you feel indifferent to praise or criticism of others?
5. Do you experience recurrent strange day dreams or fantasies?
6. Do you experience magical thinking that influences your behaviour?
7. Do you repeatedly get into conflicts with the law?
8. Before age 18, have you been cruel to people or animals?

<http://www.med.nyu.edu/Psych/screens/pds.html>

9. Do you have a pattern of unstable and intense relationships with others?
10. Do you have continuous feelings of emptiness?
11. Do you feel uncomfortable in situations where you are not the centre of attention?
12. Are you easily influenced by others or are you suggestible?
13. Are you generally envious of other people?
14. Are you preoccupied with unlimited success or ideal love?
15. Are you unwilling to get involved with people unless you are certain of being liked?

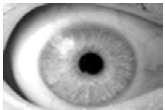
<http://www.med.nyu.edu/Psych/screens/pds.html>

16. Do you view yourself as socially inept, personally unappealing or inferior to others?
17. Do you have a difficulty making everyday decisions without an excessive amount of advice and reassurance from others?
18. Are you preoccupied with fears of being left to take care of yourself?
19. Are you preoccupied with details, rules, lists, order, organization, or schedules?
20. Are you such a perfectionist that it interferes with your work?

Cluster A

- Odd-Eccentric Personality Disorders
 - Similar symptoms to schizophrenia
 - Inappropriate or flat affect
 - Odd thought and speech patterns
 - Paranoia
 - Maintain their grasp on reality though
 - Types
 - Paranoid
 - Schizoid
 - Schizotypal

Paranoid Personality



- Marked distrust of others
 - Think others are exploiting, harming, or trying to deceive him or her
 - Lack of trust
 - Believe in hidden meanings
 - Unforgiving

Schizoid Personality



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- Primarily characterized by a very limited range of emotion
 - Don't express much emotion
 - Don't seem to experience much emotion
 - Indifferent to social relationships

Schizotypal Personality



- Characterized by
 - Peculiarities of thinking
 - Odd beliefs
 - Eccentricities
 - Appearance
 - Behaviour
 - Interactions
 - Thought

Relation to Big Five

TABLE 12.2 The Odd/Eccentric Cluster of Personality Disorders

DSM-IV category	Primary characteristics	Description based on Big five model
Paranoid	Suspicious, chronically hostile, envious, tense, loners	High neuroticism and low agreeableness
Schizoid	Isolated from others, with a lack of emotional expression	Low extraversion and low agreeableness
Schizotypal	Odd mannerisms, appearances, and experiences; pervasively detached from others	High neuroticism plus low extraversion and low agreeableness

Source: Costa & McCrae (1990); Solir et al. (1993); Trull (1992); Wiggins & Pincus (1989).

Cluster B

- Dramatic-Emotional Personality Disorders
 - Characteristics
 - Tend to be manipulative, volatile, and uncaring in social relationships
 - Prone to impulsive, sometimes violent behaviors that show little regard for their own safety or the safety or needs of others
 - Types
 - Histrionic
 - Narcissistic
 - Borderline
 - Antisocial

Histrionic



- The Drama Queen
 - Exaggerated and often inappropriate displays of emotion
 - Sudden and rapidly shifting moods

Narcissistic



- Inflated sense of self-importance
 - Preoccupation with
 - unlimited success
 - ideal love
 - Need for admiration
- Inability to see viewpoints of others
 - Lack of empathy

Borderline



Susanna Kaysen

- Identity confusion
- Rapid fluctuations in mood
- Intense, unstable relationships
- Impulsivity

Antisocial



Charles Manson

- Lack of regard for morals and laws
 - Lack of empathy
 - Criminal behaviour
- Inability to get along with others and abide by social rules
 - Violate the rights of others

Relation to Big Five

TABLE 12.3 The Dramatic/Emotional/Erratic Cluster of Personality Disorders

DSM-IV category	Primary characteristics	Description based on Big Five model
Histrionic	Shallow; always seeking attention; exaggerated emotions; seductive	High extraversion and high neuroticism
Narcissistic	Inflated self-esteem; low empathy for others; feels entitled to special privileges	Low agreeableness
Borderline	Unstable moods; impulsive behaviors; angry; lack of a coherent sense of self; interpersonal turmoil	High neuroticism, low agreeableness, low conscientiousness
Antisocial	Constantly violating rights of others; callous, manipulative, dishonest; does not feel guilt	Low agreeableness and low conscientiousness

Source: Costa & McCrae (1990); Soldz et al. (1993); Trull (1992); Wiggins & Pincus (1989).

Cluster C

- Anxious-Fearful Personality Disorders
 - Characteristics
 - Extremely concerned about being criticized or abandoned by others
 - Leads to dysfunctional relationships with others
 - Types
 - Avoidant
 - Dependent
 - Obsessive-Compulsive

Avoidant



- Extreme social inhibition
 - Feelings of inadequacy
 - Sensitivity to criticism

Dependent



- Extreme need of other people
 - Unable to make own decisions
- Fear of separation
- Excessive submissive behaviour

Obsessive-Compulsive Personality



Monica on *Friends*

- Characterized by
 - Perfectionism & control
 - Inflexible & stubborn
 - Preoccupied with rules

Relation to Big Five

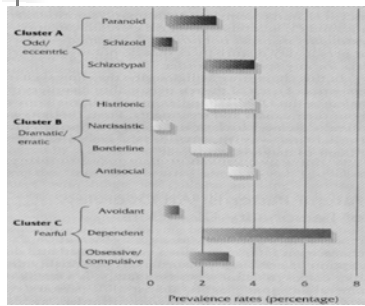
TABLE 12.4 The Anxious/Fearful Cluster of Personality Disorders

DSM-IV category	Primary characteristics	Description based on Big five model
Avoidant	Always feels inadequate, needs constant reassurance; timid and cautious	High neuroticism and low extraversion
Dependent	Requires excessive advice and guidance; very submissive; low self-esteem	High neuroticism and high agreeableness
Obsessive-compulsive	Overly conscientious, inhibited, and perfectionistic; preoccupied with staying controlled	High neuroticism, low extraversion, low agreeableness, and high conscientiousness*

*Note: High conscientiousness has not been found to correlate consistently with obsessive-compulsive personality disorder. This may be due to differences in the way researchers measure conscientiousness, because it is difficult to conceive of an obsessive-compulsive personality that does not reflect extreme conscientiousness.

Source: Costa & McCrae (1990); Soldz et al. (1993); Trull (1992); Wiggin & Pincus (1989).

Frequency



Some are more common than others

Dissociative Identity Disorder

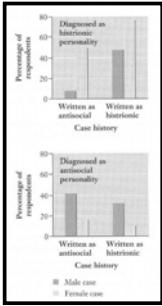
DSM-IV

Diagnostic Criteria for Dissociative Identity Disorder

- A. The presence of two or more distinct identities or personality states (each with its own relatively enduring pattern of perceiving, relating to, and thinking about the environment and self).
 - B. At least two of these identities or personality states recurrently take control of the person's behavior.
 - C. Inability to recall important personal information that is too extensive to be explained by ordinary forgetfulness.
 - D. The disturbance is not due to the direct physiological effects of a substance (e.g., blackouts or chaotic behavior during Alcohol Intoxication) or a general medical condition (e.g., complex partial seizures).
- Note: In children, the symptoms are not attributable to imaginary playmates or other fantasy play.

Source: American Psychiatric Association, *Diagnostic and Statistical Manual of Mental Disorders*, Fourth Edition. Washington, DC, American Psychiatric Association, 1994.

Gender Bias in Diagnoses



- Biases in Reporting
 - Men report less distress than women
 - Experience equal distress?
- Biases in Diagnosing
 - Mailed fictitious case histories to clinicians
 - Antisocial or Histrionic
 - Male or female name
