

Personality Disorders


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Outline

- Introduction to Personality
 - The Big Five
- What are Personality Disorders?
- Three Clusters of Disorders
 - Odd-Eccentric
 - Dramatic-Emotional
 - Anxious-Fearful
- Gender Bias in Diagnosis

Personality



- Persona
 - Latin for mask
- Typical Uses
 - Tom has a good personality
 - Jenn has a lot of personality
 - Allan has a neurotic personality

Openness to Experience



- Open to Experience
 - Curious, broad interests, creative, original, imaginative, non-traditional
- Conventional
 - Down-to-earth, narrow interests, traditional

Conscientiousness



- Conscientious
 - Organized, hard-working, self-disciplined, punctual, tidy, ambitious, persevering
- Unreliable
 - Aimless, lazy, careless, negligent, hedonistic

Extraversion



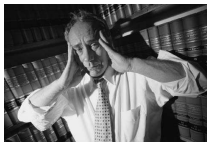
- Extraversion
 - Sociable, active, talkative, person-oriented, optimistic, fun-loving
- Introversion
 - Reserved, sober, aloof, task-oriented, quiet

Agreeableness



- Agreeableness
 - Good-natured, trustful, helpful, forgiving, gullible
- Hostility
 - Cynical, rude, suspicious, uncooperative, vengeful, manipulative, irritable

Neuroticism



- Neurotic
 - Worrying, nervous, emotional, insecure
- Emotionally Stable
 - Calm, relaxed, secure, self-satisfied, hardy

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?

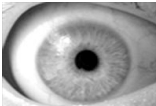
<http://www.med.nyu.edu/Psych/screens/pds.html>

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



- Characterized by
 - Chronic and pervasive mistrust & suspicion of others
 - Respond aggressively
- Treatment
 - Client-Centered Therapy
 - Drug Therapy
 - Anti-anxiety
 - Anti-psychotics

Schizoid Personality



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- Characterized by
 - Indifference to others
 - Lack of emotional expression
 - Excessive daydreams
- Treatment
 - Don't respond well to therapy of any kind

Schizotypal Personality



- Characterized by
 - Schizophrenic-like behaviour
 - Social Anxiety
 - Magical Thinking
- Treatment
 - Client-Centered Therapy
 - CBT
 - Group Therapy
 - Drug Therapy

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); Soldz 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



- Characterized by
 - Attention-seeking behaviours
 - Exaggerated emotions
- Treatment
 - Boundaries must be firmly set
 - Clients often try to seduce therapists
 - Suicide is a concern

Narcissistic



- Characterized by
 - Sense of entitlement
 - Need for admiration
 - Lack of empathy
- Treatment
 - Difficult to deal with
 - Haughty, rude, insulting
 - Group Therapy

Borderline



- Characterized by
 - Identity confusion
 - Impulsive & emotionally unstable
 - Fear of abandonment
- Treatment
 - Difficult to treat
 - Need to handle suicide & self-mutilating behaviours
 - Drop out of therapy
 - Dialectical Behaviour Therapy

Antisocial



- Characterized by
 - Violating the rights of others
 - Impulsive & deceitful
 - Criminal behaviour
 - No guilt or remorse
- Treatment
 - Usually forced into therapy
 - CBT
 - Group Therapy
 - Family Therapy

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); Solz 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



- Characterized by
 - Avoiding social situations
 - Feelings of inadequacy
 - Desire for affection
 - Low self-esteem
- Treatment
 - Clients hate group therapy and often avoid therapy altogether
 - Client-Centered Therapy

Dependent



- Characterized by
 - Submissive & clingy
 - Pleasing others
 - Low self-esteem
 - Wants others to take care of them
- Treatment
 - Problems ending therapy
 - CBT

Obsessive-Compulsive Personality



- Characterized by
 - Perfectionism & control
 - Inflexible & stubborn
 - Preoccupied with rules
- Treatment
 - Need to fit client's black & white world view
 - Self-Help
 - Coping Strategies

Relation to Big Five

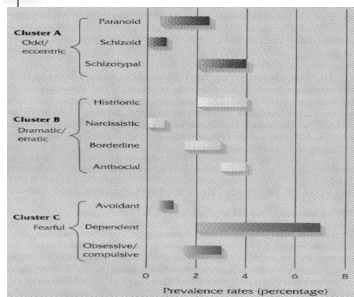
TABLE 12.4 The Anxious/Fearful Cluster of Personality Disorders

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.

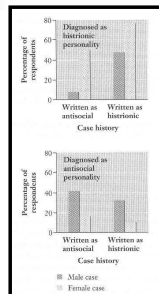
Source: Costa & McCrae (1990); Soldz et al. (1993); Trull (1992); Wiggins & Pincus (1989).

Frequency



Some are more common than others

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
