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. Emotionality (i.e., mood, emotional, intensity, lability, appropriateness of emotional response)
   2. Interpersonal functioning
   3. Impulse control
   4. Stereotypic patterns of behavior
B. The enduring pattern is inflexible and persistent 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?
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?
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?

http://www.med.nyu.edu/psych/screens/pds.html
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

- 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

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

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>
<thead>
<tr>
<th>DSM-5 category</th>
<th>Primary characteristic</th>
<th>Description based on Big-Five model</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sociable</td>
<td>High extraversion, low conscientiousness</td>
<td>High extraversion and low conscientiousness</td>
</tr>
<tr>
<td>Dependent</td>
<td>High neuroticism, low conscientiousness</td>
<td>High neuroticism and high conscientiousness</td>
</tr>
<tr>
<td>Obsessive-compulsive</td>
<td>High neuroticism, low agreeableness</td>
<td>High neuroticism, low conscientiousness, low agreeableness, and high conscientiousness</td>
</tr>
</tbody>
</table>

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