

## Abnormal Psychology Chapter 12: Personality Disorders

### Introduction

- Personality disorders are “enduring patterns of perceiving, relating to, and thinking about the environment and oneself that are exhibited in a wide range of social and personal context”
- They are also “inflexible and maladaptive, and cause significant functional impairment or subjective distress
- It's all the characteristic ways a person behaves and thinks
- We tend to type people as behaving in one way in many different situations
- We usually consider a way of behaving as part of a person's personality only if it occurs many times in many places

### An Overview

- Personality disorders are chronic
- Individuals with personality disorders may not feel any subjective distress; indeed, it may be acutely felt by others because the individual may show a blatant disregard for the rights of others yet exhibit no remorse
- Many people who have personality disorders in addition to other psychological problems tend to do poorly in treatment
- The personality disorders are included in Axis II
- In the Axis system, a patient can receive a diagnosis on only Axis I, Axis II, or on both axes
- A diagnosis on both Axis I and Axis II indicates that a person has both a current disorder (Axis I) and a more chronic problem

### Categorical and Dimensional Models

- People with personality disorders display problem characteristics over extended periods and in many situations, which can cause great emotional pain for them or others
- Their difficulty, then, can be seen as one of degree rather than kinds
- The problems of people with personality disorders may just be extreme versions of the problems many of us experience on a temporary basis, such as being shy or suspicious
- The distinction between problems of degree and problems of kind is usually described in terms of dimensions instead of categories
- Most people in the fields see personality dimensions, yet because of the way people are diagnosed with the DSM, the personality disorders end up being viewed in categories
- No in-between is possible when it comes to personality disorders
- Using categorical models of behaviour has advantages, the most important being convenience
- Problems are that the mere act of using categories leads clinicians to reify the disorders, that is, to view disorders as real “things” comparable to the realness of an infection or a broken arm

- Some have proposed that the DSM personality disorders section be replaced or at least supplemented by a dimensional model in which individuals would not only be given categorical diagnoses but also would be rated on a series of personality dimensions
- Widiger believes such a system would have at least three advantages over a purely categorical system:
  1. It would retain more information about each individual
  2. It would be more flexible because it would permit both categorical and dimensional differentiations among individuals
  3. It would avoid the often arbitrary decisions involved in assigning a person to a diagnostic category
- “Big Five” or five-factor model of personality, people can be rated on a series of personality dimensions, and the combination of five components describes why people are so different
- The five factors or dimensions are extraversion, agreeableness, conscientiousness, neuroticism, and openness to experience
- On each dimension, people are rated high, low or somewhat in between
- We can see how the five-factor model helps us distinguish between people with avoidant personality disorder versus schizoid personality disorder

#### Personality Disorder Clusters

- DSM divides the personality disorders into 3 groups or “clusters”
- Cluster A is called the “odd” or “eccentric” cluster; it includes paranoid, schizoid, and schizotypal personality disorders
- Cluster B is the “dramatic”, “emotional” or “erratic” cluster; it consists of antisocial, borderline, histrionic, and narcissistic personality disorders
- Cluster C is the “anxious” or “fearful” cluster; it includes avoidant, dependent, and obsessive-compulsive personality disorders
- More recent work shows that the proposed three-cluster structure only holds when the personality disorders are assessed by clinicians, and not when they are assessed via patient self-reports

#### Statistics and Development

- Personality disorders are found 0.5-2.5% of the general population
- Schizoid, narcissistic, and avoidant personality disorders are relatively rare, occurring in less than 1% of the general population
- Paranoid, schizotypal, histrionic, dependent, and obsessive-compulsive personality disorders are found in 1-4% of the general population
- Personality disorders are thought to originate in childhood or adolescence and continue into the adult years and to be so ingrained it is difficult to pinpoint an onset
- Many individuals do not seek treatment in the early developmental phases of their disorder, but only after years of distress
- This delay makes it difficult to study people with personality disorders from the beginning

- People with borderline personality disorders are characterized by their volatile and unstable relationships; they tend to have persistent problems in early adulthood, with frequent hospitalizations, unstable personal relationships, severe depression, and suicidal gestures
- People with antisocial personality disorder display a characteristic disregard for the rights and feelings of others; they tend to continue their destructive behaviours of lying and manipulation through childhood

#### Gender Differences

- Borderline personality disorder is diagnosed much more frequently in females, who make up about 75%
- According to recent studies of their prevalence in the general population, equal numbers of males and females may have histrionic and dependent personality disorders
- Some have argued that histrionic personality disorder, like several of the other personality disorders, is biased against females
- Many of the features of histrionic personality disorder, such as overdramatization, vanity, seductiveness, and overconcern with physical appearance, are characteristic of the Western “stereotypical female”
- Just because certain disorders are observed more in men or in women doesn’t necessarily indicate bias
- The criteria for the disorder may themselves be biased or the assessment measures and the way they are used may be biased

#### Specific Personality Disorders

- Paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, and obsessive-compulsive

#### Cluster A Disorders: Paranoid Personality Disorder

- People with paranoid personality disorder are excessively mistrustful and suspicious of others, without any justification
- They assume other people are out to harm or trick them, and therefore they tend not to confide in others

#### Paranoid Personality Disorder: Clinical Description

- The defining characteristic of people with paranoid personality disorder is a pervasive unjustified distrust
- People with paranoid personality disorder are suspicious in situations in which most other people would agree that their suspicions are unfounded
- Even events that have nothing to do with them are interpreted as personal attacks
- People with paranoid personality disorder may be argumentative, may complain, or may be quiet, but they are obviously hostile toward others
- These individuals are very sensitive to criticism and have an excessive need for autonomy
- Paranoid personality disorder bears relationship to two disorders we

1. The paranoid type of schizophrenia
  2. Delusional disorder
- Although individuals are very suspicious of others, their suspiciousness does not reach delusional proportions
  - Another difference between the paranoid type of schizophrenia and paranoid personality disorder is that the former also involves other psychotic symptoms like hallucinations, whereas paranoid personality disorders does not

#### Paranoid Personality Disorder: Causes

- Evidence for biological contributions to paranoid personality disorder is limited
- Relatives of individuals with schizophrenia may be more likely to have paranoid personality disorder than people who do not have a relative with schizophrenia
- Psychological contributions to this disorder are even less certain
- Maladaptive way to view the world, yet it seems to provide every aspect of the lives of these individuals
- Parents may teach them to be careful about making mistakes and to impress on them that they are different from other people
- This vigilance causes them to see signs that other people are deceptive and malicious
- Cultural factors have also been implicated in paranoid personality disorder
- People such as prisoners, refugees, people with hearing impairments, and the elderly are thought to be particularly susceptible because of their unique experiences
- Cognitive and cultural factors may interact to produce the suspicious observed in some people with paranoid personality disorder

#### Paranoid Personality Disorder: Treatment

- Unlikely to seek professional help when they need it, and they also have difficulty developing the trusting relationships necessary for successful therapy
- When they do seek therapy, the trigger is usually a crisis in their lives or other problems such as anxiety or depression, and not necessarily their personality disorder
- Therapists try to provide an atmosphere conducive to developing a sense of trust
- They often use cognitive therapy to counter the persons' mistaken assumptions about others, focusing on changing the persons' beliefs that all people are malevolent and most people cannot be trusted
- No confirmed demonstrations that any form of treatment can significantly improve the lives of people with paranoid personality disorder

#### Cluster A Disorders: Schizoid Personality Disorder

- Schizoid personality disorder show a pattern of detachment from social relationships and a very limited range of emotions in interpersonal situations
- They seem “aloof”, “cold”, and “indifferent” to other people

#### Schizoid Personality Disorder: Clinical Description

- Individuals with schizoid personality disorder seem neither to desire nor enjoy closeness with others, including romantic or sexual relationships
- Unfortunately, homelessness appears to be prevalent among people with this personality disorder
- The social deficiencies of people with schizoid personality disorder are similar to those of people with paranoid personality disorder, although the deficiencies are more extreme
- People with paranoid and schizotypal personality disorders often have ideas of reference, mistaken beliefs that meaningless events relate just to them
- Those with schizoid personality disorder share the social isolation, poor rapport, and constricted affect seen in people with paranoid personality disorder
- Distinction among psychotic-like symptoms is important to understanding people with schizophrenia, some of whom show the “positive” symptoms and others only the “negative” symptoms

#### Schizoid Personality Disorder: Causes and Treatment

- Research on the genetic, neurobiological, and psychosocial contributions to schizoid personality disorder remains to be conducted
- Preference for social isolation resembles aspects of autism
- Research over the past several decades has pointed to biological causes of autism, and it is possible that a similar biological dysfunction combines with early learning or early problems with interpersonal relationships to produce with social deficits that define schizoid personality disorder
- People with a lower density of dopamine receptors scored higher on a measure of detachment
- Dopamine may contribute to the social aloofness of people with schizoid personality disorder
- Rare for a person with this disorder to request treatment, except in response to a crisis such as extreme depression or losing a job
- Therapists often begin treatment by pointing out the value of social relationships
- The person with the disorder may even need to be taught the emotions felt by others in order to learn empathy
- The therapist takes the part of a friend or significant other in a technique known as role-playing, and helps the patient practice establishing and maintaining social relationships

#### Cluster A Disorders: Schizotypal Personality Disorder

- People with schizotypal personality disorder are typically socially isolated, like those with schizoid personality disorder

- They behave in ways that would seem unusual to many of us and they tend to be suspicious and to have odd beliefs

#### Schizotypal Personality Disorder: Clinical Description

- People given a diagnosis of schizotypal personality disorder are often “odd” or “bizarre” because of how they relate to other people, how they think and behave, and even how they dress
- They have ideas of reference, which means they think insignificant events relate directly to them
- People with schizophrenia also have ideas of reference, but they are usually not able to “test reality” or see the illogic of their ideas
- They report unusual perceptual experiences, including such illusions as feeling the presence of another person when they are alone
- Only a small proportion of individuals with schizotypal personality disorder go on to develop schizophrenia
- Tend to be suspicious and have paranoid thoughts, express little emotion, and may dress or behave in unusual ways
- Children who later develop schizotypal personality disorder found that they tend to be passive and unengaged and are hypersensitive to criticism
- Mental health workers have to be particularly sensitive to cultural practices that may differ from their own and can distort their view of certain seemingly unusual behaviours

#### Schizotypal Personality Disorder: Causes

- Some people are thought to have “schizophrenia genes” and yet, because of relative lack of biological influences or environmental stresses, some will have the less severe schizotypal personality disorder
- Family, twin, and adoptions studies have shown an increased prevalence of schizotypal personality disorder among relatives of people with schizophrenia who do not also have schizophrenia themselves
- Environment can strongly influence schizotypal personality disorder
- Cognitive assessment of persons with this disorder point to mild to moderate decrements in their ability to perform on tests involving memory and learning, suggesting some damage in the left hemisphere
- Abnormalities in semantic association abilities may contribute to the thinking oddities displayed by schizotypal personality disorder

#### Schizotypal Personality Disorder: Treatment

- 30-50% of the people with this disorder who request clinical help also meet the criteria for MDD
- Treatment will obviously include some of the medical and psychological treatments for depression
- One general approach has been to teach social skills to help them reduce their isolation from and suspicion of others
- A rather unusual tactic goal is to help the person accept and adjust to a solitary lifestyle

- Medical treatment has seem similar to that for people who have schizophrenia
- Haloperidol, often used with schizophrenia, was given to individuals with schizotypal personality disorder
- Some improvements in the group, especially with ideas of reference, odd communication, and social isolation
- Negative side effects of the medication, including drowsiness, many stopped taking their medication and dropped out of the study

#### Cluster B Disorders: Antisocial Personality Disorder

- People with antisocial personality disorder are among the most dramatic of the individuals a clinician will see in a practice and are characterized as having a history of failing to comply with social norms
- They perform actions most of us would find unacceptable
- They also tend to be irresponsible, impulsive, and deceitful
- About 3% of adults meet criteria for antisocial personality disorder

#### Antisocial Personality Disorder: Clinical Description

- Individuals with antisocial personality disorder tend to have long histories of violating the rights of others
- They are often described as being aggressive because they take what they want, indifferent to the concerns of other people
- Lying and cheating seem to be second nature to them, and often they appear unable to tell the difference between the truth and the lies they make up to further their own goals
- They show no remorse or concern over the sometimes devastating effects of their actions
- Substance abuse is common and appears to be a lifelong pattern among these individuals
- The long-term outcome for people with antisocial personality disorder is often poor, regardless of gender
- Pinel identified what he called manie sans delire to describe people with unusual emotional responses and impulsive rages but no deficits in reasoning ability
- Other labels have included “moral insanity”, “egopathy”, “sociopathy”, and “psychopathy”
- We focus on the two that have figured more prominently in psychological research: psychopathy and DSM’s antisocial personality disorder
- Checkley, identified a constellation of 16 major characteristics, most of which are personality traits and are sometimes referred to as the “Cleckley criteria” (pg. 439)
- Six of the criteria that Hare includes in his Revised Psychopathy Checklist (PCL-R) on page 440
- High scores indicate psychopathy
- The DSM criteria for antisocial personality focus almost entirely on observable behaviours

- Cleckly/Hare criteria focus primarily on underlying personality traits
- DSM and previous versions chose to use only observable behaviours so clinicians could reliably agree on a diagnosis
- Some psychopaths are not criminals and some do not display the aggressiveness that is a DSM criterion for antisocial personality disorder
- Although the relationship between psychopathic personality and antisocial personality disorder is uncertain, the two syndromes clearly do not overlap perfectly
- Characteristics of psychopathy as described by Cleckley and Hare, antisocial personality disorder as outlined in DSM, and criminality, which includes all people who get into trouble with the law
- Although psychopathy and antisocial personality disorder are both related to criminality, not everyone who has psychopathy or antisocial personality disorder becomes involved with the legal system
- What separates many in this group from those who get into trouble with the law may be IQ
- Findings suggest that having a higher IQ may help protect some people from developing more serious problems, or may at least prevent them from getting caught
- Some individuals with psychotic personality traits avoid repeated contact with the legal system and may even function successfully in society
- One study found that criminals who scored high on Hares PCL-R put in less effort and showed fewer improvements in a therapy program than did criminals who were not psychopaths
- Other studies have shown that psychopathic criminals are more likely than nonpsychopathic criminals to repeat their criminal offences, especially those that are violent or sexual in nature
- Incarcerated youth offenders who were classified as instrumentally violent scored higher in psychopathy than those who were not
- The homicides committed by psychopaths contained significantly higher levels of both gratuitous and sadistic violence
- Study illustrates the importance of assessing an inmates levels of psychopathy then predicting the types of crimes he is likely to commit in the future
- DSM provides a separate diagnosis for children who engage in behaviours that violate society's norms: conduct disorder
- Tremblay supports a stable, lifelong pattern of antisocial behaviour in a subgroup of antisocial children
- The most important personality characteristic that distinguished the boys who showed a stable and persistent pattern of physical aggression, theft, and vandalism, was "psychoticism"
- Many adults with antisocial personality disorder or psychopathy had conduct disorder as children
- The likelihood increases if the child has both conduct disorder and ADHD

#### Antisocial Personality Disorder: Genetic Influences

- Family, twin, and adoption studies all suggest a genetic influence on both antisocial personality disorder and criminality
- Crowe points out gene-environment interaction; in other words, genetic factors may be important only in the presence of certain environmental influences
- Genetic factors may present a vulnerability, but actual development of criminality may require environmental factors, such as a deficit in early, high-quality contact with parents or parent-surrogates
- Genetic influence does not necessarily mean certain disorders are inevitable
- Personality characteristic called dissocial behaviour has large genetic component
- We must remember several limitations when we interpret findings on the genetics of criminality
  - First, “criminality” is an extremely heterogeneous category that includes people with and without antisocial personality disorder and psychopathy
    - Genetics may influence one or more subtypes of criminality
  - Second, it is clear that environment factors play a substantial role in many, if not all, cases of criminality
  - Finally, the interaction between genes and environment may be important in the genesis of criminality

#### Antisocial Personality Disorder: Neurobiological Influences

- A great deal of research has focused on neurobiological influences that may be specific to antisocial personality disorder
- Relative to controls, psychopaths evidenced deficits in their abilities to maintain a plan and to inhibit irrelevant information suggesting executive cognitive function deficits in psychopaths
- Two major neurobiological theories have attracted a great deal of attention in the area of psychopathy:
  1. The underarousal hypothesis
  2. The fearlessness hypothesis
- According to the underarousal hypothesis, psychopaths have abnormally low levels of cortical arousal
- There appears to be an inverted U-shaped relation between arousal and performance
- Yerkes-Dodson curve suggests that people with either very high or very low levels of arousal tend to experience negative affect and perform poorly in many situations, whereas individuals with intermediate levels of arousal tend to be relatively content and perform satisfactorily in most situations
- According to the underarousal hypothesis, the abnormally low levels of cortical arousal characteristic of psychopaths are the primary cause of their antisocial and risk-taking behaviours
- They seek stimulation to boost their chronically low levels of arousal
- Low-frequency theta waves are found in brain wave measures of children and largely disappear in adulthood; their specific purpose is unknown

- Evidence suggests that many psychopaths have excessive theta waves when they are awake
- Cortical immaturity hypothesis of psychopathy holds that the cerebral cortex of psychopaths is at a relatively primitive stage of development
- This hypothesis may help explain why the behaviour of psychopaths is often childlike and impulsive
- Their cerebral cortices, which play such a key role in the inhibition and control of impulses, may be insufficiently developed
- Because theta waves also indicate states such as drowsiness or boredom, psychopaths higher levels of theta waves may simply reflect their relative lack of concern regarding being hooked up to psychophysiological equipment
- Excessive theta waves of psychopaths may simply reflect their relative absence of anxiety
- According to the fearlessness hypothesis, psychopaths possess a higher threshold for experiencing fear than most other individuals
- The fearlessness of the psychopath gives rise to all the other major features of the syndrome
- Psychopaths may have difficulty associating certain cues or signals with impending punishment or danger, much as children are socialized to inhibit their behaviour
- There may be a genetic component to one important aspect of psychopathy – namely aggression
- Evidence indicates the gene is probably on the X chromosome
- Brunner believe the defect involves the gene that produces MAOA
- MAOA is an enzyme that helps break down neurotransmitters, specifically those involved in our “fight/flight” responses. They include serotonin, dopamine, and noradrenaline
- If the MAOA enzyme isn’t working properly, these neurotransmitters may build up and the affected people will have trouble handling stressful situations
- The possible genetic vulnerability to react violently, in combination with certain stressors, may result in aggression
- Finally, social, economic, and cultural factors determine the type and severity of stresses
- Evidence suggesting that genetics may play a role in explaining why some males who are maltreated as children grow up to display antisocial behaviour, whereas others do not
- Children who were maltreated but had the gene conferring high levels of MAOA expression were less likely to develop antisocial problems than maltreated children without this genotype
- According to Gray, three major brain systems influence learning and emotional behaviour: BIS, REW, and F/F
- BIS and the REW systems and the balance between the two may be involved in psychopathic behaviour

- The BIS is responsible for our ability to stop or slow down when we are faced with impending punishment, nonreward, or novel situations, which leads or anxiety and frustration
- The BIS is thought to be located in the septal-hippocampal area of the brain and involves the noradrenergic and serotonergic neurotransmitter systems
- The REW system is responsible for our approach behaviour – impartial, our approach to positive rewards – and is associated with hope and relief
- Probably involves the dopaminergic neurotransmitter system in the mesolimbic area of the brain
- An imbalance between the BIS and REW may make the fear and anxiety produced by the BIS less apparent and the positive feelings associated with the REW more prominent
- This type of neurobiological dysfunction may explain why psychopaths aren't anxious about committing the antisocial acts that characterize their disorder

#### Antisocial Personality Disorder: Psychological and Social Dimensions

- Once psychopaths set their sights on a reward goal, they are less likely than nonpsychopaths to be deterred despite signs that the goal is no longer achievable
- Patterson found that the parents often give in to the problems displayed by their children
- This “coercive family process” combines with other factors, such as parents’ inept monitoring of their child’s activities and less parental involvement, to help maintain the aggressive behaviour
- Evidence from adoption studies strongly that shared environmental factors – that tend to make family members similar – are important to the etiology of criminality and perhaps antisocial personality disorder
- Individuals with antisocial personality disorder come from homes with inconsistent parental discipline
- It is not known for certain, however, whether inconsistent discipline directly causes antisocial personality disorder
- Factors outside the family can influence behaviours associated with antisocial personality disorder
- A final factor that has been implicated in antisocial personality disorder is the role of stress
- Stephen Porter has hypothesized that childhood trauma may play a role in the development of psychopathy
- Specifically, when certain individuals are severely traumatized by loved ones, over time they might learn to “turn off” their emotions as a way of coping
- The use of this maladaptive coping skill could contribute to the emotional deficits observed in psychopaths and even result in a psychopathic personality disorder

#### Antisocial Personality Disorder: Developmental Influences

- The forms that antisocial behaviours take change as children move into adulthood

- Rates of antisocial behaviour begin to decline rather markedly around the age of 40

#### Antisocial Personality Disorder: An Integrative Model

- These people have a genetic vulnerability to antisocial behaviours and personality traits
- Perhaps this vulnerability results in underarousal or fearlessness
- The genetic inheritance might be the propensity for weak BIS and overactive REW
- In a family that may already be under stress because of divorce or substance abuse there may be an interaction style that actually encourages antisocial behaviour on the part of the child
- The child's antisocial and impulsive behaviour alienates other children who might be good role models and attracts others who encourage antisocial behaviour
- Integrative model of antisocial behaviour, biological, psychological, and cultural factors combine in intricate ways

#### Antisocial Personality Disorder: Treatment

- These people rarely identify themselves as needing treatment
- Most clinicians are pessimistic about the outcome of treatment for adults who have antisocial personality disorder
- Antisocial behaviour is predictive of poor prognosis even in childhood
- Clinicians encourage identification of high-risk children so treatment can be attempted before they become adults
- The most common treatment strategy for children involves parent training
- Parents are taught how to recognize behaviour problems early and how to use praise and privileges to reduce problem behaviour and encourage prosocial behaviours
- A number of factors, however, put families at risk for either not succeeding in treatment or for dropping out early
- These include cases with high degree of family dysfunction, socioeconomic disadvantage. High family stress, parent's history of antisocial behaviour, and severe conduct disorder on the part of the child
- Programs that combine the behavioural approaches just described along with efforts to improve family relationships and providing services to the families in their communities are reporting some success

#### Antisocial Personality Disorder: Prevention

- Some programs address these problems even earlier, in an attempt to prevent problems from arising
- Typically preschool programs, they combine teaching good parenting skills with a variety of supports for families with social and economic disadvantages

- An obstacle to prevention efforts with this group is that we have relatively poor methods for identifying which children will grow up to have antisocial personality disorder

#### Cluster B: Borderline Personality Disorder

- People with borderline personality disorder lead tumultuous lives
- Their moods and relationships are unstable, and usually they have a very poor self-image
- These people often feel empty and are at great risk of dying by their own hands

#### Borderline Personality Disorder: Clinical Description

- Borderline personality disorder is one of the most common personality disorders; in psychiatric settings
- They tend to have very turbulent relationships, fearing abandonment but lacking control over their emotions
- Frequently engage in suicidal or self-mutilative behaviours, cutting or burning or punching themselves
- People with this personality disorder are often very intense, going from anger to deep depression in a short time
- They also characterize by impulsivity
- This impulsiveness can be seen in their drug abuse and self-mutilation
- These people are sometimes described as chronically bored and have difficulties with their own identities
- Mood disorders are common among people with borderline personality disorder
- Dutton studies indicate that men who abuse their spouses are high in borderline characteristics
- Dutton argues that men with borderline personality disorder are susceptible to abusing their partners because they set excessively high standards for others and blame their partners when things go wrong
- There is evidence of changes in borderline features with aging
- People with borderline personality disorder tend to improve during their 30s and 40s

#### Borderline Personality Disorder: Causes

- More prevalent in families with the disorder and is somehow linked with mood disorders
- Although some traits may be inherited, there appears to be a great deal of room for environmental influences
- One psychosocial influence that has received a great deal of attention is the possible contribution of early trauma, especially sexual and physical abuse
- Although we obviously do not know whether abuse and neglect cause later borderline personality disorder they may be predisposing factors in at least some cases

- The connection may well explain why women are affected more often than men
- History of abuse in childhood and psychopathology in adulthood is stronger for women than for men
- Gunderson and Sabo argued that borderline personality disorder is PTSD
- Not all cases of borderline personality disorder resemble PTSD
- Borderline personality disorder has been observed among people who have gone through rapid cultural changes
- Although childhood sexual and physical abuse seems to play some role in the etiology of borderline personality disorder neither appears to be necessary or sufficient to produce the syndrome
- Suggest that childhood trauma combines with a predisposing temperament or personality and a stressful triggering event causes the unstable behaviours

#### Borderline Personality Disorder: Treatment

- Efforts to provide successful treatment for people with borderline personality disorder are complicated by problems with drug abuse, compliance with treatment, and suicide attempts
- Many people with borderline personality disorder appear to respond to positively to a variety of medications, including tricyclic antidepressants, lithium, and even atypical antipsychotics
- Research on psychological treatment is also limited
- In one exception, Linehan used an approach she called dialectical behaviour therapy (DBT), which involves helping people cope with the stressors that seem to trigger suicidal behaviour
- Weekly individual sessions provide support, and patients are taught how to identify and regulate their emotions
- They receive treatment similar to that used for people with PTSD, in which prior traumatic events are re-experienced to help extinguish the fear associated with them
- In the final stage of therapy, clients learn to trust their own responses rather than to depend on the validation of others
- Preliminary results suggest that DBT may help reduce suicide attempts, dropouts from treatment, and hospitalizations
- Links and Stockwell identify three subtypes of borderline personality patients:
  1. Impulsive subtype
  2. Identity disturbance subtype
  3. Affective cluster
- Recommend couples therapy for the latter two subtypes, and do not recommend that couple therapy be attempted for those in the impulsive subtype

## Cluster B: Histrionic Personality Disorder

- Individuals with histrionic personality disorder tend to be overly dramatic and often seem almost to be acting, which is why the term histrionic, which means theatrical in manner, is used

## Histrionic Personality Disorder: Clinical Description

- People with histrionic personality disorder are inclined to express their emotions in an exaggerated fashion
- They also tend to be vain and self-centered, and uncomfortable when they are not in the limelight
- They are often seductive in appearance and behaviour, and they are typically very concerned about their looks
- People with histrionic personality disorder seek reassurance and approval constantly and may become upset or angry when others do not attend to them or praise them
- Also tend to be impulsive and have great difficulty delaying gratification

## Histrionic Personality Disorder: Causes

- Very little research has been done on the causes or treatment of histrionic personality disorder
- The cognitive style associated with histrionic personality disorder is impressionistic characterized by a tendency to view situations in very global, black and white terms
- Speech is often vague, lacking detail, and characterized by hyperbole
- Sprock found some evidence for a bias among psychologists and psychiatrists to associate the diagnosis with women rather than men
- One hypothesis involves a possible relationship with antisocial personality disorder
- Evidence suggests that histrionic personality and antisocial personality co-occur much more often than chance would account
- Led to suggestion that histrionic personality and antisocial personality may be sex-typed alternative expressions of the same unidentified underlying condition
- Females with the underlying condition may be predisposed to exhibit a predominately histrionic pattern, whereas males with the underlying condition may be predisposed to exhibit a predominately antisocial pattern

## Histrionic Personality Disorder: Treatment

- Very little research demonstrates success
- Some therapists have tried to modify the attention-getting behaviour
- A large part of therapy for these individuals usually focuses on the problematic interpersonal relationships
- Often manipulate others through emotional crises, using charm, sex, seductiveness, or complaining
- People with histrionic personality disorder often need to be shown how the short-term gains derived from this interactional style result in long-term

costs, and they need to be taught more appropriate ways of negotiating their wants and needs

#### Cluster B: Narcissistic Personality Disorder

- People who think highly of themselves – perhaps exaggerating their real abilities
- In narcissistic personality disorder people consider themselves somehow different from others and deserving of special treatment

#### Narcissistic Personality Disorder: Clinical Description

- People with narcissistic personality disorder have an unreasonable sense of self-importance and are so preoccupied with themselves that they lack sensitivity and compassion for other people
- They aren't comfortable unless someone is admiring them
- Their exaggerated feelings and their fantasies of greatness, called grandiosity, create negative attributes
- They require and expect a great deal of special attention
- They also tend to use to exploit others for their own interests and how little empathy
- When confronted with other successful people, they can be extremely envious and arrogant
- And because they often fail to live up to their own expectations, they are frequently depressed

#### Narcissistic Personality Disorder: Causes and Treatment

- Kohut believe that narcissistic personality disorder arises largely from a profound failure of empathetic "mirroring" by the parents very early in a child's development
- Some have questioned whether narcissism and psychopathy are redundant concepts
- It was found that although psychopaths and narcissists shared elevated disagreeableness on the five-factor measure and a tendency to be self-enhancers, they did not share any other features
- Concluded that narcissism and psychopathy are overlapping but distinct constructs
- Treatment research is extremely limited in both the number of studies and the reports of success
- When therapy is attempted with these individuals, it often focuses on their grandiosity, their hypersensitivity to evaluation, and their lack of empathy toward others
- Cognitive therapy aims at replacing their fantasies with a focus on the day-to-day pleasurable experiences that are truly attainable
- Coping strategies such as relaxation training are used to help them face and accept criticism
- Helping them focus on the feelings of others is also a goal
- Treatment is often initiated for the depression

### Cluster C Disorders: Avoidant Personality Disorder

- People with avoidant personality disorder are extremely sensitive to the opinions of others and therefore avoid most relationships
- Their extremely low self-esteem, coupled with a fear of rejection, causes them to be limited in their friendships and very dependent on those they feel comfortable with

### Avoidant Personality Disorder: Clinical Description

- Millon notes that it is important to distinguish between individuals who are special because they are apathetic, affectively flat, and relatively uninterested in interpersonal relationships and individuals who are asocial because they are interpersonally anxious and fearful of rejection
- It is latter who fit the criteria of avoidant personality disorder
- These individuals feel chronically rejected by others and are pessimistic about their future

### Avoidant Personality Disorder: Causes

- Several theories have been proposed that integrate biological and psychosocial influences as the cause of avoidant personality disorder
- Limited support does exist for psychosocial influence
- Those with the disorder remembered their parents as more rejecting, more guilt engendering, and less affectionate than the control group
- It could be that people with avoidant personality disorder are more sensitive to the way they are treated, and therefore their memories are different from what actually happened
- Some have suggested that avoidant personality disorder is part of a social anxiety spectrum
- A growing body of research links behavioural inhibition quite specifically to this social anxiety disorder spectrum, including avoidant personality disorder
- Results suggested that patients in the Cluster C personality disorders group showed scores on these measures suggesting an overactive behavioural inhibition system

### Avoidant Personality Disorder: Treatment

- Several well-controlled studies exist on approaches to therapy for people with avoidant personality disorder
- Behavioural intervention techniques for anxiety and social skills problems have had some success
- Social skills training within a support group is useful to help people with avoidant personality disorder become more assertive with others
- Because the problems experienced by people with avoidant personality disorder resemble those of people with social phobia, many of the same treatments are used for both groups
- The central element of cognitive-behavioural treatment for avoidant personality disorder is graduated exposure to feared situations

- Using systematic desensitization, which involves relaxing in the presence of feared situations and behavioural rehearsal, in which patients act out situations that cause anxiety
- The improvements tended to be modest

#### Cluster C Disorders: Dependent Personality Disorder

- People with dependent personality disorder rely on others to make ordinary decisions as well as important ones, which results in an unreasonable fear of abandonment

#### Dependent Personality Disorder: Clinical Description

- Dependent personality disorder belongs in the anxious, fearful cluster of DSM personality disorders because their interpersonally dependent behaviour is motivated by anxiety
- Individuals with dependent personality disorder sometimes agree with other people when their own opinion differs, so as not to be rejected
- Their desire to obtain and maintain supportive and nurturing relationships may lead to their other behavioural characteristics, including submissiveness, timidity, and passivity
- People with this disorder are similar to those with avoidant personality disorder in their feelings of inadequacy, sensitivity to criticism, and need for reassurance
- However, people with avoidant relationships, whereas those with dependent personality disorder respond by clinging to relationships

#### Dependent Personality Disorder: Causes and Treatment

- Part of the socialization process involves helping us live independently
- It is thought such disruptions as the early death of a parent or neglect or rejection by caregivers may cause people to grow up fearing abandonment
- If early bonding is interrupted, individuals may be constantly anxious that they will lose people close to them
- Clark and his colleagues suggests that certain personality traits may be quite relevant to the etiology of dependent personality disorder as well
- In particular, these researchers have been investigating the role of the personality constructs of sociotropy and autonomy in the Cluster C personality disorders
- Sociotropy refers to a personality orientation involving a strong investment in positive social interactions, whereas autonomy refers to a personality style involving a strong investment in independence from others, mobility, and freedom of choice
- Found the sample characterized by four clusters of patients in terms of their responses to the sociotropy-autonomy measure: an autonomous group, a sociotropic group, an individualistic achievement group, and a group of low-scoring controls

- They found that diagnoses of dependent personality disorder were significantly more common in the sociotropic group compared with the other three groups
- Diagnoses of avoidant personality disorder were also significantly more common in the sociotropic group
- Diagnoses of dependent personality disorder were significantly less common in the individualistic achievement group than in the other three groups
- Because of their attentiveness and eagerness to give responsibility for their problems to the therapist, people with dependent personality disorder can appear to be ideal patients
- However, their submissiveness negates one of the major goals of therapy, which is to make the person more independent and personally responsible
- Therapy therefore progresses gradually, as the patient develops confidence in his or her ability to make decisions independently

#### Cluster C Disorders: Obsessive-Compulsive Personality Disorder

- People who have obsessive-compulsive personality disorder are characterized by a fixation on things being done “the right way”
- This preoccupation with detail prevents them from actually completing much of anything

#### Obsessive-Compulsive Personality Disorder: Clinical Description

- Very work oriented, spending little time going to movies or parties or doing anything that isn't related to psychopathology
- These people tend to have poor interpersonal relationships
- This personality disorder seems to be only distantly related to obsessive-compulsive disorder
- Tend not to have the obsessive thoughts and the compulsive behaviours seen in the like-named obsessive-compulsive disorder
- Although people with the anxiety disorder sometimes show characteristics of the personality disorder, they also show the characteristics of other personality disorders

#### Obsessive-Compulsive Personality Disorder: Causes and Treatment

- The genetic contribution to this disorder seems to be weak
- Some people may be predisposed to favoring structure in their lives
- We do not have much information on the successful treatment of individuals with this disorder
- Therapy often attacks the fears that seem to underlie the need for orderliness
- Individuals are often afraid that what they do will be inadequate so they procrastinate and excessively ruminate about both important issues and minor details
- Therapists help the individual relax or use distraction techniques to redirect the compulsive thoughts
- Perfectionism, criticism, difficulty dealing with feedback, procrastination, and is an important aspect of obsessive compulsive personality disorder

### Personality Disorders Under Study

- Other personality disorders have been proposed for inclusion in the DSM
- Examples are sadistic personality disorder and self-defeating personality disorder
- However, few studies supported the existence of these disorder so they were not included in the DSM
- Two new categories of personality disorder are under study
- Depressive personality disorder includes self-criticism, dejection, a judgmental stance toward others, and a tendency to feel guilt
- Negativistic personality disorder is characterized by passive aggression in which people adopt a negativistic attitude to resist routine demands and expectations
- This category is an expansion of a previous passive-aggressive personality disorder, and may in fact be a subtype of a narcissistic personality disorder