

# Abnormal Psychology

Clinical Perspectives on Psychological Disorders 5e

## Personality Disorders

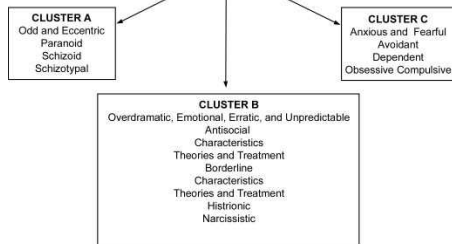
### Chapter 10

# Personality Disorders

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### CHARACTERISTICS, CAUSES, AND TREATMENT OF PERSONALITY DISORDERS



## Personality trait

An enduring pattern of perceiving, relating to, and thinking about the environment and others.

## Personality disorders

Ingrained patterns of relating to other people, situations, and events with a rigid and maladaptive pattern of inner experience and behavior, dating back to adolescence or early adulthood.

## THE NATURE OF PERSONALITY DISORDERS

A longstanding maladaptive pattern of inner experience and behavior dating back to adolescence or adulthood that is manifest in at least two of the following areas:

- Cognition
- Affectivity
- Interpersonal functioning
- Impulse control

## THE NATURE OF PERSONALITY DISORDERS

At present, each personality disorder is categorized distinctly in that a person's symptoms either fit it or they don't.

Researchers who argue for a dimensional approach point out that the most commonly assigned Axis II diagnosis is *personality disorder not otherwise specified*.

## DSM-IV PERSONALITY DISORDER CLUSTERS

The *DSM-IV* includes a set of separate diagnoses grouped into three clusters based on shared characteristics:

- ❖ CLUSTER A – The Eccentric Ones
- ❖ CLUSTER B – The Dramatic Ones
- ❖ CLUSTER C – The Anxious Ones

Because Cluster B disorders have been the most extensively researched, we'll start with them.

## The Dramatic Ones

- ❖ Antisocial Personality Disorder
- ❖ Borderline Personality Disorder
- ❖ Histrionic Personality Disorder
- ❖ Narcissistic Personality Disorder

## Antisocial

*A.K.A. sociopaths or psychopaths*



A personality disorder characterized by a lack of regard for society's moral or legal standards.

## ANTISOCIAL

- ❖ History
  - ❖ Philippe Pinel (1801)
    - Defect of moral character.
  - ❖ Hervey Cleckley (1941)
    - Psychopathy.
  - ❖ Robert Hare (1997)
    - Psychopathy Check List.
  - ❖ DSM
    - Goes beyond psychopathy traits.

## ANTISOCIAL

- ❖ Associated Behaviors
  - ❖ Deceitfulness
  - ❖ Impulsivity
  - ❖ Unlawfulness
  - ❖ Recklessness
  - ❖ Aggressiveness
  - ❖ Manipulative
  - ❖ Lacking remorse

## Important Distinctions

- ❖ Adult Antisocial Behavior

Illegal or immoral behavior such as stealing, lying, or cheating.

- ❖ Criminal

A legal term, not a psychological concept.

## PERSPECTIVES ON ANTISOCIAL PERSONALITY

- **BIOLOGICAL**
  - Various brain abnormalities
  - Diminished autonomic response to social stressors
  - Possible genetic causes



## PERSPECTIVES ON ANTISOCIAL PERSONALITY

### *PSYCHOLOGICAL:*

- Neurological deficits related to psychopathic symptoms.
- Response modulation hypothesis.
- Unable to process information not relevant to their primary goals.
- Low self-esteem.

## PERSPECTIVES ON ANTISOCIAL PERSONALITY

### **SOCIOCULTURAL**

- **Family variables**
- **Childhood abuse**
- **Childhood neglect**



## TREATMENT OF ANTISOCIAL PERSONALITY DISORDER

- ❖ Address low self-esteem.
- ❖ Confrontational techniques.
- ❖ Group therapy.

# Borderline

A personality disorder characterized by pervasive instability with a pattern of poor impulse control.

Instability is evident in mood, interpersonal relationships, and self-image.

Often they are confused about their own *identity* or concept of who they are.

# Borderline

### ❖ **Observed characteristics:**

- ❖ Intense interpersonal relationships
- ❖ Splitting
- ❖ Feelings of emptiness
- ❖ Anger, rage
- ❖ Identity confusion
- ❖ Shifting goals, plans, partners
- ❖ Poor boundaries with others
- ❖ Risk taking, self injurious behaviors
- ❖ Parasuicidal

## PERSPECTIVES ON BORDERLINE PERSONALITY

- **BIOPSYCHOSOCIAL**
  - Vulnerable temperament
  - Traumatic early childhood experiences
  - Triggering events in adulthood
- **BIOLOGICAL**
  - Hippocampus smaller
  - Amygdala smaller

## PERSPECTIVES ON BORDERLINE PERSONALITY

### *PSYCHOLOGICAL*

- Physical or sexual abuse
- Childhood caregiver interaction
  - Emotionally unavailable
  - Inconsistent treatment
  - Failed to validate their thoughts and feelings
  - Failed to protect from abuse
  - Anxious attachment style with mother

## PERSPECTIVES ON BORDERLINE PERSONALITY

### *PSYCHODYNAMIC*

- Poor ego development
- Caregiver overinvolved yet inconsistent
- Distorted perception of others

## *PERSPECTIVES ON BORDERLINE PERSONALITY*

### *COGNITIVE-BEHAVIORAL*

- |  |   |
|--|---|
| <ul style="list-style-type: none"><li>■ Splitting</li><li>■ Low sense of self-efficacy</li><li>■ Lack of confidence</li><li>■ Low motivation</li><li>■ Inability to seek long-term goals</li></ul> | <ul style="list-style-type: none"><li>■ Modern pressures on family.</li><li>■ Diminished social cohesion and mental cohesion.</li><li>■ Unstable family patterns.</li></ul> |
|--|---|

## TREATMENT OF BORDERLINE PERSONALITY

- **CHALLENGING AND COMPLEX**
  - Unlikely to remain in treatment long
  - Unstable relationships with therapist
- **TECHNIQUES**
  - Confrontive or
  - Supportive
  - Dialectical Behavioral Therapy
  - May need medication

# Histrionic

A personality disorder characterized by exaggerated emotional reactions, approaching theatricality, in everyday behavior. Melodramatic.



# Histrionic



The term **histrionic** is derived from a Latin word meaning “actor.”



# Histrionic

- ❖ Dramatic, attention-getting behavior
- ❖ Fleeting, shifting emotional states
- ❖ More commonly diagnosed in women
- ❖ Flirtatious and seductive
- ❖ Need for immediate gratification
- ❖ Easily influenced by others
- ❖ Lack analytical ability
- ❖ Superficial relationships



## VIEWS AND TREATMENT OF HISTRIONIC PERSONALITY


- **COGNITIVE-BEHAVIORAL**
  - **Feelings of inadequacy and need for others**
    - Global nature of thinking underlies diffuse, exaggerated and changing emotional states
  - **TREATMENT GOALS**
    - Learn how to think more objectively and precisely
    - Learn self-monitoring strategies
    - Learn impulse control
    - Acquire assertiveness skills



# Narcissistic

Personality disorder characterized by an unrealistic, inflated sense of self-importance and lack of sensitivity to other people’s needs.

- ❖ egotistical
- ❖ arrogant
- ❖ exploitative of others




*Named for Greek legend of **Narcissus**.*

## NARCISSISTIC SUBTYPES

Noting the many types of behaviors involved, Millon and colleagues proposed subtypes.

- ❖ elitist
- ❖ amorous
- ❖ unprincipled
- ❖ compensatory




## THEORIES OF NARCISSISTIC PERSONALITY

**Freudian**

- Stuck in early psychosexual stages

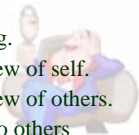
**Cognitive-Behavioral**

- Lack insight into or concern for feelings of others
- Grandiose sense of self clashes with real world failures



## TREATMENT OF NARCISSISTIC PERSONALITY

- PSYCHODYNAMIC and COGNITIVE-BEHAVIORAL therapies overlap in their goals for the client:
  - Reduce grandiose thinking.
  - Develop more realistic view of self.
  - Develop more realistic view of others.
  - Enhance ability to relate to others
  - Avoid demands for special attention



## The Eccentric Ones

- ✓ Paranoid Personality
- ✓ Schizoid Personality
- ✓ Schizotypal Personality

## Paranoid

- > SUSPICIOUSNESS
- > GUARDEDNESS
- > PROJECTION OF NEGATIVITY AND DAMAGING MOTIVES ONTO OTHERS
- > ATTRIBUTION OF THEIR PROBLEMS TO OTHERS
- > LOW SELF-EFFICACY

## TREATMENT OF PARANOID PERSONALITY

- COGNITIVE BEHAVIORAL
  - COUNTER ERRONEOUS THINKING
  - ESTABLISH TRUSTING RELATIONSHIP
  - INCREASE FEELINGS OF SELF-EFFICACY
  - REDUCE VIGILANT AND DEFENSIVE STANCE
  - INSIGHT INTO OTHERS' PERSPECTIVES
  - APPROACH CONFLICT ASSERTIVELY
  - IMPROVE INTERPERSONAL SKILLS

## Schizoid

Main characteristic: Indifference to social relationships, as well as a very limited range of emotional experience and expression.



## Schizoid

- INDIFFERENCE TO SOCIAL AND SEXUAL RELATIONSHIPS
- SECLUSIVE; PREFER TO BE ALONE
- NO DESIRE TO LOVE OR BE LOVED
- COLD, RESERVED, WITHDRAWN
- INSENSITIVE TO FEELINGS OF OTHERS

**TREATMENT: Unlikely to seek or respond to therapy.**

# Schizotypal

Main characteristic: Peculiarities and eccentricities of thought, behavior, appearance, and interpersonal style.

- CONSTRICTED, INAPPROPRIATE AFFECT
- IDEAS OF REFERENCE, MAGICAL THINKING
- SOCIAL ISOLATION
- PECULIAR COMMUNICATION

**TREATMENT: Parallels interventions commonly used in treating schizophrenia.**

# The Anxious Ones

- Avoidant Personality
- Dependent Personality
- Obsessive-Compulsive

# Avoidant



Most prominent feature:

The individual desires, but is fearful of, any involvement with other people and is terrified at the prospect of being publicly embarrassed.

# AVOIDANT - THEORIES



## COGNITIVE-BEHAVIORAL

- Hypersensitive due to parental criticism
- Feel unworthy of others' regard
- Expect not to be liked
- Avoid getting close to avoid expected rejection
- Distorted perceptions of experiences with others

# TREATMENT OF AVOIDANT PERSONALITY



- COGNITIVE-BEHAVIORAL
  - BREAK NEGATIVE CYCLE OF AVOIDANCE
  - CONFRONT AND CORRECT DYSFUNCTIONAL ATTITUDES AND THOUGHTS
  - GRADUATED EXPOSURE TO SOCIAL SITUATIONS LEARN SKILLS TO IMPROVE CHANCE OF INTIMACY

# Dependent

Main characteristic: This individual is extremely passive and tends to cling to other people to the point of being unable to make any decisions or to take independent action.

Others may characterize them as "clingy."

# Dependent

- FEAR OF ABANDONMENT
- DESPONDENT WITHOUT OTHERS
- UNABLE TO INITIATE ACTIVITIES
- INSECURE ABOUT MAKING DECISIONS WITHOUT OTHERS
- GO TO EXTREME TO GAIN APPROVAL OF OTHERS
- DEVASTATED WHEN RELATIONSHIPS END

# Dependent

## Theories

- **PSYCHODYNAMIC**
  - Fixated at oral psychosexual stage because of parental overindulgence or neglect
- **OBJECT RELATIONS**
  - Insecure attachment to parents led to fear of abandonment
  - Low self-esteem leads them to rely on others
- **COGNITIVE-BEHAVIORAL**
  - Thinking they are inadequate and helpless, they find someone to take care of them

## TREATMENT OF DEPENDENT PERSONALITY

### COGNITIVE-BEHAVIORAL

- Therapist and client develop structured ways to increase client independence in daily activities
- Identify skill deficits and improve functioning
- Therapist must avoid becoming an authority figure or making client dependent on therapist

# Obsessive-Compulsive

### Main characteristic: Perfectionistic.

So overwhelmed with their concern for neatness and minor details that they have trouble making decisions or getting things accomplished.



# Obsessive-Compulsive

- RIGID BEHAVIORAL PATTERNS
- FANATICAL CONCERN WITH SCHEDULES
- STINGY WITH TIME AND MONEY
- TENDENCY TO HOARD WORTHLESS OBJECTS
- LOW LEVEL OF EMOTIONALITY

## THEORIES OF OBSESSIVE-COMPULSIVE

- **FREUDIAN**
  - Fixation at anal psychosexual stage
- **OBJECT RELATIONS**
  - Insecure parent-child attachments
- **COGNITIVE-BEHAVIORAL**
  - Distorted world view
  - Unrealistic standard of perfection

**TREATMENT: Difficult to treat. Therapy may reinforce ruminative tendencies.**

**TABLE 10.1** Theorized Patterns in Later Life of Axis II Disorders of the DSM-IV-TR

Disorder	Theorized patterns in later life
Antisocial personality disorder	Underlying trait of psychopathy does not seem to change with age. There is a reduction of impulsive and deviant behaviors.
Borderline personality disorder	Prevalence in older adults not well-established. Risky behaviors and suicide of individuals when young may lead to apparent decline in prevalence.
Histrionic personality disorder	Physical changes that signify to them a loss of attractiveness and sexuality may lead to difficult adaptation to aging.
Narcissistic personality disorder	"Narcissistic injuries" due to loss of power and prestige and general ageism in society may lead to increases in symptoms.
Paranoid personality disorder	Age-related deficits in vision and hearing, along with cognitive changes, may lead to isolation as the individual grows to believe that others are threatening or talking about them in negative ways.
Schizoid personality disorder	The need to depend on others for care with physical or cognitive infirmities creates stress due to lifelong patterns of social isolation.
Schizotypal personality disorder	No clear prevalence data. However, old and disorganized behavior in a person who does not have dementia may indicate the presence of this disorder.
Avoidant personality disorder	People with this disorder resist applying for and receiving needed social and supportive services. Without such support, they can become lonely, anxious, and frightened.
Dependent personality disorder	Older adults with this disorder experience extreme difficulty adjusting to widowhood. They become helpless, lost, and vulnerable and might turn to children to replace the spouse.
Obsessive-compulsive personality disorder	This disorder can become worse in later adulthood due to a greater need for control over the environment in the face of physical, cognitive, and social losses.

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## And in conclusion . . . ?

### Personality disorders are

- ☒ Chronic and persistent
- ☒ Hard to explain
- ☒ Difficult to treat
- ☒ Subject to much further study