

# Personality Disorders

## TOPIC OVERVIEW

### “Odd” Personality Disorders

Paranoid Personality Disorder  
Schizoid Personality Disorder  
Schizotypal Personality Disorder

### “Dramatic” Personality Disorders

Antisocial Personality Disorder  
Borderline Personality Disorder  
Histrionic Personality Disorder  
Narcissistic Personality Disorder

### “Anxious” Personality Disorders

Avoidant Personality Disorder  
Dependent Personality Disorder  
Obsessive-Compulsive Personality Disorder  
Multicultural Factors: Research Neglect

### What Problems Are Posed by the DSM-IV-TR Categories?

### Are There Better Ways to Classify Personality Disorders?

The “Big Five” Theory of Personality and Personality Disorders  
Alternative Dimensional Approaches

### Putting it Together: Disorders of Personality Are Rediscovered

## LECTURE OUTLINE

- I. WHAT IS PERSONALITY?
  - A. It is a unique and long-term pattern of inner experience and outward behavior
  - B. Personality tends to be consistent and often is described in terms of “traits”

1. These traits may be inherited, learned, or both
- C. Personality also is flexible, allowing us to adapt to new environments
  1. For those with personality disorders, however, that flexibility usually is missing

## II. WHAT IS A PERSONALITY DISORDER?

- A. It is an inflexible pattern of inner experience and outward behavior
  1. This pattern is seen in most interactions, differs from the experiences and behaviors usually expected, and continues for years
  2. The rigid traits of people with personality disorders often lead to psychological pain for the individual and social or occupational difficulties
  3. The disorder may also bring pain to others
- B. Classifying personality disorders
  1. A personality disorder typically becomes recognizable in adolescence or early adulthood
    - a. These are among the most difficult psychological disorders to treat
    - b. Many sufferers are not even aware of their personality problems
  2. It has been estimated that between 9 and 13 percent of all adults may have a personality disorder
  3. These disorders are diagnosed on Axis II of DSM-IV
    - a. These patterns are not typically marked by changes in intensity or periods of clear improvement
    - b. It is common for those diagnosed with personality disorders also to be diagnosed with an Axis I disorder
      - (a) This relationship is called “comorbidity”
    - c. It may be that Axis II disorders predispose people to also develop an Axis I condition *or* that Axis I disorders set the stage for Axis II disorders *or* that some biological condition sets the stage for both!
    - d. Whatever the reason, research indicates that the presence of a personality disorder complicates and reduces a person’s chances for a successful recovery
  4. DSM-IV identifies 10 personality disorders separated into three categories or “clusters:”
    - a. Odd or eccentric behavior
      - (a) Paranoid, schizoid, and schizotypal
    - b. Dramatic, emotional, or erratic behavior
      - (a) Antisocial, borderline, narcissistic, and histrionic
    - c. Anxious or fearful behavior
      - (a) Avoidant, dependent, and obsessive-compulsive
  5. The various personality disorders overlap each other significantly, so much so that it can be hard to distinguish one from another
  6. The frequent lack of agreement between clinicians and diagnosticians has raised concerns about the *validity* (accuracy) and *reliability* (consistency) of these categories
  7. It should be clear that diagnoses of such disorders can easily be overdone

## III. “ODD” PERSONALITY DISORDERS

- A. People with these disorders display behaviors similar to but not as extensive as schizophrenia, including extreme suspiciousness, social withdrawal, and peculiar ways of thinking and perceiving things
  1. Such behaviors leave the person isolated
  2. Some clinicians believe that these disorders are actually related to schizophrenia, and thus call them *schizophrenia-spectrum disorders*
- B. Clinicians have learned much of the symptoms but little their causes or how to treat them
  1. In fact, people with these disorders rarely seek treatment
- C. The cluster of “odd” personality disorders includes:
  1. Paranoid personality disorder
    - a. This disorder is characterized by deep distrust and suspicion of others

- (a) Although inaccurate, this suspicion usually is not “delusional”—the ideas are not so bizarre or so firmly held as to clearly remove the individuals from reality
  - b. As a result of their mistrust, people with paranoid personality disorder often remain cold and distant
  - c. They are critical of weakness and fault in others, particularly at work
    - (a) They are unable to recognize their own mistakes and are extremely sensitive to criticism
    - (b) They often blame others for the things that go wrong in their lives, and they repeatedly bear grudges
  - d. Between 0.5 and 3 percent of adults are believed to experience this disorder, apparently more men than women
  - e. How do theorists explain paranoid personality disorder?
    - (a) The proposed explanations of this disorder, like most of the personality disorders, have received little systematic research
    - (b) Psychodynamic theories trace the pattern back to early interactions with demanding parents
    - (c) Cognitive theorists suggest that maladaptive assumptions such as “People are evil and will attack you if given the chance” are to blame
    - (d) Biological theorists propose genetic causes and have looked at twins studies to support this model
  - f. Treatments for paranoid personality disorder
    - (a) People with paranoid personality disorder do not typically see themselves as needing help
      - (i) Few come to treatment willingly
    - (b) Those who are in treatment often distrust and rebel against their therapists
      - (i) As a result, therapy for this disorder, as for most of the other personality disorders, has limited effect and moves slowly
    - (c) Object relations therapists try to see past patient anger and work on the underlying wish for a satisfying relationship
    - (d) Behavioral and cognitive therapists try to help clients control anxiety and improve interpersonal skills
    - (e) Cognitive therapists also try to restructure client’s maladaptive assumptions and interpretations
    - (f) Drug therapy is of limited help
- 2. Schizoid personality disorder
  - a. This disorder is characterized by persistent avoidance of social relationships and limited emotional expression
  - b. Withdrawn and reclusive, people with this disorder do not have close ties with other people; they genuinely prefer to be alone
    - (a) People with schizoid personality disorder focus mainly on themselves and often are seen as flat, cold, humorless, and dull
  - c. The prevalence of the disorder is not known, but it is estimated to affect fewer than 1 percent of the population
    - (a) It is slightly more likely to occur in men than in women
  - d. How do theorists explain schizoid personality disorder?
    - (a) Many psychodynamic theorists, particularly object relations theorists, link schizoid personality disorder to an unsatisfied need for human contact
      - (i) The parents of those with the disorder are believed to have been unaccepting or abusive of their children
    - (b) Cognitive theorists propose that people with schizoid personality disorder suffer from deficiencies in their thinking
      - (i) Their thoughts tend to be vague and empty, and they have trouble scanning the environment for accurate perceptions
  - e. Treatments for schizoid personality disorder

- (a) Their extreme social withdrawal prevents most people with this disorder from entering therapy unless some other disorder makes treatment necessary
    - (i) Even then, patients are likely to remain emotionally distant from the therapist, seem not to care about treatment, and make limited progress
  - (b) Cognitive-behavioral therapists have sometimes been able to help people with this disorder experience more positive emotions and more satisfying social interactions
    - (i) The cognitive end focuses on thinking about emotions
    - (ii) The behavioral end focuses on the teaching of social skills
  - (c) Group therapy apparently is useful as when it offers a safe environment for social contact
  - (d) Drug therapy is of little benefit
3. Schizotypal personality disorder
- a. This disorder is characterized by a range of interpersonal problems, marked by extreme discomfort in close relationships, odd (even bizarre) ways of thinking, and behavioral eccentricities
    - (a) These symptoms may include ideas of reference and/or bodily illusions
  - b. People with the disorder often have great difficulty keeping their attention focused; conversation is typically digressive and vague, even sprinkled with loose associations
  - c. Socially withdrawn, people with this disorder seek isolation and have few friends
    - (a) It has been estimated that 2 to 4 percent of all people (slightly more males than females) may have schizotypal personality disorder
  - d. How do theorists explain schizotypal personality disorder?
    - (a) Because the symptoms of this personality disorder so often resemble schizophrenia, researchers have hypothesized that similar factors are at work in both disorders
      - (i) They often have found that schizotypal symptoms are linked to family conflicts and to psychological disorders in parents
    - (b) Researchers also have begun to link schizotypal personality disorder to some of the same biological factors found in schizophrenia, such as high dopamine activity
    - (c) The disorder also has been linked to mood disorders, especially depression
  - e. Treatments for schizotypal personality disorder
    - (a) Therapy is as difficult in cases of schizotypal personality disorder as in cases of paranoid and schizoid personality disorders
    - (b) Most therapists agree on the need to help clients “reconnect” and to recognize the limits of their thinking and powers
    - (c) Cognitive-behavioral therapists further try to teach clients to objectively evaluate their thoughts and perceptions and provide speech lessons, and social skills training
    - (d) Antipsychotic drugs also have been given, and they appear to be somewhat helpful in reducing certain thought problems

#### IV. “DRAMATIC” PERSONALITY DISORDERS

- A. The behaviors of people with these problems are so dramatic, emotional, or erratic that it is almost impossible for them to have relationships that are truly giving and satisfying
- B. These personality disorders are more commonly diagnosed than the others
  - 1. Only antisocial and borderline personality disorders have received much study
- C. The causes of the disorders are not well understood
- D. Treatments range from ineffective to moderately effective
- E. The cluster of “dramatic” personality disorders includes:
  - 1. Antisocial personality disorder

- a. Sometimes described as “psychopaths” or “sociopaths,” people with antisocial personality disorder persistently disregard and violate others’ rights
  - b. Aside from substance-related disorders, this is the disorder most linked to adult criminal behavior
  - c. The DSM-IV requires that a person must be at least 18 years of age to receive this diagnosis
  - d. Most people with the antisocial personality disorder displayed some patterns of misbehavior before they were 15 years old
  - e. People with the disorder are likely to lie repeatedly, be reckless, sexually promiscuous, and impulsive
    - (a) They have a disregard for other individuals, and can be cruel, sadistic, aggressive, and violent
  - f. Surveys indicate that 2 to 3.5 percent of people in the United States meet criteria for this disorder
    - (a) The disorder is four times more common in men than women
  - g. Because people with this disorder are often arrested, researchers frequently look for people with antisocial patterns in prison populations
    - (a) Studies indicate higher rates of alcoholism and other substance-related disorders among this group
  - h. Children with a conduct disorder and an accompanying attention-deficit hyperactivity disorder apparently have a heightened risk of developing antisocial personality disorder
  - i. How do theorists explain antisocial personality disorder?
    - (a) Explanations come from the major models:
      - (i) Psychodynamic theorists propose that this disorder begins with an absence of parental love, leading to a lack of basic trust
      - (ii) Many behaviorists have suggested that antisocial symptoms may be learned through modeling or unintentional reinforcement
      - (iii) The cognitive view states that people with the disorder hold attitudes that trivialize the importance of other people’s needs
      - (iv) A number of studies suggest that biological factors may play a role:
        - 1. Lower levels of serotonin, impacting impulsivity and aggression
        - 2. Deficient functioning in the frontal lobes of the brain
        - 3. Lower levels of anxiety and arousal, leading them to be more likely than other people to take risks and seek thrills
  - j. Treatments for antisocial personality disorder
    - (a) Treatments are typically ineffective
    - (b) A major obstacle is the individual’s lack of conscience or desire to change
      - (i) Most have been forced to come to treatment
    - (c) Some cognitive therapists try to guide clients to think about moral issues and the needs of other people
    - (d) Hospitals and prisons have attempted to create therapeutic communities
    - (e) Antipsychotic drugs also have been tried, but systematic studies are still needed
2. Borderline personality disorder
- a. People with this disorder display great instability, including major shifts in mood, an unstable self-image, and impulsivity
    - (a) Interpersonal relationships also are unstable
  - b. People with borderline personality disorder are prone to bouts of anger, which sometimes result in physical aggression and violence
    - (a) Just as often, however, they direct their impulsive anger inward and harm themselves
  - c. Many of the patients who come to mental health emergency rooms are individuals with borderline personality disorder who have intentionally hurt themselves

- (a) Their impulsive, self-destructive behavior can include:
    - (i) Alcohol and substance abuse
    - (ii) Reckless behavior, including driving and unsafe sex
    - (iii) Cutting themselves
    - (iv) Suicidal actions and threats
  - d. People with the disorder frequently form intense, conflict-ridden relationships while struggling with recurrent fears of impending abandonment
  - e. Between 1.5 and 2.5 percent of the general population are thought to suffer from this disorder
    - (a) Close to 75 percent of those diagnosed are women
  - f. The course of the disorder varies
    - (a) In the most common pattern, the instability and risk of suicide reach a peak during young adulthood and then gradually wane with advancing age
  - g. How do theorists explain borderline personality disorder?
    - (a) Because a fear of abandonment tortures so many people with the disorder, psychodynamic theorists look to early parental relationships to explain the disorder
    - (b) Object-relations theorists propose a lack of early acceptance or abuse/neglect by parents
      - (i) Research has found some support for this view, including a link to early sexual abuse
    - (c) Some features of the disorder also have been linked to biological abnormalities
      - (i) Sufferers who are particularly impulsive apparently have lower brain serotonin activity
      - (ii) Close relatives of those with borderline personality disorder are five times more likely than the general population to have the disorder
    - (d) A number of theorists currently use a biosocial theory, stating that the disorder results from a combination of internal and external forces
    - (e) Some sociocultural theorists suggest that cases of borderline personality disorder are particularly likely to emerge in cultures that change rapidly
  - h. Treatments for borderline personality disorder
    - (a) It appears that psychotherapy can eventually lead to some degree of improvement for people with this disorder
    - (b) It is extraordinarily difficult, though, for a therapist to strike a balance between empathizing with a patient's dependency and anger and challenging his or her way of thinking
    - (c) Contemporary psychodynamic therapy has been somewhat more effective than traditional psychodynamic approaches when it focuses on the patient's central relationship disturbance, poor sense of self, and pervasive loneliness and emptiness
      - (i) Over the past two decades, an integrative treatment approach, called dialectical behavior therapy, has received growing research support and is now considered the treatment of choice in many clinical circles
    - (d) Antidepressant, antibipolar, antianxiety, and antipsychotic drugs have helped some individuals to calm their emotional and aggressive storms
      - (i) Given the high risk of suicide attempts by these patients, their use of drugs on an outpatient basis is controversial
    - (e) Some patients have benefited from a combination of drug therapy and psychotherapy
3. Histrionic personality disorder

- a. People with histrionic personality disorder are extremely emotional and continually seek to be the center of attention
    - (a) They often engage in attention-getting behaviors and are always “on stage”
    - (b) Approval and praise are the lifeblood of these individuals
  - b. People with histrionic personality disorder often are described as vain, self-centered, and demanding
    - (a) Some make suicide attempts, often to manipulate others
  - c. This disorder was once believed to be more common in women than in men
    - (a) However, research has revealed gender bias in past diagnoses
    - (b) The latest statistics suggest that around 2 to 3 percent of adults have this personality disorder, with males and females equally affected
  - d. How do theorists explain histrionic personality disorder?
    - (a) The psychodynamic perspective was originally developed to explain hysteria and theorists have retained their interest in the disorder today
      - (i) Most psychodynamic theorists believe that, as children, people with this disorder experienced unhealthy relationships in which cold parents left them feeling unloved and afraid of abandonment
      - (ii) To defend against deep-seated fears of loss, the individuals learned to behave dramatically, inventing crises that would require people to act protectively
    - (b) Cognitive theorists look at the lack of substance and extreme suggestibility seen in people with the disorder
      - (i) Some argue that people with histrionic personality disorder hold a general assumption that they are helpless to care for themselves
    - (c) Sociocultural theorists believe the disorder is caused in part by society’s norms and expectations
      - (i) The vain, dramatic, and selfish behavior may be an exaggeration of femininity as defined by our culture
  - e. Treatments for histrionic personality disorder
    - (a) Unlike people with most other personality disorders, those with histrionic personality disorder often seek treatment on their own
      - (i) Working with them can be difficult because of their demands, tantrums, seductiveness, and attempts to please the therapist
    - (b) Cognitive therapists try to change their patients’ belief that they are helpless and also to help them develop better, more deliberate ways of thinking and solving problems
    - (c) Psychodynamic therapy and group therapy also have been applied
    - (d) Clinical case reports suggest that each of the approaches can be useful
    - (e) Drug therapy is less successful, except as a means of relieving the depression experienced by some patients
4. Narcissistic personality disorder
- a. People with narcissistic personality disorder are generally grandiose, need much admiration, and feel no empathy with others
    - (a) Convinced of their own great success, power, or beauty, they expect constant attention and admiration from those around them
  - b. People with this disorder exaggerate their achievements and talents, and often appear arrogant
  - c. People with this disorder are seldom interested in the feelings of others
    - (a) Many take advantage of others to achieve their own ends
  - d. Around 1 percent of adults display narcissistic personality disorder, up to 75 percent of them men
    - (a) This type of behavior is common among normal teenagers and does not usually lead to adult narcissism
  - e. How do theorists explain narcissistic personality disorder?

- (a) Psychodynamic theorists more than others have theorized about this disorder, focusing on cold, rejecting parents
  - (i) Object-relations theorists interpret the grandiose self-presentation seen in people with the disorder as a way to convince themselves that they are self-sufficient and without need of warm relationships
  - (ii) In support of this theory, research has found increased risk for developing the disorder among abused children and those who lost parents through adoption, divorce, or death
- (b) Cognitive-behavioral theorists propose that the disorder may develop when people are treated *too positively* rather than too negatively in early life
  - (i) Those with the disorder have been taught to “overvalue their self-worth”
- (c) Finally, many sociocultural theorists see a link between narcissistic personality disorder and “eras of narcissism” in society
- f. Treatments for narcissistic personality disorder
  - (a) Narcissistic personality disorder is one of the most difficult personality patterns to treat
  - (b) Clients who consult therapists usually do so because of a related disorder, most commonly depression
  - (c) Once in treatment, the individuals may try to manipulate the therapist into supporting their sense of superiority
  - (d) None of the major treatment approaches has had much success

## V. “ANXIOUS” PERSONALITY DISORDERS

- A. People with these disorders typically display anxious and fearful behavior
- B. Although many of the symptoms are similar to those of anxiety and depressive disorders, researchers have found no links between those personality disorders and those Axis I patterns
- C. As with most of the personality disorders, research is very limited, but treatments for this cluster appear to be modestly to moderately helpful—considerably better than for other personality disorders
- D. The cluster of “anxious” personality disorders includes:
  - 1. Avoidant personality disorder
    - a. People with avoidant personality disorder are very uncomfortable and inhibited in social situations, overwhelmed by feelings of inadequacy, and extremely sensitive to negative evaluation
      - (a) They believe themselves unappealing or inferior and often have few close friends
    - b. The disorder is similar to social phobia and many people with one disorder experience the other
      - (a) Similarities between the two disorders include a fear of humiliation and low self-confidence
      - (b) A key difference is that people with social phobia mainly fear social *circumstances* while people with the personality disorder tend to fear close social *relationships*
    - c. Between 1 and 2 percent of adults have avoidant personality disorder, men as frequently as women
    - d. How do theorists explain avoidant personality disorder?
      - (a) Theorists often assume that avoidant personality disorder has the same causes as anxiety disorders, including:
        - (i) Early trauma
        - (ii) Conditioned fears
        - (iii) Upsetting beliefs
        - (iv) Biochemical abnormalities



- (b) Research has not directly tied the personality disorder to the anxiety disorders
- (c) Psychodynamic theorists focus mainly on the general sense of shame felt by people with avoidant personality disorder
  - (i) Some trace the shame back to early toileting experiences
- (d) Cognitive theorists believe that harsh criticism and rejection in early childhood may lead people to assume that the others will always judge them negatively
  - (i) In several studies, individuals reported memories that supported both the psychodynamic and cognitive theories
- (e) Behavioral theorists suggest that people with this disorder typically fail to develop normal social skills
- e. Treatments for avoidant personality disorder
  - (a) People with avoidant personality disorder come to therapy seeking acceptance and affection
  - (b) Keeping them in therapy can be challenging because they often begin to avoid sessions
  - (c) A key task of the therapist is to gain the individual's trust
  - (d) Beyond trust building, therapists tend to treat the disorder as they treat social phobia and anxiety
    - (i) These treatments have had modest success
  - (e) Group therapy formats, especially those that follow cognitive-behavioral principles, also help by providing practice in social interactions
  - (f) Antianxiety and antidepressant drug therapy also may be useful
- 2. Dependent personality disorder
  - a. People with dependent personality disorder have a pervasive, excessive need to be taken care of
    - (a) As a result, they are clinging and obedient, fearing separation from their loved ones
    - (b) They rely on others so much that they cannot make the smallest decision for themselves
  - b. The central feature of the disorder is a difficulty with *separation*
    - (a) Many people with this disorder feel distressed, lonely, and sad
    - (b) Often they dislike themselves
  - c. They are at risk for depression, anxiety, and eating disorders and may be especially prone to suicidal thoughts
  - d. Studies suggest that over 2 percent of the population experience the disorder
    - (a) Research suggests that men and women are affected equally
  - e. How do theorists explain dependent personality disorder?
    - (a) Psychodynamic explanations for this personality disorder are very similar to those for depression
      - (i) Freudian theorists argue that unresolved conflicts during the oral stage of development can give rise to a lifelong need for nurturance
      - (ii) Object-relations theorists say that early parental loss or rejection may prevent normal experiences of attachment and separation, leaving some children with lingering fears of abandonment
      - (iii) Other theorists argue that parents were overinvolved and overprotective, increasing their children's dependency
    - (b) Behaviorists propose that parents of those with dependent personality disorder unintentionally rewarded their children's clinging and "loyal" behavior while punishing acts of independence
      - (i) Alternatively, some dependent behaviors seen in parents may have acted as models
    - (c) Cognitive theorists identify two maladaptive attitudes as helping to produce and maintain this disorder:
      - (i) "I am inadequate and helpless to deal with the world"

- (ii) “I must find a person to provide protection so I can cope
  - (iii) Such thinking prevents sufferers of the disorder from making efforts to be autonomous
- f. Treatments for dependent personality disorder
  - (a) In therapy, people with this disorder usually place all responsibility for their treatment and well-being on the clinician
  - (b) A key task is to help patients accept responsibility for themselves
  - (c) Couple or family therapy can be helpful and often is recommended
  - (d) Treatment can be at least modestly helpful
    - (i) Psychodynamic therapists focus on many of the same issues as therapy for people with depression
    - (ii) Cognitive-behavioral therapists try to help clients challenge and change their assumptions of incompetence and helplessness and provide assertiveness training
    - (iii) Antidepressant drug therapy has been helpful for those whose disorder is accompanied by depression
    - (iv) Group therapy also can be helpful because it provides clients an opportunity to receive support from a number of peers, and group members may serve as models for one another
- 3. Obsessive-compulsive personality disorder
  - a. People with obsessive-compulsive personality disorder are so preoccupied with order, perfection, and control that they lose all flexibility, openness, and efficiency
  - b. They set unreasonably high standards for themselves and others and, fearing a mistake, may be afraid to make decisions
    - (a) These individuals tend to be rigid and stubborn
    - (b) They may have trouble expressing affection, and their relationships often are stiff and superficial
  - c. Between 1 and 2 percent of the population has this disorder, with white, educated, married, and employed individuals receiving the diagnosis most often
    - (a) Men are twice as likely as women to display the disorder
  - d. Many clinicians believe that obsessive-compulsive personality disorder and obsessive-compulsive disorder (the anxiety disorder) are closely related
    - (a) While the disorders do share similar symptoms, researchers have not found a specific link between them
  - e. How do theorists explain obsessive-compulsive personality disorder?
    - (a) Most explanations of obsessive-compulsive personality disorder borrow heavily from those of obsessive-compulsive anxiety disorder, despite the doubts concerning a link
    - (b) Psychodynamic explanations dominate and research is limited
      - (i) Freudian theorists suggest that people with obsessive-compulsive personality disorder are anal regressive
        - 1. Because of overly harsh toilet training, individuals become angry and remain fixated at this stage of psychosexual development
        - 2. To keep their anger under control, they resist both their anger and their instincts to have bowel movements
        - 3. As a result, they become extremely orderly and restrained
      - (ii) Cognitive theorists have little to say about the origins of the disorder, but they do propose that illogical thinking processes help maintain it
  - f. Treatments for obsessive-compulsive personality disorder
    - (a) People with obsessive-compulsive personality disorder do not usually believe there is anything wrong with them
    - (b) They are therefore unlikely to seek treatment unless they also are suffering from another disorder, most frequently anxiety or depression

- (c) Individuals with this personality disorder often appear to respond well to psychodynamic or cognitive therapy
- (d) A number of clinicians report success with SSRIs.

## VI. MULTICULTURAL FACTORS: RESEARCH NEGLECT

- A. According to DSM-IV-TR, a pattern diagnosed as a personality disorder must “deviate markedly from the expectations of a person’s culture”
  - 1. Given the importance of culture in the definition, it is striking how little multicultural research has been conducted
  - 2. Clinical theorists have suspicions, but no compelling evidence, that cultural differences exist or that such differences are important to the field’s understanding and treatment of personality disorders
- B. The lack of multicultural research is of special concern with regard to borderline personality disorder
  - 1. Theorists are convinced that gender and other cultural differences may be particularly important in both the development and diagnosis of the disorder

## VII. WHAT PROBLEMS ARE POSED BY THE DSM-IV-TR CATEGORIES?

- A. Most of today’s clinicians believe that personality disorders are important and troubling patterns
  - 1. Yet, these disorders are particularly hard to diagnose, easy to misdiagnose, and raise serious issues of reliability and validity
  - 2. Several specific problems have been raised:
    - a. Some of the diagnostic criteria cannot be observed directly
    - b. The diagnoses often rely heavily on the impressions of the individual clinician
    - c. Similarly, clinicians differ widely in their judgments about when a normal personality style crosses the line and deserves to be called a disorder
    - d. The similarity of disorders within a cluster or between clusters creates classification difficulties
      - (a) Research suggests that people with disorders of personality *typically* meet diagnostic criteria for several personality disorders
      - (b) People with quite different personalities may be given the same diagnosis
      - (c) Individuals must meet a certain number of criteria to receive a given diagnosis, but no single feature is necessary for any diagnosis
  - 3. Because of these problems, diagnosticians keep changing the criteria used to assess the individual disorders
    - a. For example, DSM-IV-TR dropped a past category, passive-aggressive personality disorder, but it is now being studied more carefully and may be included once again in future editions of DSM

## VIII. ARE THERE BETTER WAYS TO CLASSIFY PERSONALITY DISORDERS?

- A. The leading criticism of DSM-IV-TR’s approach to personality disorders is that the classification system uses multiple *categories*—rather than *dimensions*—of personality
  - 1. Like a light switch, DSM-IV-TR’s categorical approach assumes that
    - a. Problematic personality traits are either present or absent
    - b. A personality disorder is either displayed or not displayed
    - c. A person who suffers from a personality disorder is not markedly troubled by personality traits outside of that disorder
  - 2. Many theorists now believe that personality disorders actually differ more in *degree* than in type of dysfunction
    - a. They have proposed that the disorders should be organized by the severity of certain key traits, or personality dimensions, rather than the presence or absence of specific traits
    - b. A growing number of these theorists suggest that a *dimensional* approach to classifying personality pathology would more accurately reflect the personality problems seen in people today

- B. The “Big Five” theory of personality and personality disorders
1. A large body of research conducted with diverse populations consistently suggests that the basic structure of personality may consist of five factors or “supertraits”—neuroticism, extroversion, openness to experiences, agreeableness, and conscientiousness
    - a. Each of these factors, collectively referred to as the “Big Five,” consists of a number of subfactors
    - b. Theoretically, everyone’s personality can be summarized by a combination of these supertraits
  2. Many proponents of the five-factor model further argue that it would be more useful to describe all people with personality disorders as either high, low, or in-between on the five supertraits, and to drop the DSM’s current use of personality disorder categories altogether
- C. Alternative Dimensional Approaches
1. Although many clinical theorists now agree that a dimensional approach would more accurately reflect personality pathology than the categorical approach of DSM-IV-TR, not all of them believe that the “Big Five” model is the most useful dimensional approach
  2. Thus alternative dimensional models have also been proposed
  3. It is not yet certain where these proposed dimensional models of personality pathology will lead, although a number of influential theorists predict that the next edition of DSM (DSM-V) will use some such model rather than the current categorical model

## LEARNING OBJECTIVES

1. Define and discuss explanations and treatments for the “odd” personality disorders, including paranoid, schizoid, and schizotypal.
2. Define and discuss explanations and treatments for the “dramatic” personality disorders, including antisocial, borderline, histrionic, and narcissistic.
3. Define and discuss explanations and treatments for the “anxious” personality disorders, including avoidant, dependent, and obsessive-compulsive.
4. Discuss the issues related to the neglect of multicultural factors in personality disorders.
5. Discuss difficulties involved in the categorizing of personality disorders and evaluate the possible solutions.
6. Summarize the state of the field with respect to the classification of personality disorders.

## KEY TERMS

anal regressive  
antisocial personality  
disorder  
“anxious” personality  
disorders  
avoidant personality disorder

borderline personality  
disorder  
comorbidity  
dependent personality  
disorder  
“dramatic” personality  
disorders

histrionic personality  
disorder  
narcissistic personality  
disorder  
obsessive-compulsive  
personality disorder  
“odd” personality disorders

paranoid personality disorder  
passive-aggressive personality disorder  
personality

personality disorder  
psychopathy  
schizoid personality disorder

schizotypal personality disorder  
sociopath

## MEDIA RESOURCES

### Abnormal Psychology Student Tool Kit

Produced and edited by Ronald J. Comer, Princeton University and Gregory Comer, Princeton Academic Resources. Tied directly to the CyberStudy sections in the text, this Student Tool Kit offers 57 intriguing Video Cases running three to seven minutes each. The Video Cases focus on persons affected by disorders discussed in the text. Students first view the video and then answer a series of thought-provoking questions. Additionally, the Student Tool Kit contains multiple-choice practice test questions with built-in instructional feedback for every option.

### PowerPoint Slides

Available at the Instructor's site on the companion Web site are comprehensive PowerPoint slide presentations and supplemental student handouts for Chapter 16. The slide files reflect the main points of the chapter in significant detail. Student handouts were created using the instructor slides as a base, with key points replaced as "fill-in" items. Answer keys and suggestions for use also are provided.

### DSM-IV-TR Masters

- B-53, DSM-IV-TR General Diagnostic Criteria for a Personality Disorder
- B-54, DSM-IV-TR Diagnostic Criteria for Paranoid Personality Disorder
- B-54, DSM-IV-TR Diagnostic Criteria for Schizoid Personality Disorder
- B-55, DSM-IV-TR Diagnostic Criteria for Schizotypal Personality Disorder
- B-56, DSM-IV-TR Diagnostic Criteria for Antisocial Personality Disorder
- B-56, DSM-IV-TR Diagnostic Criteria for Borderline Personality Disorder
- B-57, DSM-IV-TR Diagnostic Criteria for Histrionic Personality Disorder

- B-57, DSM-IV-TR Diagnostic Criteria for Narcissistic Personality Disorder
- B-58, DSM-IV-TR Diagnostic Criteria for Avoidant Personality
- B-58, DSM-IV-TR Diagnostic Criteria for Dependent Personality Disorder
- B-59, DSM-IV-TR Diagnostic Criteria for Obsessive-Compulsive Personality Disorder

### Internet Sites

Please see Appendix A for full and comprehensive references.

Sites relevant to Chapter 16 material are:

<http://mentalhelp.net/>

Mental Help Net is the most comprehensive source of on-line mental health information, news, and resources.

<http://www.isspd.com/>

The International Society for the Study of Personality Disorders, ISSPD, stimulates and supports scholarship, clinical experience, international collaboration, and communication of research on all aspects of personality disorders including diagnosis, course, and treatment.

<http://www.bpdcentral.com/>

BPD Central is a list of resources for people who care about someone with borderline personality disorder (BPD). They are one of the oldest and largest sites about BPD on the Web.

<http://www.mentalhealthamerica.net/>

The National Mental Health Association is the oldest-existing organization dedicated to providing mental health care. This site offers information on the subject of personality and related disorders. It discusses the different forms of personality disorder, symptoms to recognize, causes, and options to treat it.

<http://www.nimh.nih.gov/health/publications>

This Web site, provided by the National Institute of Mental Health, supplies downloadable links to PDF files and booklets on a variety of mental health topics.

## Mainstream Films

Films relevant to Chapter 16 material are listed and summarized below.

Key to Film Listings:

**P** = psychopathology focus

**T** = treatment focus

**E** = ethical issues raised

**Please note that some of the films suggested may have graphic sexual or violent content due to the nature of certain subject matters.**

### *Benny & Joon*

From 1993, this film portrays an artist with psychological dysfunctioning who is finding love. After watching the film, the diagnosis of the main character has been questioned—some argue schizophrenia, some argue schizotypal personality disorder. **P, serious film**

### *Cape Fear*

While the 1962 version won more acclaim than the 1991 Scorsese remake, both films follow a vengeful ex-convict seeking revenge on the attorney who improperly defended him. **P, thriller/serious film**

### *A Clockwork Orange*

In this 1971 film by Stanley Kubrick, Alex, a member of a brutal teenage gang, is imprisoned and agrees to aversion therapy. **P, T, E, serious film**

### *Copycat*

This 1996 film stars Sigourney Weaver as a forensic psychologist who develops agoraphobia as the result of an assault. Her help is needed to capture a psychopath who is copying the crimes of renowned serial killers. **P, T, serious/commercial film**

### *The Crush*

This 1993 film stars Alicia Silverstone as a teen obsessed with the next-door neighbor. **P, thriller/serious film**

### *Dead Man Walking*

This 1995 critically acclaimed film portrays the true story of spiritual advisor Sister Helen Prejean and her first client—Matthew Poncet (Sean Penn), a man convicted of rape and murder and awaiting execution. **P, T, E, serious film**

### *Fatal Attraction*

From 1987, this suspenseful film follows a happily married man (Michael Douglas) who engages in a one-night stand with a troubled woman (Glenn Close) who refuses to end the affair. **P, thriller/serious film**

### *Five Easy Pieces*

This 1970 film stars Jack Nicholson as a gifted man struggling to find his place in the world. **P, serious film**

### *Girl, Interrupted*

Based on an autobiographical novel by Susanna Kay-sen, this film details the experiences of several women as patients in a psychiatric hospital in the 1960s. The 1999 film challenges the diagnosis of mental illness and the relationship between diagnosis and social norm violations. **P, T, serious film**

### *The Hand That Rocks the Cradle*

This 1992 film stars Rebecca De Mornay as a nanny with borderline personality disorder. **P, thriller**

### *Kalifornia*

From 1993, this dark film follows a liberal journalist (David Duchovny) writing a book on homicidal maniacs with his exhibitionist-photographer lover (Michelle Forbes) while in the company of a sociopath (Brad Pitt) and his girlfriend (Juliette Lewis). **P, serious film**

### *Misery*

This Oscar-winning film from 1990 stars Kathy Bates as a novelist's "number-one fan." **P, dramatic thriller**

### *Mommie Dearest*

Starring Faye Dunaway as Joan Crawford, this 1981 adaptation of Christina Crawford's controversial autobiography details the horror in the movie star's life. **P, serious film**

### *Monster*

This Academy award-winning film from 2003 stars Charlize Theron as Aileen Wuornos, a Daytona Beach prostitute who became a serial killer. Based on a true story. **P, drama**

### *Natural Born Killers*

Acclaimed by some, panned by others, this disturbing 1994 Oliver Stone film follows Mickey Knox (Woody Harrelson) and his wife Mallory (Juliette Lewis) as they take off on a three-week killing spree across the country. **P, T, E, serious/commercial film**

### *One Hour Photo*

From 2002, Robin Williams plays a photo employee obsessed with a suburban family. **P, dramatic thriller**

### *Seven*

This dark film from 1995 examines how a sociopathic serial killer uses the seven deadly sins—gluttony, greed, sloth, envy, wrath, pride, and lust—to punish sinners for their ignorance. **P, E, thriller**

*The Silence of the Lambs*, and sequels *Hannibal*, (2001), *Red Dragon* (2002), *Manhunter* (1986)

This 1991 film of the Thomas Harris book follows an ambitious FBI agent (Jodi Foster) who enlists the aid of a criminally insane ex-psychiatrist (Anthony Hopkins as Hannibal Lecter) to help track down a serial killer. **P, E, thriller/serious/commercial films**

*Single White Female*

From 1992, Jennifer Jason Leigh portrays a young woman with borderline personality disorder who tries to eliminate and replace her roommate played by Bridget Fonda. **P, serious film**

*Sleeping with the Enemy*

Starring Julia Roberts, this 1991 film follows a woman who flees a compulsive, controlling, and violent husband. **P, serious film**

*The Talented Mr. Ripley*

Matt Damon plays Tom Ripley, a young man desperate to be someone else, in this 1999 film set in 1950s New York. **P, dramatic thriller**

*Taxi Driver*

This classic 1976 film stars Robert DeNiro as Travis Bickle, an unstable Vietnam veteran, and Jodie Foster as the teen prostitute who befriends him. **P, drama**

### **Other Films:**

*American Psycho* (2000) antisocial personality. **P, dark comedy film**

*Apocalypse Now* (1979) antisocial personality disorder. **P, serious film**

*Arsenic and Old Lace* (1944) antisocial personality. **P, comedy**

*The Boston Strangler* (1968) antisocial personality disorder. **P, serious film**

*The Caine Mutiny* personality disorder. **P, serious film**

*Catch Me if You Can* (2002) antisocial personality disorder. **P, commercial/serious film**

*Compulsion* (1959) antisocial personality disorder. **P, serious film**

*Fight Club* (1999) antisocial personality disorder. **P, serious film**

*A Fine Madness* (1966) personality disorders, lobotomy. **P, T, serious/comedy film**

*Frances* (1982) personality disorder. **P, T, E, serious film**

*Full Metal Jacket* (1987) **P, serious film**

*Goodfellas* (1990) antisocial personality. **P, serious/commercial film**

*House of Games* (1987) antisocial personality disorder. **P, serious film**

*In Cold Blood* (1967) antisocial personality disorder. **P, serious film**

*Magnolia* (1999) narcissistic personality disorder. **P, serious film**

*The Royal Tennenbaums* (2001) antisocial personality disorder. **P, comedy/serious film**

*Shine* (1996) psychosis, personality disorder. **P, T, serious film**

*Swimfan* (2002) borderline personality disorder. **P, commercial film**

*Willard* (1971, remake 2002) antisocial personality. **P, entertainment horror film**

*A Woman under the Influence* (1974) institutionalization and ECT. **P, T, E, serious film**

## **Comer Video Segments**

Available as a supplement, this revised set of videotapes contains short clips depicting various topics related to abnormal psychology. Please see the accompanying Video Guide for specific clips linked to Chapter 16.

## **Recommendations for Purchase or Rental**

The Comer Video Segments include excerpts from many superb clinical documentaries. While the segments alone are ideal for use in lectures, it often is useful to assign the entire documentary for special class screenings or library use by students. The following videos and other media are available for purchase or rental and appropriate for use in class or for assignment outside of class.

*Understanding Borderline Personality Disorder: The Dialectical Approach*

Guilford Publications, Inc.

72 Spring Street

New York, NY 10012

tel: (800) 365-7006

or (212) 431-9800

fax: (212) 966-6708

(800) 365-7006

www.guilford.com

*Treating Borderline Personality Disorder: The Dialectical Approach*

Guilford Publications, Inc.

72 Spring Street

New York, NY 10012

tel: (800) 365-7006

or (212) 431-9800

fax: (212) 966-6708

(800) 365-7006

www.guilford.com

*The Iceman and the Psychiatrist*

P.O. Box 2053  
 Princeton, NJ 08543-2053  
 Phone: 800-257-5126  
 Fax: 609-275-3767  
 Email To: [custserv@films.com](mailto:custserv@films.com)

*Personality Disorders*

P.O. Box 2053  
 Princeton, NJ 08543-2053  
 Phone: 800-257-5126

Fax: 609-275-3767  
 Email To: [custserv@films.com](mailto:custserv@films.com)

*The Psychopathic Mind*

P.O. Box 2053  
 Princeton, NJ 08543-2053  
 Phone: 800-257-5126  
 Fax: 609-275-3767  
 Email To: [custserv@films.com](mailto:custserv@films.com)

## CLASS DEMONSTRATIONS AND ACTIVITIES

### Profiles of Personality Disorders

Ask students to form small groups and then assign each group a personality disorder. Give each group a brief description, such as a possible patient profile, for its personality disorder. On an overhead transparency, summarize the diagnostic criteria each group comes up with for its disorder. You can compare the types of behaviors with the DSM-IV-TR masters B-46 through B-52 (in Appendix B), which gives the criteria for different personality disorders. Facilitate a discussion of each disorder.

### Reinforcement

Ask the students in small groups to analyze the most typical reinforcement in their lives. What are some examples of reinforcers in their roles as college students? As family members? What patterns are the most common in a small group? In a class? On an overhead transparency list the types of reinforcers students have generated. Continue the discussion in terms of how personality disorders are reinforced.

### Therapy-Resistant Personality Disorders

Personality disorders are resistant to treatment efforts. Individuals with personality disorders rarely volunteer for treatment. Many times they seek therapy because of external pressure, from the courts, or from demands by friends and family. Ask students if we should invest the effort to “cure” individuals who believe that they do not have any problems. When might forced treatment be appropriate, if ever?

### Narcissism in the United States

Ask students if narcissism is becoming more common in the United States. If so, why? What role does nar-

cissism play in the lives of politicians? Rock and movie stars? Business executives? Is there both a narcissistic style and a narcissistic personality disorder? What would the similarities and differences be? Develop a list of student responses on an overhead transparency.

### Similarities and Differences in Narcissistic and Histrionic Personality Disorders

Ask students to form small groups and list ways in which they think Nancy the Narcissist and her twin sister, Heloise the Histrionic, would differ from and resemble each other, especially in their interactions with other people. You can make an overhead transparency from the DSM-IV-TR Master B-57 (in Appendix B) and show it for reference to the class. Explore Nancy’s and Heloise’s behaviors and the students’ perceptions and reactions to the transparency.

### Role-Playing Personality Disorders

Ask students to form small groups, then ask each group to role-play one of the following personality disorders: (1) narcissistic, (2) obsessive-compulsive, (3) antisocial, or (4) histrionic. Use the criteria from the DSM-IV-TR masters listed for this chapter as the basis of these exercises. Have each group present its examples to the class. [NOTE: A brief reminder about sensitivity and professionalism is worthwhile here.]

### Case Study

Present a case study to the class.



### Panel Discussion

Have students volunteer (or assign them) to role-play patients suffering from particular personality disorders in a panel discussion. [NOTE: A brief reminder about sensitivity and professionalism is worthwhile here.] Students in the audience can ask questions of the panelists.

### “It’s Debatable: Categorization or Classification?” (see Preface instructions for conducting this activity)

Have students volunteer (or assign them) in teams to opposite sides of the debate topic. Have students present their cases in class following standard debate guidelines.

## SUGGESTED TOPICS FOR DISCUSSION

### Personality Disorders and Success

Lead a discussion with the intent of identifying when a specific personality disorder might be an advantage to a person or vocation. Could narcissistic personality be an advantage for a beauty pageant contestant? Could an antisocial personality be helpful to a prizefighter or professional hockey player? Develop a list on an overhead transparency; is there a pattern that is forming?

### The Student Personality Disorder

Lead a discussion on the question: Do students see themselves in each of the personality disorders? If so, why does this happen? What criteria should be used to separate the “normal” students from individuals with diagnosable personality disorders?

### Personality Disorders and Levels of Maladaptive Behaviors

Start a discussion with the question, Are personality disorders mental disorders? Personality disorders are maladaptive ways of dealing with reality that interfere with functioning. Although they are coded on Axis II of the DSM-IV-TR, are they really mental disorders? Does calling these behaviors mental disorders excuse the individual and allow him or her not to take responsibility for his or her behavior?

### New Age/Psychic or Personality Disorder?

Lead a class discussion on schizotypal symptoms that may include magical thinking, such as mind reading and clairvoyance; odd perceptions, such as hallucinations about hearing the voice of a dead friend; and other unusual thoughts. How are New Age/psychic persons similar to schizotypal persons? How do they differ? Do the students think that most psychic experiences are due to schizotypal personality disorder? If not, how could they detect the differences between someone with schizotypal personality disorder and a person with psychic abilities?

### Personality Disorders and the Movies

Since Hollywood portrayals of the personality disorders are so common, lead a discussion about some of the more well-known portrayals (e.g., in *Mommie Dearest*; *Taxi Driver*; *Fatal Attraction*; *Girl, Interrupted*). See the Mainstream Film section in this chapter for other suggestions.

### Personality and the Brain: The Case of Phineas Gage

Using A Closer Look on p. 512 in the text as a platform, lead a discussion on the fascinating case of Phineas Gage. How does his experience help us understand the basis of personality and personality disorders?

## ASSIGNMENTS/EXTRA CREDIT SUGGESTIONS

### “Write a Pamphlet”

With the use of a software program like Microsoft Publisher or simply paper and markers, students can create a pamphlet on one or all of the personality disorders.

Students should be encouraged to be as accurate and up-to-date as possible and also to present all sides of the disorder (e.g., alternate treatment approaches or theories).

## Keep a Journal

In addition to helping students synthesize material, this activity is helpful in the development of writing skills. Have students keep a journal of their thoughts on course material through the semester. This can be done in the first or last five minutes of class or as an out-of-class assignment. Faculty generally should have students submit their journals for review on an ongoing basis, since students can have the tendency to delay writing until the end of the semester. Some suggestions for journal topics include: reactions to the case examples; strengths and weaknesses of prevailing theoretical explanations; hypothetical conversations with sufferers of specific disorders, etc.

## Abnormal Psychology Student Tool Kit

### Video Questions

As a homework assignment, have students watch a video clip and answer the accompanying questions. Students can answer the questions directly into the on-line assessment feature. The results of these quizzes report to the site's built-in grade book.

### Web Site Quiz

For homework or extra credit, have students complete the quiz for Chapter 16 located on the companion Web site. Students can complete an on-line test of the key chapter material (using questions NOT from the test bank) and have their scores e-mailed directly to the course instructor.

### Essay Topics

For homework or extra credit, have students write an essay addressing one (or more) of the following topics:

- (1) Discuss the issue of life imitating art (Textbox on p. 525). Do you think the media holds some responsibility when people mimic what is portrayed? Address the questions raised in the textbox: Must individuals already be antisocial in order to be influenced by such films? Should filmmakers and writers consider the possible psychological influence of their work?
- (2) Discuss the new problems of Internet dependence (Textbox on p. 539). What are your feelings about this "diagnosis?"
- (3) Discuss media representations of the personality disorders discussed in the chapter. Why are some disorders more common in the media than others? Does the media do a fair job characterizing the symptoms and the sufferers?
- (4) Read *The Media Speaks* on p. 526 in the text and write a reaction paper. What are the important

points in the author's work? How does it relate to the chapter's material on personality disorders? How does it relate to the four D's?

## Research Topics

For homework or extra credit, have students write a research report addressing one (or more) of the following topics:

- (1) Conduct a "Psych Info" search and write a brief literature review on the classification of personality disorders. What various models currently are being investigated?
- (2) Conduct a "Psych Info" search and write an annotated bibliography on the impulse disorders discussed in *A Closer Look* on p. 520 in the text: pyromania, kleptomania, intermittent explosive disorder, trichotillomania, and pathological gambling. What research is being done on these disorders? In what ways do they differ from the disorders covered in the chapter?
- (3) Research and review the literature on one of the personality disorders discussed in the chapter. What research is being conducted currently? What model is being examined? What techniques have been found to be effective?

## Film Review

To earn extra credit, have students watch one (or more) of the mainstream films listed and write a brief (3–5) page report. Students should summarize the plot of the film in sufficient detail to demonstrate familiarity, but should focus their papers on the depiction of psychological abnormality. What errors or liberties did the filmmaker take? What is the message (implicit or explicit) concerning the mentally ill?

## Case Study Evaluations

To complement the Comer and Gorenstein supplemental case study text, case study evaluations have been created. Students can be assigned the appropriate case study and evaluation as homework or for class discussion. While case study evaluation questions are listed in their entirety on the companion Web site at [www.worthpublishers.com/comer](http://www.worthpublishers.com/comer), the following relevant case studies are referenced.

*Case Study 13: Borderline Personality Disorder*

*Case Study 14: Antisocial Personality Disorder*

## Case Study—You Decide

The Comer and Gorenstein supplemental case study text offers three cases in which patients are neither diagnosed nor treated. These cases provide students

with the opportunity to identify disorders and suggest appropriate therapies. Throughout each case, students are asked to consider a number of issues and to arrive at various decisions, including diagnostic and treatment decisions. Each case can be assigned as homework or for class discussion. The case study relevant to Chapter 16 is referenced below.

*You Decide: The Case of Suzanne, Hair Pulling*

### **Crossword Puzzles**

As a homework assignment or for extra credit, have students complete and submit Crossword Puzzle #16.

### **Word Searches**

As a homework assignment or for extra credit, have students complete and submit Word Search #16.

