Personality Disorders

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Objectives:

- Following this lesson, the student will be able to:
  - Delineate “personality traits” from “personality disorders.”
  - Describe the three primary clusters of personality disorders.
  - Identify the features unique to each personality disorder.
  - Detail the general principles for treatment of personality disorders.

What’s the difference between personality and personality disorders?

- We all have a personality or personality traits.
- Personality traits define us individually and also make us fairly predictable.
- Personality traits are typically adaptive, culturally acceptable, and do not cause significant distress or impairment.

What is a personality disorder?

- Personality disorder patients evidence an enduring pattern of inner experience and behavior.
- These patterns are established in adolescence or adulthood.
- The person is generally unaware of them—that is they are “ego syntonic.”

What is the general diagnostic criteria for a Personality Disorder?

- Deviates markedly from cultural expectations.
- Is inflexible and personally and socially pervasive.
- Causes distress or social or work impairment.
- Is a stable pattern of experience and behavior of long duration.
- Cannot be explained by another mental illness.
- Is not caused by substance abuse or a medical condition.

What causes a Personality Disorder?

- Psychoanalysts postulate that fixation at a stage of psychosexual development causes Personality Disorders:
  - Oral stage: Dependent Personality Disorder
  - Anal stage: Obsessive-Compulsive Personality Disorder
  - Phallic stage: Histrionic Personality Disorder
What causes a Personality Disorder?

- The current evidence-based practice indicates two primary reasons for the development of Personality Disorders:
  - Trauma
  - Genetics

The role of trauma in Personality Disorder

- Childhood abuse and maltreatment is associated with risk in general for a personality disorder, and specifically borderline and antisocial personality disorders.
- This emotional trauma prevents the development of trust and intimacy.

The role of genetics in Personality Disorders

- Family, twin and adoption studies genetically link schizotypal PDO to schizophrenia.
- Similar studies suggest a strong genetic factor in the etiology of antisocial and borderline PDO.
- Basic dimensions of personality (e.g., callousness, emotional problems) are inherited along a continuum of normality.

Types of Personality Disorders

- The personality disorders are divided into three “clusters”:
  - Cluster A: Odd/Eccentric
  - Cluster B: Dramatic/Emotional
  - Cluster C: Anxious/Fearful

Cluster A Personality Disorders

- Paranoid
- Schizoid
- Schizotypal

Cluster B Personality Disorders

- Antisocial
- Borderline
- Histrionic
- Narcissistic
Cluster C Personality Disorders

- Avoidant
- Dependent
- Obsessive-compulsive

Paranoid Personality Disorder

- Rarely seek treatment due to suspiciousness of health practitioners.
- These patients are chronically suspicious, distrust others, and fulfill their suspicious prophesies by leading others to be overly cautious and deceptive.
- This disorder lies within the schizophrenic spectrum.
- Antipsychotics may reduce some of the suspiciousness.

Schizoid Personality Disorder

- Have a profound defect in the ability to form personal relationships and to respond to others in a meaningful way.
- Neither desires nor enjoys close relationships.
- Appears indifferent to the praise or criticism of others.
- Rarely benefit from therapy.
- May be part of the prodrome of schizophrenia.

Schizotypal Personality Disorder

- Characterized by a pattern of peculiar behavior, odd speech and thinking, and unusual perceptual experiences.
- Are frequently socially isolated and have “magical” beliefs, mild paranoia, inappropriate or constricted affect, and social anxiety.
- Antipsychotics are sometimes prescribed.

Antisocial Personality Disorder

- In childhood, fighting, conflicts with adults, lying, cheating and stealing.
- Fire setting and cruelty to animals and other children.
- Unreliability, reckless behavior and inappropriate aggression as adults.
- Criminal behavior and pathological lying.
- 2/3 have an alcohol or drug use disorder.
- High rate of deaths from accidents, suicides and homicides

Borderline Personality Disorder

- A pervasive pattern of mood instability.
- Unstable and intense interpersonal relationships.
- Impulsivity, inappropriate or intense anger, lack of control of anger.
- Recurrent suicidal threats and gestures.
- Self-mutilating behavior.
- Marked and persistent identity disturbance.
**Borderline Personality Disorder**

- Chronic feelings of emptiness or boredom.
- Frantic efforts to avoid real or perceived abandonment.
- Transient paranoid ideation or dissociative symptoms.
- Splitting.
- Treatment focuses on target symptoms.

**Borderline Personality Disorder**

- Antipsychotics for perceptual distortions.
- Mood stabilizers for mood swings.
- Serotonin reuptake inhibitors for depression.
- Must be cautious as suicide attempts are a frequent complication.

**Histrionic Personality Disorder**

- Excessive emotionality and attention-seeking behavior.
- Excessive concern with appearance.
- Are uncomfortable if not the center of attention.
- Superficially charming, but manipulative, vain, and demanding.
- Linked via family studies to Antisocial PDO and Somatization Disorder.
- Psychodynamic psychotherapy treatment of choice.

**Narcissistic Personality Disorder**

- Grandiose, lack empathy, and hypersensitive to evaluation by others.
- Egotistical, inflate their accomplishments, manipulative and exploitative.
- Exaggerated sense of entitlement and believe they deserve special treatment.
- Irritating, haughty and difficult.
- Usually abruptly terminate therapy.

**Avoidant Personality Disorder**

- Inhibited, introverted, and anxious.
- Tend to have low self-esteem.
- Hypersensitive to rejection, apprehension and mistrust.
- Socially awkward, timid, and self-conscious of fears of being embarrassed or acting foolish.

**Avoidant Personality Disorder**

- Treatments include:
  - Group therapy to overcome social anxiety and develop interpersonal trust.
  - Assertiveness and social skills training.
  - Systematic desensitization.
  - Cognitive-behavior therapy.
  - Benzodiazepines.
  - Serotonin reuptake inhibitors.
**Dependent Personality Disorder**

- A pattern of relying excessively on others for emotional support.
- Cannot make everyday decisions without excessive amounts of advice.
- Needs others to assume responsibility for most major areas of life.
- Unrealistically preoccupied with fears of being left to take care of himself or herself.

**Obsessive-Compulsive Personality Disorder**

- Characterized by obstinacy, parsimony, and orderliness.
- Lifelong pattern of perfectionism and inflexibility.
- Overconscientious and constricted emotionally.
- Prone to depression.
- Difficult to treat due to intellectualization and lack of emotional insight.

**Management of Personality Disorders**

- Patients with personality disorders rarely come to treatment for this reason.
- Patients with personality disorders are at significantly higher risks of developing an Axis I disorder.
- Patients with personality disorders are “part and parcel” of the patients we treat for medical conditions.

**Management of Personality Disorders**

- Some patients with personality disorders are difficult, unpleasant, and manipulative. The treating physician must be aware of countertransference issues.
- Decades of maladaptive behavior do not change “overnight.”
- Need to be aware of “boundary issues.”
- Avoid fantasies of becoming a “savior.”
- Support groups may be very useful.