



Tishk
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Personal and organizational Psychology
3rd Lecture

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Personality Disorder



What is Personality?

It is the enduring patterns of **thinking, feeling & behaviour** which makes **one individual distinguishable from another.**



So personality is **stable** or at least relatively stable, i.e. we do not change dramatically from week to week.

General Determinants of Personality

Genetic factor.

Neuropsychological factors.

Family Environment.

Social Factors.

General Characteristics of Personality:

Present since teenage years.



Consistent overtime.



Recognized by friends & relatives.



Stable in different situations.

Questions to Ask When Assessing Personality



“Do you make friends easily?” “Can you sustain relationships?”



“Are you usually happy, miserable, worrying?” “Are you very tidy, punctual, exciting?”



“Do you ever lose control or behave violently?” “How do you react to frustration?”



“Do you stand up for yourself?”



“How do you respond to difficult situations?”



“Do you behave impulsively?”



“Are you prone to mood swings?”

The 5-Factor Model of Personality

O.C.E.A.N

Personality = Character + Temperament

The temperament reflects the biological and the inherited features, and the character reflects the social and cultural contribution of the person.

Extraversion is sociability, agreeableness is kindness, openness is creativity and intrigue, conscientiousness is thoughtfulness, and neuroticism often involves sadness or emotional instability.

1. Neuroticism

- Calm – Worrying
- Even Tempered – Temperamental
- Self Satisfied – Self Dissatisfied
- Comfortable – Self-Aware & Self-Alert
- Unemotional – Emotional
- Hardy – Vulnerable

2. Extraversion

- Reserved – Affectionate
- Loner – Joiner
- Quiet – Talkative
- Passive – Active
- Serious – Fun loving
- Unfeeling – Passionate

3. Openness to Experience

- Down to earth – Imaginative
- Uncreative – Creative
- Conventional – Original
- Prefer routine – Prefer variety
- Uncurious – Curious
- Conservative – Liberal

4. Agreeableness

- Callous – Soft-Hearted
- Suspicious – Trusting
- Stingy – Generous
- Antagonistic – Compliant
- Critical – Easygoing
- Irritable – Good natured

5. Conscientiousness (Meticulousness)

- Negligent – Careful
- Lazy – Hardworking
- Disorganized – Well organized
- Late – Punctual
- Aimless – Ambitious

Personality Disorders

There is debate on whether it is a disorder

Definitions: The personality that is characterized by **deeply ingrained maladaptive patterns of behaviour** which are **recognizable from adolescence & continue onto adult life.**

The **abnormality may be** in the:

1. **Balance of personality elements.**
2. **Their quality or expression.**
3. **In its total aspect.**

The person and/or society suffer as a result.

General Diagnostic Criteria of Personality Disorder

- A. Enduring pattern of **inner experience & behavior** that deviates markedly from the expectations of the individual's culture, which manifested in ≥ 2 of the following areas: **ICIA**
1. **Cognition** (ways of perceiving & interpreting self, other people & events)
 2. **Affectivity** (range, intensity & appropriateness of emotional response)
 3. **Interpersonal functioning**
 4. **Impulse control**

B. This enduring pattern is inflexible and pervasive

across a broad range of personal & social situations.

C. Leads to clinically significant distress or impairment in social & occupational areas.

D. This pattern is stable & of long duration, & the onset can be **traced back at least to adolescence** or early adulthood.

E. Is not better accounted for as a manifestation or consequence of another mental disorder or to direct physiological effects of a substance abuse or a general medical condition as head trauma.

— SYMPTOMS OF — PERSONALITY DISORDERS



Impulsive
and risky
behavior



Unstable
self-perception



Difficult
relationships



Mood
swings



Paranoia



Volatile
behavior



Neglected
hygiene



Cognitive
impairment



Substance abuse
disorders



Self-injury



Suicidal behavior

| TheMindsJournal

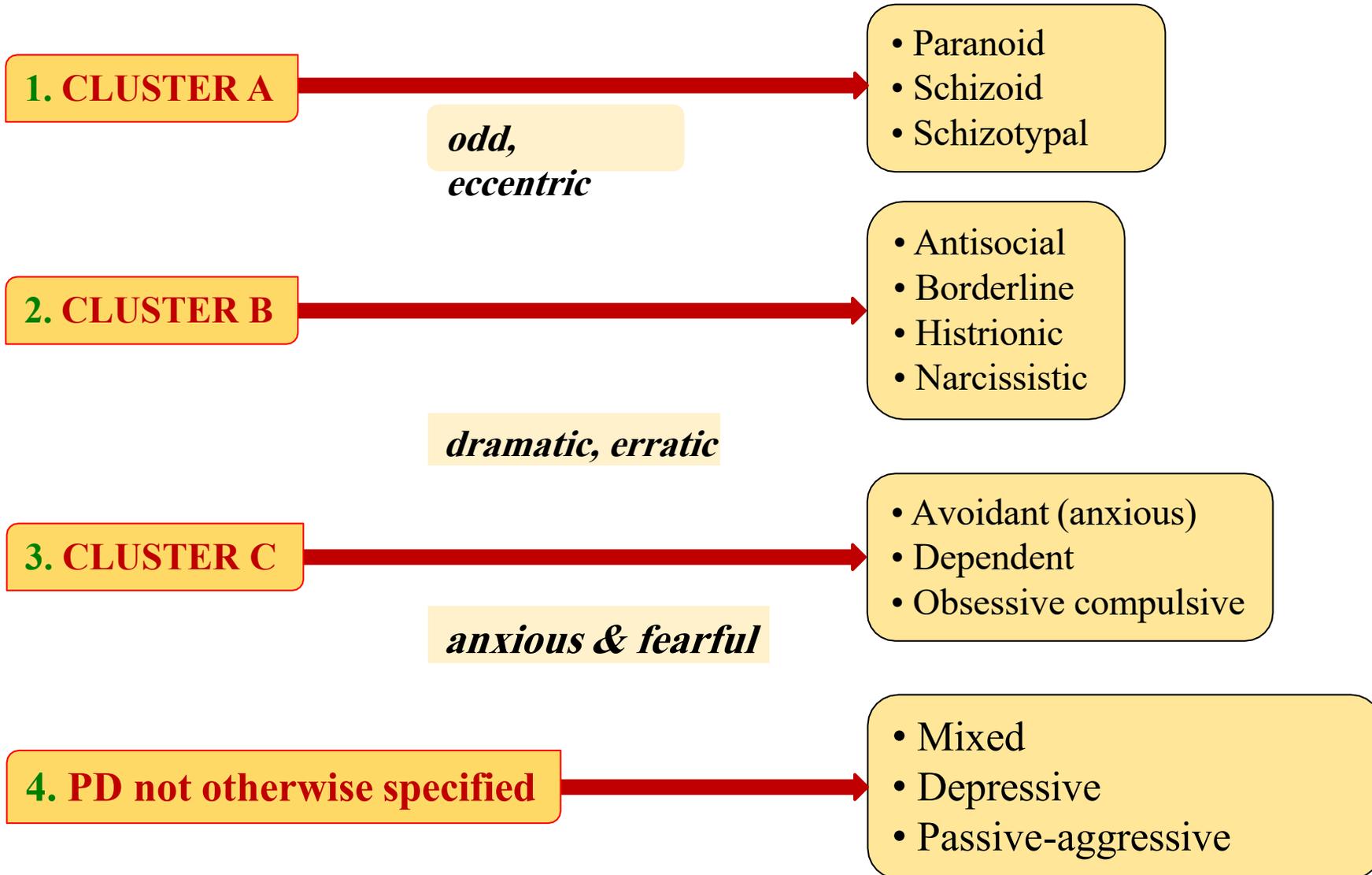
Other General Characteristics of Personality Disorder

- PD can co-exist with many other mental disorders. Mostly with substance use, mood, anxiety, and eating disorders.
- **An individual can have >1 PD.**

Prevalence of Personality Disorder

- 10-13% of the population.
- 50-78% prisoners meet criteria for one or more PD.
- Prevalence is higher among people with other mental disorders
- 60% of inpatient psychiatric patients.
- Most people with PD never come to the attention of mental health professionals

The Specific Personality Disorders



PERSONALITY DISORDERS

1. Cluster A (Odd and Eccentric) Personality Disorder

A. Paranoid Personality Disorder

Features:

1. **Highly suspicious** & preoccupied with **distrust** toward others but **no delusions or hallucinations**.
2. Often **hostile, irritable, argumentative** and **envious**.
3. **No confidants**; the surrounding people have sinister motives.
4. **Sense of exploitation**.
5. **Sensitivity to any feeling for insult**, and **develop grudges**.

Prevalence:

- **0.5 – 2.5%** in the general population.





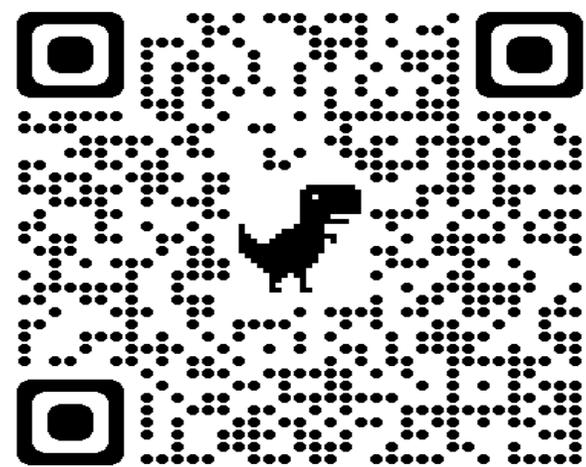
B. Schizoid Personality Disorder

Features:

- **Alloof:** socially isolated and distant.
- Keep a distance from social relationships (withdrawn & reserved).
- Few interests & pleasures in life, & takes pleasure in few activities.
- Lacks close friends aside from relatives.
- Emotional coldness, detachment or flattened affect.
- Chooses solitary activities.

Prevalence:

<1% of the general population.



C. Schizotypal Personality Disorder

Features:

1. Eccentric, **odd-** thinking, behavior & appearance.
2. Speaks in unusual vague & circumstantial ways.
3. Ideas of reference (**incorrect interpretations**) Ideas, NOT delusions
4. Unconventional beliefs as having extrasensory abilities, or excessive magical thinking as about **superstition** or **telepathy**
5. Suspiciousness and **paranoid ideation**
6. Inappropriate or constricted affect.
7. Lack of close friends
8. **Excessive social anxieties** & problems with close personal relationships.

Prevalence:

- **3%** of the general population



PERSONALITY DISORDERS

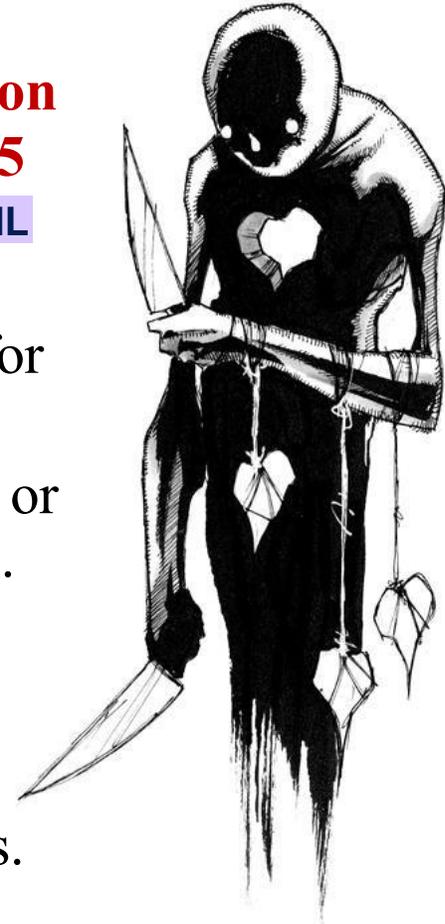
2. Cluster B (Dramatic, Emotional, or Erratic) Personality Disorder

A. Antisocial Personality Disorder (APD)

Wrongly termed
as “Psychopaths”

Diagnostic Criteria or Features of APD:

- A. Pervasive pattern of **disregard for and violation of the rights of others, occurring since age 15 years**, indicated by ≥ 3 of the following: **SIDIRIL**
1. **Failure to conform to social norms** & repeatedly performing acts that are grounds for arrest.
 2. **Deceitfulness**: repeated lying, use of aliases, or conning others for personal profit or pleasure.
 3. **Impulsivity** or failure to plan ahead.
 4. **Irritability & Aggressiveness**: repeated physical fights or assaults.
 5. **Reckless** disregard for safety of self or others.



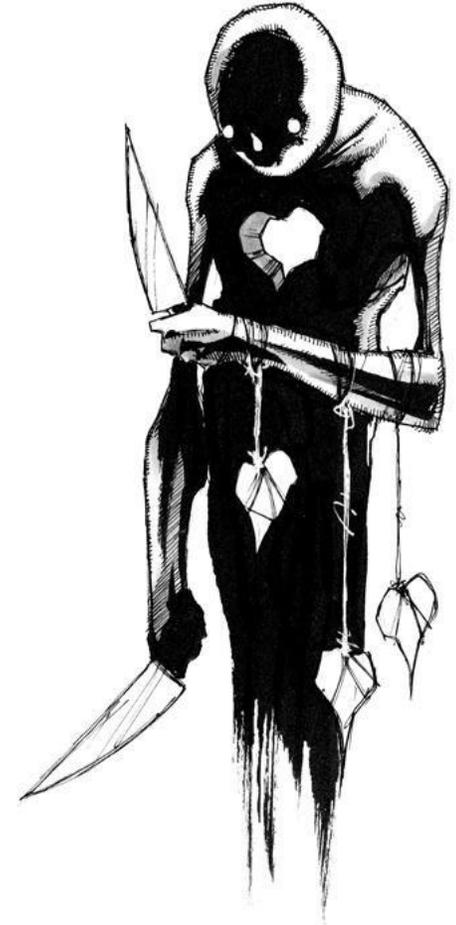
6. **Consistent Irresponsibility**: repeated failure to sustain consistent work behavior or financial obligations.

7. **Lack of Remorse (regret)**: being indifferent to or rationalizing having hurt, mistreated, or stolen from another.

B. The individual is **≥ 18 years old**.

C. Evidence of **Conduct Disorder** with onset before 15 years old.

D. The **antisocial behaviour is not exclusively during Schizophrenic course or a Manic Episode**.



Other features:

- High rates of substance abuse.
- Can die young & violently.
- **Burnout response:** with age, becomes less involved in criminal activity.
- Should distinguish APD from criminal or antisocial behavior.



Prevalence:

- **3%** of **males** & **1%** of **females** in community samples. **Up to 30%** in substance abuse settings.

Etiology:

- 1. Family and Parenting Factors:** disruptive family life/harsh & inconsistent discipline/ lack of monitoring
- 2. Genetics:** concordance rates for criminality; 51% for MZ twins & 21% for DZ.
- 3. Regarding Punishment:** it increase the frequency of the punished behavior, rather than decrease it (defiance/opposition).





B. Borderline Personality Disorder

Features:

1. Feelings of emptiness & boredom.
2. Fear of rejection & loss.
3. Fragile identity with poor self-image
4. Unpredictable, impulsive, irritable argumentative with bouts of anger when their expectations are not met.
5. Anger may directed toward themselves, producing self hate state with self-mutilating behavior
6. Suicide threats & action may happen

Patient threatens family with self-harm



6. Rapidly changing mood & behavior with intense unstable relationships.
7. Brief psychotic episodes may occur.
8. **Splitting**: dividing persons into those who like & those who hate them.
9. In their thirties or forties usually gain more stability

Prevalence:

- 2% of population. 75% are female
- 90% have other psychiatric diagnosis and 40% have two.





C. Histrionic Personality Disorder

Features:

1. **Wants to be the center of attention**, & often interrupt others to be the center of conversation
2. **Rapidly shifting and shallow, but excessive, expression of emotion.**
3. **Seductive**: “life of the party”, but difficulty in relationships
Shows **self-dramatization**, and **exaggerate** illnesses and friendships.
- 4- **Suggestible**: i.e. easily influenced by others or circumstances.

5- Consider relationships to be more intimate than they actually are.

6. Common Defenses include repression, regression, identification, somatization, conversion, dissociation, denial, & externalization.

Prevalence:

- **2-3%** of the general population



A LITTLE
BIT
DRAMATIC

D. Narcissistic Personality Disorder

Features:

1. **Inflated sense of their own importance with boastfulness.**
2. Believes that they should associate with high-status people (or institutions) as they perceive themselves to be.
3. Unable to see that others may not appreciate them, but hypersensitive to criticism
4. Offer help or facilities to others but to exploit them in the future.



5. Lack of empathy & litigious in the quarrels.
6. Grandiosity, Egocentricity, Vengeful, but has low self-esteem.

Prevalence:

- 1% of the general population



PERSONALITY DISORDERS

3. Cluster C (Anxious and Fearful) Personality Disorder

A. Avoidant (anxious) Personality Disorder

Features:

1. Extreme sensitivity to criticism and disapproval, so avoid situations in which criticism may be given otherwise feel anxious & get tachycardia, sweating, flushing...etc. due to **chronic feeling of inadequacy**.
2. Consider themselves to be socially incompetent or personally unappealing.
3. Avoid social interaction for fear of being ridiculed or humiliated.
4. Inhibited, introverted with low self-esteem.
5. Shy and restrained.
6. Avoidance of intimacy.
7. Only involved if sure of praise.

Prevalence:

- **0.5%-1%** of general population



B. Dependent Personality Disorder

Features:

1. Pervasive **psychological dependence on other people.**
2. Has difficulty making everyday decisions without an excessive amount of advice, direction and reassurance from others.
3. Low opinion of their own abilities with fear of disapproval.
4. Fears of being alone & being unable to cope.
5. **Not uncommon** for such a patient to be living with a controlling, domineering, or overprotective person.



C. Obsessive-Compulsive Personality Disorder (OCPD)

NOT the same as **Obsessive Compulsive Disorder (OCD)**

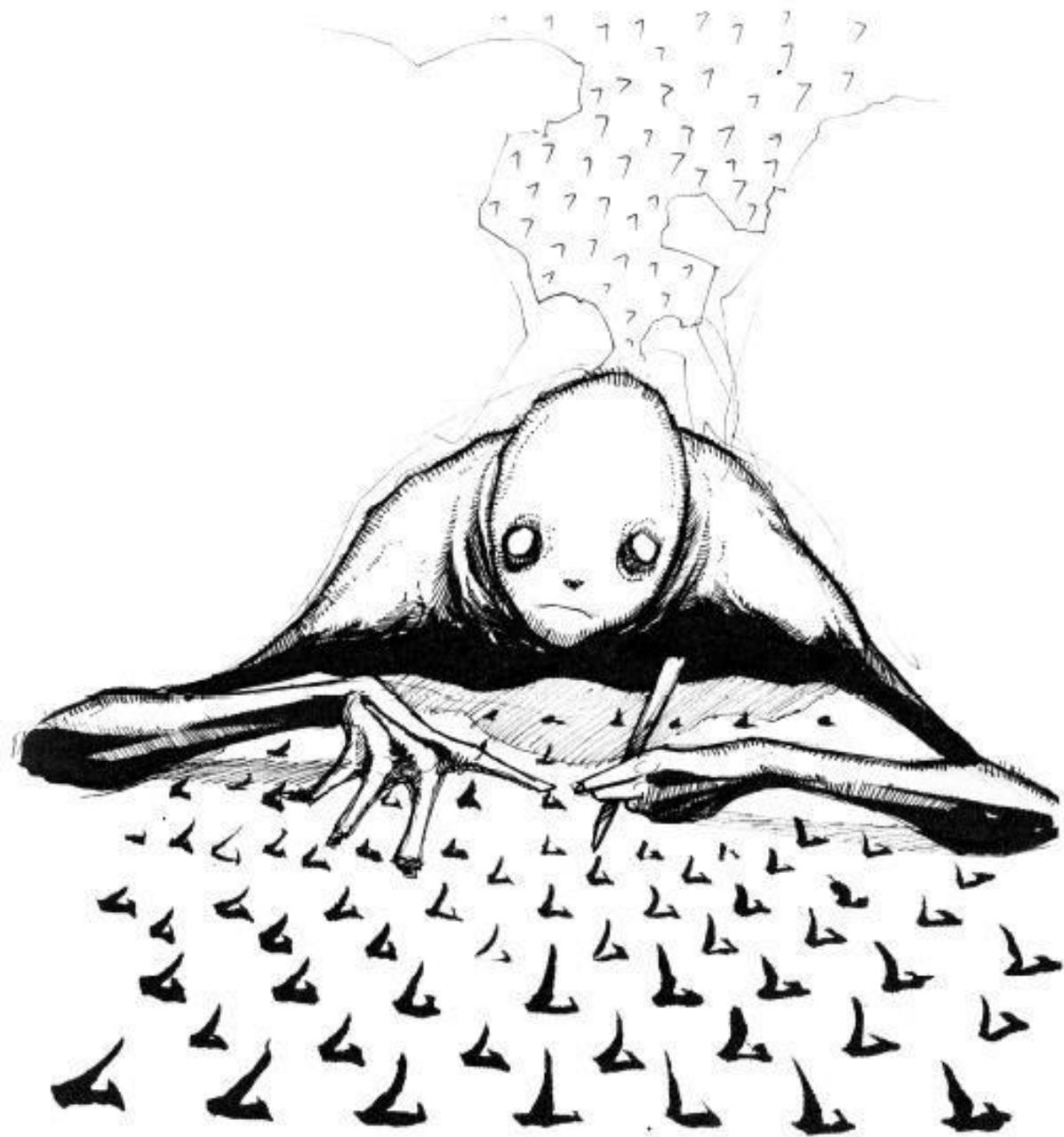
Features:

1. **Inflexibility, stubbornness** and **desire for perfection**
2. **Tend to stress perfectionism above all else**, and feel anxious when they perceive that things aren't "right".
3. A sense of their being **only one way to do things**.
4. **Failure to appreciate creative solutions**.
5. **Over-meticulous attention to the system and details**.
6. **Failure to get things done as a result of excessive attention to detail**.
7. A **tendency to check and re-check**, but absence of obsessional thoughts and compulsive behaviours

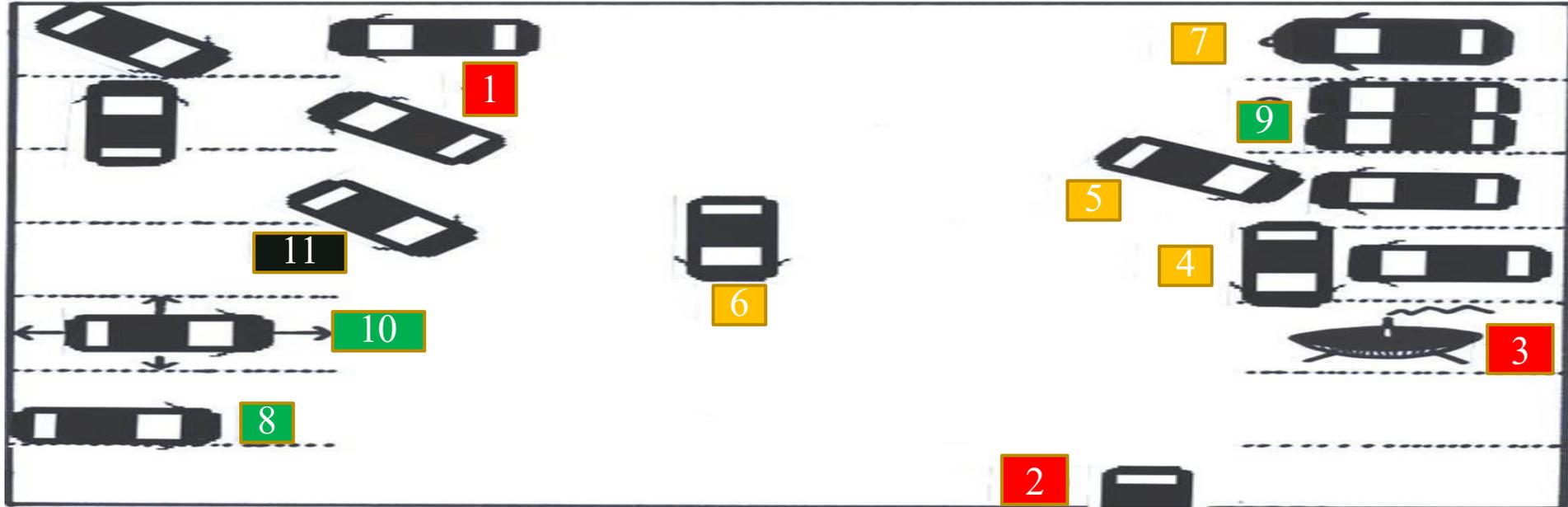
Prevalence:

- **1%** of the general population





Parking a Lot of the Personality Disordered



1. **PARANOID**
2. **SCHIZOID**
3. **SCHIZOTYPICAL**
4. **ANTI-SOCIAL**
5. **BORDERLINE**
6. **HISTRIONIC**
7. **NARCISSIST**
8. **AVOIDANT**
9. **DEPENDANT**
10. **OBSESSIVE**
11. **PASSIVE AGGRESSIVE**

Cornered again
Can't tolerate closeness
Intergalactic (odd) parking
Obstructs other cars
Rams into car of ex-lover
Parks in centre for dramatic effect
Largest car, prominent decoration
Hides in the corner
Needs other cars to feel safe
Perfect alignment in parking spot
Angled across two bays (fields)

DSM-IV Clusters	Similar Disorders on Axis I (Differential Diagnosis)	Response to Treatment
Paranoid (A)	Schizophrenia, delusional disorder	Modest
Schizoid (A)	Schizophrenia (negative symptoms)	Modest
Schizotypal (A)	Schiz. (positive symptoms), delusional disorder	Modest
Antisocial (B)	Conduct disorder	Poor
Borderline (B)	Mood disorders	Moderate
Histrionic (B)	Somatoform disorders; mood disorders	Modest
Narcissistic (B)	Cyclothymic disorder	Poor
Avoidant (C)	Social phobia	Moderate
Dependent (C)	Separation anxiety dis. ,dysthymic dis.	Moderate
Obs. comp. (C)	Obsessive-compulsive anxiety disorder	Moderate

Management

Personality Disorder patients have **no insight** & **lack awareness** that they are the cause of their own relationship problems, so **they rarely seek psychological help unless compelled by others**.

1. **General Principles** in the Management:

- Be respectful with a **non-judgmental** attitude
- Consider the matter of affect (**emotion**)
- Maintain **professional boundaries**
- Set **limits** & provide consistent structure
- Label the **maladaptive behaviors** of the patient
- Set **realistic expectations**
- Consult **psychiatrist** when needed

2. Medication:

- Drugs have **no** proven usefulness to change the traits in Personality Disorder.
- Antipsychotics, antidepressants & anxiolytics can however be used when there is psychotic, depressive or anxiety features or disorders.
- But:
 - Behavioural dyscontrol as sometimes seen in APD & BPD may respond toCarbamazepine
 - Impulsivity.....SSRI as Sertraline
 - Affective Dysregulation.....SSRI & Mood Stabilizers
- **i.e. medication** based more on the **target symptoms** & less on diagnosis

3. Psychotherapy:

- Individual, group, family psychotherapies, and self- help groups.
- Those based on:
 1. **Psychodynamic psychotherapy**
 2. **CBT (cognitive behavioural therapy):** tries to **identify & change negative thinking patterns** and pushes for positive behavioral changes
 3. **DBT (Dialectical behavioural therapy):** based on CBT with **greater focus on emotional and social aspects**, where it focuses on motivational issues, skill development & support. Resolution of many problems in PD requires the development of new coping mechanisms & better social skills.

- **Treatment of Cluster-A Personality Disorder** is **the most difficult**.
- **Treatment of Cluster-C Personality Disorder** **seems most promising**.
- **Treatment of Borderline Personality Disorder:**
 - **Cognitive Behavioural Therapy (CBT)**, especially **Dialectical Behavioral Therapy (DBT)** **shows promise**, through:
 1. **Building tolerance for distress & -ve affect**, without self- destructiveness.
 2. **Decrease self-harm behaviors** (suicide, mutilation, substance abuse).
 3. **Decrease behaviors that interfere with therapy** (missing sessions, lying).
 4. **Learn to regulate emotion & improve interpersonal skills**.

- **Treatment of Antisocial Personality Disorder:**
- Treatment approaches are **not very successful**
 - **Establishing therapeutic alliance is difficult**
 - **More success** occur with **prevention & early intervention**
 - **Need to focus on specific behaviours**, as anger management

Summary and Conclusions

- Everyone has a collection of personality traits, but if these traits lead to a personal distress or to problems in the social or occupational functioning, the person may have a personality disorder.
- Pharmacological treatment has no proven usefulness in Personality Disorder.
- Be respectful with a non-judgmental attitude, & consider the matter of affect.

References:

- 1- Dr. Afram Muhammad Hassan (Book) 2nd Edition – 2019.
- 2- Diagnostic and Statistical Manual of Mental Disorders 5 (DSM – IV).



Any
Questions???