

## PERSONALITY DISORDERS

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# INTRODUCTION

- Understanding of personality distinguishes psychiatry.
- Personality refers to all of the characteristics that adapt in unique way to ever changing internal and external environment.
- 10- 20% in general population.
- 50% of all psychiatric disorders
- Predispose to other disorders
- More likely to refuse treatment

# INTRODUCTION

- DSM 5 Definition of Personality Disorder:
  - “An enduring pattern of behaviour and inner experiences that deviates significantly from the individuals cultural standard; is rigidly pervasive; has onset in adolescent and early adulthood; is stable through time; leads to unhappiness and impairment” and manifest in at least two of the following areas:
    - ✓ Cognition
    - ✓ Affectivity
    - ✓ Interpersonal functioning
    - ✓ Impulse control

# PERSONALITY DISORDERS

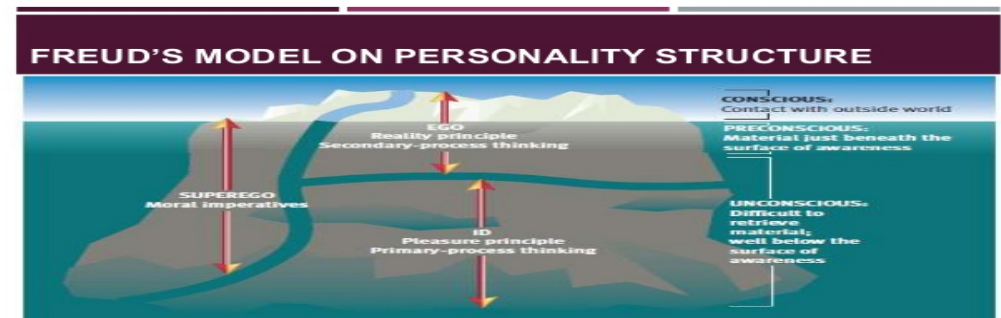
- Personality trait: An enduring pattern of perceiving, relating to, and thinking about the environment and others.



# ETIOLOGY

- Genetic factors
- Biological factors
- Psychoanalytic factors
- Defence mechanisms: Unconscious mental process that ego uses to resolve conflicts among four area of inner life- instinct, reality, important person and conscience.
- Fantasy, dissociation, isolation, projection, splitting passive aggression, acting out and projective identification

Personality disorder	Mean
Paranoid	0.34
Schizoid	0.43
Schizotypal	0.54
Antisocial	0.41
Borderline	0.61
Histrionic	0.59
Narcissistic	0.56
Avoidant	0.42
Dependent	0.56
Obsessive-compulsive	0.60



# CAUSES OF PERSONALITY DISORDERS

BIOLOGICAL	PSYCHOLOGICAL	PHYSICAL	SOCIO - CULTURAL
<ul style="list-style-type: none"><li>▪ Genetic &amp; Hereditary Factors</li><li>▪ Family History of Personality disorders</li><li>▪ Alteration in Neurotransmitters</li><li>▪ Chemical Substances</li></ul>	<ul style="list-style-type: none"><li>▪ Childhood Trauma</li><li>▪ Parenteral Rejection</li><li>▪ Child Neglect</li><li>▪ PTSD</li><li>▪ Alcoholic Parents</li><li>▪ Excessive Parenteral Control</li><li>▪ Upbringing</li><li>▪ Fixation at any Stage</li><li>▪ Low Self Esteem</li></ul>	<ul style="list-style-type: none"><li>▪ Brain Dysfunctions</li><li>▪ Childhood Pathology</li><li>▪ Psychiatric Disorders</li></ul>	<ul style="list-style-type: none"><li>▪ Involuntary Isolation</li><li>▪ Divorce</li><li>▪ Broken Homes &amp; Families</li><li>▪ Prolonged Separation</li><li>▪ Deprivations</li><li>▪ Internal Conflicts</li><li>▪ Assault</li><li>▪ Experience to loss &amp; Death</li></ul>

## Defense Mechanisms

### Narcissitic

Denial  
Projection  
Splitting

### Immature

Blocking  
Regression  
Somatization  
Identification

### Anxiety

Displacement  
Repression  
Isolation of affect  
Acting out  
Rationalization  
Reaction formation  
Undoing  
Passive aggressive  
Dissociation

### Mature

Humor  
Sublimation  
Suppression

# DSM-5 PERSONALITY DISORDER CLUSTERS

- The DSM-5 groups the 10 disorders into three clusters based on shared characteristics:
  - Cluster A - The odd and eccentric behaviors
  - Cluster B - The dramatic and emotional behaviors
  - Cluster C - The anxious and fearful behaviors



# CLUSTER A PERSONALITY DISORDERS

- Cluster A of the personality disorders in DSM-5 include those disorders characterized by eccentric behavior.
- In other words, individuals with these disorders show characteristics that might lead others to view them as slightly odd, unusual, or peculiar.

# PARANOID PERSONALITY DISORDER

- A personality disorder whose outstanding feature is that the individual is unduly suspicious of others and is always on guard against potential danger or harm.



- 1) suspects, without sufficient basis, that others are exploiting, harming, or deceiving him or her
- (2) is preoccupied with unjustified doubts about the loyalty or trustworthiness of friends or associates
- (3) is reluctant to confide in others because of unwarranted fear that the information will be used maliciously against him or her
- (4) reads hidden demeaning or threatening meanings into benign remarks or events
- (5) persistently bears grudges, i.e., is unforgiving of insults, injuries, or slights
- (6) perceives attacks on his or her character or reputation that are not apparent to others and is quick to react angrily or to counterattack
- (7) has recurrent suspicions, without justification, regarding fidelity of spouse or sexual partner

# SCHIZOID PERSONALITY DISORDER

A pervasive pattern of detachment from social relationships and a restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- (1) neither desires nor enjoys close relationships, including being part of a family
- (2) almost always chooses solitary activities
- (3) has little, if any, interest in having sexual experiences with another person
- (4) takes pleasure in few, if any, activities
- (5) lacks close friends or confidants other than first-degree relatives
- (6) appears indifferent to the praise or criticism of others
- (7) shows emotional coldness, detachment, or [flattened affectivity](#)

# SCHIZOTYPAL PERSONALITY DISORDER

- A personality disorder that primarily involves odd beliefs, behavior, appearance, and interpersonal style.
- Such individuals lack a clear sense of direction or motivation, and do not have a clear set of standards against which to measure their behavior

# SCHIZOTYPAL PERSONALITY DISORDER

- (1) [ideas of reference](#) (excluding delusions of reference)
- (2) odd beliefs or [magical thinking](#) that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations)
- (3) unusual perceptual experiences, including bodily illusions
- (4) odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped)
- (5) suspiciousness or paranoid ideation
- (6) inappropriate or constricted affect
- (7) behavior or appearance that is odd, eccentric, or peculiar
- (8) lack of close friends or confidants other than first-degree relatives
- (9) excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self

# CLUSTER B PERSONALITY DISORDERS

# ANTISOCIAL PERSONALITY DISORDER

- A personality disorder characterized by a lack of regard for society's moral or legal standards and an impulsive and risky lifestyle.
- (1) failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
- (2) deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
- (3) impulsivity or failure to plan ahead
- (4) [irritability](#) and aggressiveness, as indicated by repeated physical fights or assaults
- (5) reckless disregard for safety of self or others
- (6) consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
- (7) lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another



# TREATMENT OF ANTISOCIAL PERSONALITY DISORDER

- Problems of working with these individuals
  - Seeming lack of motivation to change
  - Tendency toward deception and manipulation
  - Lack of deep or lasting emotion

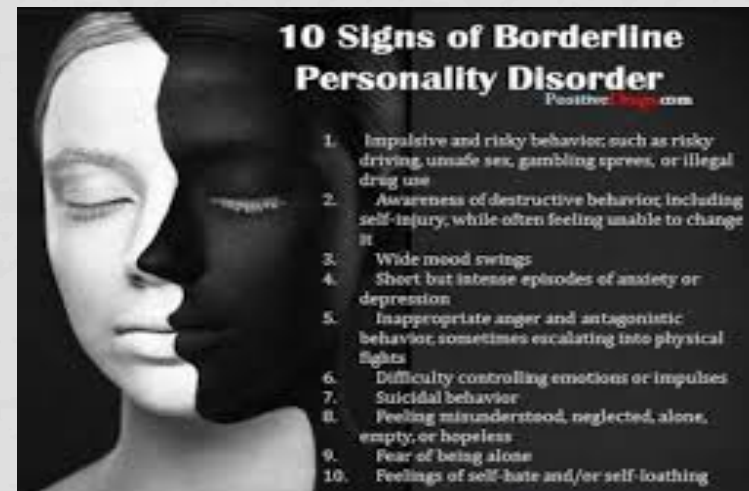
# BORDERLINE PERSONALITY DISORDER

- Pervasive pattern of poor impulse control and instability in mood, interpersonal relationships, and self-image
- BPD's central feature is that of instability
- The way that people with BPD relate to others is termed "splitting"

- (1) frantic efforts to avoid real or imagined abandonment.  
Note: Do not include [suicidal](#) or self-mutilating behavior covered in Criterion 5.
- (2) a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- (3) identity disturbance: markedly and persistently unstable self-image or sense of self
- (4) impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, [Substance Abuse](#), reckless driving, binge eating).  
Note: Do not include suicidal or self-mutilating behavior covered in Criterion 5.
- (5) recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- (6) affective instability due to a marked reactivity of [mood](#) (e.g., intense episodic [dysphoria](#), [irritability](#), or [anxiety](#) usually lasting a few hours and only rarely more than a few days)
- (7) chronic feelings of emptiness
- (8) inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- (9) transient, stress-related [paranoid](#) ideation or severe [dissociative symptoms](#)

# PERSPECTIVES ON BORDERLINE PERSONALITY

- Psychological
  - Emotional dysregulation
  - Distress tolerance
  - Experiential avoidance
  - Childhood neglect or traumatic experiences
  - Marital or psychiatric difficulties



# TREATMENT OF BORDERLINE PERSONALITY

- Dialectical behavioral therapy
- Core mindfulness
- Transference-focused psychotherapy

# NEEDS INVOLVED IN BASIC PRINCIPLES OF EFFECTIVE TREATMENT FOR CLIENTS WITH BPD

- Need for clinicians to:
  - Take over a primary role in treatment
  - Provide a therapeutic structure
  - Support the client
  - Involve the client in the therapeutic process
  - Take an active role in treatment
  - Deal with the client's suicidal threats or self-harming acts
  - Be self-aware and ready to consult with colleagues

# HISTRIONIC PERSONALITY DISORDER

- Exaggerated emotional reactions, approaching theatricality, in everyday behavior.
- Show extreme pleasure as the center of attention and who behave in whatever way necessary to ensure that this happens.
- They are excessively concerned with their physical appearance, often trying to draw attention to themselves in such extreme ways that their behavior seems ludicrous.

# HISTRIONIC PERSONALITY DISORDER

- (1) is uncomfortable in situations in which he or she is not the center of attention
- (2) interaction with others is often characterized by inappropriate sexually seductive or provocative behavior
- (3) displays rapidly shifting and shallow expression of emotions
- (4) consistently uses physical appearance to draw attention to self
- (5) has a style of speech that is excessively impressionistic and lacking in detail
- (6) shows self-dramatization, theatricality, and exaggerated expression of emotion
- (7) is suggestible, i.e., easily influenced by others or circumstances
- (8) considers relationships to be more intimate than they actually are



# NARCISSISTIC PERSONALITY DISORDER

- Unrealistic, inflated sense of self-importance and lack of sensitivity to other people's needs
- (1) has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
- (2) is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- (3) believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
- (4) requires excessive admiration
- (5) has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
- (6) is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
- (7) lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
- (8) is often envious of others or believes that others are envious of him or her
- (9) shows arrogant, haughty behaviors or attitudes

# TREATMENT OF NARCISSISTIC PERSONALITY

- Most effective approach
  - Provide reassurance and develop a more realistic view of themselves and other people
- People with NPD are difficult to treat
  - Tend not to have insight into their disorder
  - Extreme perfectionism can obstruct treatment

# CLUSTER C PERSONALITY DISORDERS

DISORDERS THAT INVOLVE  
PEOPLE WHO APPEAR ANXIOUS OR FEARFUL AND MAY SEEM HIGHLY  
RESTRICTED

# AVOIDANT PERSONALITY DISORDER

- The individual desires, but is fearful of, any involvement with other people and is terrified at the prospect of being publicly embarrassed
- 1) avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
- (2) is unwilling to get involved with people unless certain of being liked
- (3) shows restraint within intimate relationships because of the fear of being shamed or ridiculed
- (4) is preoccupied with being criticized or rejected in social situations
- (5) is inhibited in new interpersonal situations because of feelings of inadequacy
- (6) views self as socially inept, personally unappealing, or inferior to others
- (7) is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing

# AVOIDANT - THEORIES

- Cognitive-behavioral
  - Hypersensitive due to parental criticism
  - Feel unworthy of other people's 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 PERSONALITY DISORDER

- The individual is extremely passive
- Tends to cling to other people to the point of being unable to make any decisions

- (1) has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- (2) needs others to assume responsibility for most major areas of his or her life
- (3) has difficulty expressing disagreement with others because of fear of loss of support or approval.  
Note: Do not include realistic fears of retribution.
- (4) has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
- (5) goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
- (6) feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself
- (7) urgently seeks another relationship as a source of care and support when a close relationship ends
- (8) is unrealistically preoccupied with fears of being left to take care of himself or herself



# OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

- A personality disorder involving intense perfectionism and inflexibility manifested in worrying, indecisiveness, and behavioral rigidity.
  - OCPD is a disturbance of personality, not a disturbance involving anxiety or even out-of-control behaviors
- OCPD do not experience obsessions and compulsions. OCPD refers to this rigidly compulsive personality tendency and also obsessive concern with perfectionism.

- (1) is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
- (2) shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met)
- (3) is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
- (4) is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)
- (5) is unable to discard worn-out or worthless objects even when they have no sentimental value
- (6) is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
- (7) adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
- (8) shows rigidity and stubbornness

# MANAGEMENT

- Psychotherapy
- Pharmacotherapy

