PERSONALITY DISORDERS
Personality

- a person's characteristic totality of emotional and behavioral traits apparent in ordinary life,
  a totality that is usually stable and predictable

- a set of characteristics that defines behavior, thoughts, and emotions
Personality

TEMPERAMENT
the aspect of personality concerned with one’s emotional dispositions and reactions and their speed and intensity; the term often used to refer to the prevailing mood or mood pattern of a person.

CHARACTER
a set of schemes or perceptions concerning the surrounding world, the self, and connections between them.
Cloninger’s model
personality = TEMPERAMENT + CHARACTER
Personality traits

- Extraversion
- Introversion
- Histrionic trait
- egocentrism
- Perfectionism
- ... etc.

Personality disorder

- Pervasive
- Persistent
- Pathological
PERSONALITY DISORDERS

ICD 10: severe disturbances of personality and behavior that are pronounced deviations from normal cultural patterns
PERSONALITY DISORDER

- Relationships affected
- Enduring
- Pervasive
- Onset in childhood/adolescence
- Result in distress
- Trouble in occupational/social performance
ICD-10 Diagnostic Criteria for Specific Personality Disorders

G1. There is evidence that the individual's characteristic and enduring patterns of inner experience and behavior as a whole deviate markedly from the culturally expected and accepted range (or 'norm').

Such deviation must be manifest in more than one of the following areas:

✓ **cognition** (i.e., ways of perceiving and interpreting things, people, and events; forming attitudes and images of self and others);

✓ **affectivity** (range, intensity, and appropriateness of emotional arousal and response);

✓ **control over impulses** and gratification of needs;

✓ **manner of relating to others** and of handling interpersonal situations.
G2. The deviation must manifest itself *pervasively* as behavior that is inflexible, maladaptive, or otherwise dysfunctional across a broad range of personal and social situations.

G3. There is personal *distress*, or adverse impact on the social environment, or both, clearly attributable to the behavior referred to in criterion G2.

G4. There must be evidence that the deviation is stable and of long duration, having its *onset in late childhood or adolescence*.

G5. The deviation cannot be explained as a manifestation or consequence of other adult mental disorders.

G6. *Organic brain disease, injury, or dysfunction must be excluded.*
Personality disorders - Clusters

A. the odd or eccentric group
Schizoid, paranoid, [+ schizotypal in DSM]

B. the dramatic, emotional or erratic group
Histrionic, antisocial, emotionally unstable (borderline)
[+ narcissistic in DSM]

C. the anxious or fearful group
Anxious (avoidant), dependent, anankastic [obsessive-compulsive in DSM]
DEFENSE MECHANISMS OF PERSONALITY
Defense Mechanisms

=> unconscious psychological mechanisms that reduce anxiety arising from unacceptable or potentially harmful stimuli

=> manipulate, deny, or distort reality to defend against feelings of anxiety and unacceptable impulses and to maintain one's self-schema

=> may result in healthy or unhealthy consequences depending on the circumstances and frequency with which the mechanism is used
Defense Mechanisms

- **Repression**: forcing a feeling from the consciousness to the unconscious because it is seen as socially unacceptable.
- **Regression**: falling back into an early state of mental/physical development seen as "less demanding and safer".
- **Projection**: a feeling or "unconscious urge" that is perceived as socially unacceptable is seen in the actions of other people.
- **Reaction formation**: acting the opposite way that the unconscious instructs a person to behave, "often exaggerated and obsessive".
- **Denial**: refusal to accept external reality because it is too threatening; arguing against an anxiety-provoking stimulus by stating it doesn't exist; resolution of emotional conflict and reduction of anxiety by refusing to perceive or consciously acknowledge the more unpleasant aspects of external reality.
- **Distortion**: A gross reshaping of external reality to meet internal needs.
Defense Mechanisms

- **Acting out**: Direct expression of an unconscious wish or impulse in action, without conscious awareness of the emotion that drives the expressive behavior
- **Hypochondriasis**: An excessive preoccupation or worry about having a serious illness
- **Passive-aggressive behavior**: Indirect expression of hostility
- **Displacement**: Shifting sexual or aggressive impulses to a more acceptable or less threatening target; redirecting emotion to a safer outlet;
Defense Mechanisms

- **Dissociation**: temporary drastic modification of one's personal identity or character to avoid emotional distress; separation or postponement of a feeling that normally would accompany a situation or thought.
- **Intellectualization**: concentrating on the intellectual components of a situation so as to distance oneself from the associated anxiety-provoking emotions; avoiding unacceptable emotions by focusing on the intellectual aspects (*isolation*, rationalization, ritual, undoing, compensation, and magical thinking).
- **Idealization**: tending to perceive another individual as having more desirable qualities than he or she may actually have.
- **Conversion**: expression of an intrapsychic conflict as a physical symptom; eg. blindness, deafness, paralysis, or numbness (*hysteria*)
Defense Mechanisms

- **Somatization**: transformation of uncomfortable feelings towards others into uncomfortable feelings toward oneself: pain, illness, and anxiety

- **Wishful thinking**: making decisions according to what might be pleasing to imagine instead of by appealing to evidence, rationality, or reality

- **Introjection**: identifying with some idea or object so deeply that it becomes a part of that person

- **Splitting**: segregating experiences into all-good and all-bad categories, with no room for ambiguity and ambivalence
MATURE DEFENSE MECHANISMS

- **Affiliation** - turning to other people for support.
- **Altruism** - satisfying internal needs through helping others.
- **Sublimation** - satisfying unacceptable impulses by socially accepted activities (aggressive impulses - sport, sexual impulses - art., ect.)
- **Compensation** - overachieving in one area to compensate for failures in another.
- **Humor** - pointing out the funny or ironic aspects of a situation.
Personality disorders
Cluster A
PARANOID PERSONALITY DISORDER

- long-standing suspiciousness and mistrust of people in general
- refuse responsibility for their own feelings and assign responsibility to others
- often hostile, irritable, and angry
- bigots, injustice collectors, pathologically jealous spouses
- excessive sensitivity to setbacks and rebuffs
- tendency to bear grudges persistently, refusal to forgive insults, injuries, or slights; jealousy of a spouse
- persistent self-referential attitude, associated particularly with excessive self-importance;
- preoccupation with unsubstantiated "conspiratorial" explanations of events
SCHIZOID PERSONALITY DISORDER

✓ display a lifelong pattern of social withdrawal
✓ discomfort with human interaction, introversion
✓ emotional coldness, shallow affectivity
✓ few, if any, activities that provide pleasure
✓ limited capacity to express either warm, tender feelings or anger towards others
✓ indifference to both applause and criticism
✓ little interest in sexual experience with another person
✓ consistent choice of solitary activities
✓ ignoring social conventions
✓ excessive preoccupation with fantasy and introspection;
✓ no desire for, or possession of, any close friends or confiding relationships (or only one)
SCHIZOTYPAL PERSONALITY DISORDER  
(in ICD- 10: schizotypal disorder)

➢ strikingly odd or strange, even to laypersons
➢ magical thinking, peculiar notions, ideas of reference, illusions, and derealization
➢ their speech may be distinctive or peculiar
➢ inner world may be filled with vivid imaginary relationships and childlike fears and fantasies
➢ they are isolated and have few, if any, friends
➢ may decompensate and have psychotic symptoms, but these are usually of brief duration

- Greater genetic association with schizophrenia
- The premorbid personality of schizophrenia
- Course and Prognosis:
  10 percent committed suicide
Personality disorders
Cluster B
DISSOCIAL PERSONALITY DISORDER
(dsmit=antisocial personality disorder)

➢ onset before 15: lying, truancy, running away from home, thefts, fights, substance abuse
➢ gross and persistent attitude of irresponsibility and disregard for social norms, rules, and obligations
➢ incapacity to maintain enduring relationships, though with no difficulty in establishing them
➢ very low tolerance of frustration and a low threshold for discharge of aggression, including violence
➢ incapacity to experience guilt
➢ is not synonymous with criminality

2 types: more manipulative v/s more impulsive
HISTRIONIC PERSONALITY DISORDER

➢ excitable and emotional, behave in a colorful, dramatic, extroverted fashion

➢ suggestibility (the individual is easily influenced by others or by circumstances);

➢ shallow and labile affectivity;

➢ continual seeking for excitement and activities in which the individual is the center of attention;

➢ inappropriate seductiveness in appearance or behavior;

➢ overconcern with physical attractiveness.

➢ are sensation seekers and may get into trouble with the law, abuse substances, and act promiscuously.

➢ more frequently in women than in men

➢ an association with somatization disorder and alcohol use disorders.
Histrionic trait / histrionic personality
EMOTIONALLY UNSTABLE PERSONALITY DISORDER

- stand on the border between neurosis and psychosis
- extraordinarily unstable affect, mood, marked impulsivity, behavior is highly unpredictable
- uncertainty about self-image, aims, preferences (including sexual)
- intense and unstable relationships
- recurrent threats or acts of self-harm
- chronic feelings of emptiness
- may have short-lived psychotic episodes (so-called micropsychotic)
- high incidence of MDD episodes
2 Types of emotionally unstable PD

**Borderline**
- Unclear *self image*
- Chronic feeling of *emptiness*
- Abandonment fears
- Intense and unstable relationships
- Suicidal attempts and self-harm

**Impulsive**
- Weak impulse control
- Outbursts and threats of violence
- Oversensitivity of being criticized
- Emotionally unstable
- Inability to plan ahead
- Thoughtless of consequences
I'm selfish, impatient & a little insecure.
I make mistakes, I'm out of control & at times hard to handle.
But if you can't handle me at my worst,
then you sure as hell don't deserve me at my best.

~Marilyn Monroe
NARCISSISTIC PERSONALITY DISORDER

➢ characterized by a **heightened sense of self-importance** and **grandiose feelings of uniqueness**.

➢ is preoccupied with **fantasies of unlimited success, power, brilliance, beauty, or ideal love**

➢ 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)

➢ requires **excessive admiration**

➢ has a **sense of entitlement** ie, unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations

➢ is **interpersonally exploitative** ie, takes advantage of others to achieve his or her own ends

➢ **lacks empathy**: is unwilling to recognize or identify with the feelings and needs of others
Personality disorders
Cluster C
ANXIOUS (AVOIDANT) PERSONALITY DISORDER

- an extreme sensitivity to rejection that leads to social withdrawal
- show a great desire for companionship, but they need unusually strong guarantees of uncritical acceptance
- persistent and pervasive feelings of tension and apprehension
- belief that one is socially inept, personally unappealing, or inferior to others
- excessive preoccupation with being criticized or rejected in social situations;
- avoidance of social or occupational activities that involve significant interpersonal contact, because of fear of criticism, disapproval or rejection
- social phobia is common
DEPENDENT PERSONALITY DISORDER

➢ subordinate their own needs to those of others

➢ cannot make decisions without an excessive amount of advice and reassurance from others

➢ do not like to be alone, they seek out others on whom they can depend; their relationships are thus distorted by their need to be attached to another person

➢ pessimism, self-doubt, passivity, and fears of expressing sexual and aggressive feelings

➢ an abusive, unfaithful, or alcoholic spouse may be tolerated for long periods in order not to disturb the sense of attachment

➢ women > men
ANANKASTIC PERSONALITY DISORDER

(DSM- OBSESSIVE - COMPULSIVE personality disorder)

✓ emotional constriction, orderliness, perseverance, stubbornness, and indecisiveness, doubtfulness.
✓ a pervasive pattern of perfectionism and inflexibility, excessive detail.
✓ defense mechanisms they use are rationalization, isolation, intellectualization
✓ preoccupied with details, rules, lists, order, organization to the extent that the major point of the activity is lost
✓ undue preoccupation with productivity to the exclusion of pleasure and interpersonal relationships
✓ feelings of excessive doubt and caution
✓ men > women /most often in oldest children.
✓ more frequently in first-degree biological relatives
PERSONALITY DISORDER NOT OTHERWISE SPECIFIED

- passive-aggressive personality disorder
- depressive personality disorder
- oppositionalism, sadism, or masochism
Within the three clusters, PDs may:

=> share underlying common vulnerability factors:
- cognition, affect and impulse control,
- behavioral maintenance or inhibition,
=> may also have a spectrum relationship to certain mental disorders
Paranoid, schizoid or schizotypal PDs may be premorbid antecedents of delusional disorders or schizophrenia.

Borderline PD associated with mood and anxiety disorders, impulse control disorders, eating disorders, ADHD, or a substance use disorder; sometimes seen as a mild form of bipolar disorder.

Avoidant PD seen with social anxiety disorder.
ETIOLOGY of PD

Genetic Factors

✓ Genetics determine 50% of our personality

✓ PD of cluster A - more relatives with schizophrenia

✓ Schizophrenia patients - more relatives with schizotypal PD

✓ Antisocial PD associated with alcohol abuse

✓ More depression in families of borderline PD patients

✓ Histrionic PD - more somatization

✓ Avoidant PD have high anxiety levels

✓ Obsessive-compulsive PD - associated with depression
ETIOLOGY of PD

Biological Factors

→ **Hormones** - impulsive traits => increased levels of testosterone, 17-estradiol, estrone.

→ **Monoamine Oxidase** -
  - high level connected with sociality;
  - low - schizotypal PD

**Electrophysiology.**

EEG-changes /slow-waves/ most commonly antisocial and borderline PDs
ETIOLOGY of PD

Biological Factors

Neurotransmitters

Serotonin/SSRI/ reduces depression, impulsiveness, and rumination, general well-being => evidence of lower serotonin levels in antisocial PD
ETIOLOGY of PD
Temperamental, Familial, and Environmental Factors

- antisocial father, alcoholism in a family, inconsistent and impulsive parenting, severe abuse in childhood /verbal, physical, sexual/ - borderline, antisocial PD

- temperamentally fearful children may later develop avoidant PD.

- childhood CNS dysfunctions, soft neurological signs most common in antisocial and borderline PD

- Cultural factors - cultures that encourage aggression may contribute to paranoid and antisocial PD
PERSONALITY CHANGE DUE TO A GENERAL MEDICAL CONDITION

- Head trauma
- Cerebrovascular diseases
- Cerebral tumors
- Epilepsy (particularly complex partial epilepsy)
- Huntington's disease
- Multiple sclerosis
- Endocrine disorders
- Heavy metal poisoning (manganese, mercury)
- Neurosyphilis
- Acquired immune deficiency syndrome (AIDS)
Treatment of Personality Disorders

PSYCHOTHERAPY (group, individual: long term, psychodynamic, interpersonal, cognitive, and behavioral)

Treatment is guided by a patient's symptoms and may include pharmacological therapy.

It is necessary to establish safeguards to protect patients from dangerous impulsive behavior (e.g., limited medication supply)

Periods of hospitalization may be required.
Parking Lot of the Personality Disordered

Key:
1. Paranoid          Cornered again !!
2. Narcissist        Largest car; prominent hood ornament
3. Dependent         Needs other cars to feel sheltered
4. Passive-Aggressive Angles car to take two spaces
5. Borderline        Rams into car of ex-lover
6. Antisocial        Obstructs path of other cars
7. Histrionic        Parks in center for dramatic effect
8. Obsessive         Perfect alignment in parking space
9. Avoidant          Hides in corner of lot
10. Schizoid         Can’t tolerate closeness to other cars
11. Schizotypal      Intergalactic parking
EATING DISORDERS

F50.0 Anorexia nervosa
F50.1 Atypical anorexia nervosa

F50.2 Bulimia nervosa
F50.3 Atypical bulimia nervosa
F50.4 Overeating associated with other psychological disturbances
F50.5 Vomiting associated with other psychological disturbances
F50.8 Other eating disorders
   F50.81 Binge eating disorder
   F50.82 Avoidant/restrictive food intake disorder
   F50.89 Other specified eating disorder
F50.9 Eating disorder, unspecified
Anorexia nervosa - Diagnostic Guidelines

For a definite diagnosis, all the following are required:

- Body weight is maintained at least 15% below expected (either lost or never achieved), or BMI is 17.5 or less. Prepubertal patients may show failure to make the expected weight gain during the period of growth.

- Weight loss is self-induced by avoidance of "fattening foods" and one or more of the following: self-induced vomiting; self-induced purging; excessive exercise; use of appetite suppressants and/or diuretics.
- There is **body-image distortion** in the form of a specific psychopathology whereby a **dread of fatness** persists as an intrusive, **overvalued idea** and the patient imposes a low weight threshold on himself or herself.
- a widespread endocrine disorder (involving the hypothalamic-pituitary-gonadal axis): in women as amenorrhoea and in men as a loss of sexual interest and potency
- there may also be:
  ● elevated levels of growth hormone,
  ● raised levels of cortisol,
  ● changes in the peripheral metabolism of the thyroid hormone,
  ● abnormalities of insulin secretion
- prepubertal onset => sequence of pubertal events delayed or even arrested (growth ceases; in girls the breasts do not develop and there is a primary amenorrhoea; in boys the genitals remain juvenile)
- recovery: puberty is often completed normally, but the menarche is late
Anorexia affects your whole body

**Brain and Nerves**
- can't think right, fear of gaining weight, sad, moody, irritable, bad memory, fainting, changes in brain chemistry

**Hair**
- hair thins and gets brittle

**Heart**
- low blood pressure, slow heart rate, fluttering of the heart (palpitations), heart failure

**Blood**
- anemia and other blood problems

**Muscles and Joints**
- weak muscles, swollen joints, fractures, osteoporosis

**Kidneys**
- kidney stones, kidney failure

**Body Fluids**
- low potassium, magnesium, and sodium

**Intestines**
- constipation, bloating

**Hormones**
- periods stop, bone loss, problems growing, trouble getting pregnant. If pregnant, higher risk for miscarriage, having a C-section, baby with low birthweight, and post partum depression.

**Skin**
- bruise easily, dry skin, growth of fine hair all over body, get cold easily, yellow skin, nails get brittle
Anorexia- Differential Diagnosis

- associated **depressive** or **obsessional** symptoms,
- **features of a personality disorder**, which may make differentiation difficult and/or require the use of more than one diagnostic code
- **somatic causes** of weight loss in young patients: **chronic debilitating diseases**, **brain tumors**, and **intestinal disorders** such as Crohn's disease or a **malabsorption syndrome**
Bulimia nervosa- Diagnostic Guidelines

For a definite diagnosis, all the following are required:

- a **persistent preoccupation with eating**, and an **irresistible craving for food**; the patient succumbs to **episodes of overeating** in which large amounts of food are consumed in short periods of time.
patient attempts to counteract the "fattening" effects of food by one or more of the following:
- self-induced vomiting;
- purgative abuse, alternating periods of starvation;
- use of drugs such as appetite suppressants, thyroid preparations or diuretics.
- diabetic patients may choose to neglect their insulin treatment
psychopathology: a morbid dread of fatness => patient sets herself or himself a sharply defined weight threshold, well below the premorbid weight that constitutes the optimum or healthy weight in the opinion of the physician.

- often, but not always, a history of an earlier episode of anorexia nervosa, the interval between the two disorders ranging from a few months to several years.

- earlier episode may have been fully expressed, or may have assumed a minor cryptic form with a moderate transient phase of amenorrhoea.
How bulimia affects your body

- **Brain**: depression, fear of gaining weight, anxiety, dizziness, shame, low self-esteem
- **Cheeks**: swelling, soreness
- **Mouth**: cavities, tooth enamel erosion, gum disease, teeth sensitive to hot and cold foods
- **Throat & Esophagus**: sore, irritated, can tear and rupture, blood in vomit
- **Muscles**: fatigue
- **Stomach**: ulcers, pain, can rupture, delayed emptying
- **Skin**: abrasion of knuckles, dry skin
- **Blood**: anemia
- **Heart**: irregular heart beat, heart muscle weakened, heart failure, low pulse and blood pressure
- **Body Fluids**: dehydration, low potassium, magnesium, and sodium
- **Intestines**: constipation, irregular bowel movements (BM), bloating, diarrhea, abdominal cramping
- **Hormones**: irregular or absent period
Bulimia- Differential Diagnosis

- upper gastrointestinal disorders leading to repeated vomiting (the characteristic psychopathology is absent);

- a more general abnormality of personality (the eating disorder may coexist with alcohol dependence and petty offences such as shoplifting);

- depressive disorder (bulimic patients often experience depressive symptoms).