Lecture III: MAIN PERSONAUTY DISORDERS

Subject: Clinical Psychology Presented by: PhD - Mariana CERNITANU

Structure

- Personality concept overview
- Personality disorder concept
- Paranoiac personality disorder
- Schizoid personality disorder
- Schizotypal personality disorder
- Anti social personality disorder
- Borderline personality disorder
- Histrionic personality disorder
- Narcissist personality disorder
- Avoidant personality disorder
- Dependent personality disorder
- Obsessive-compulsive personality disorder

What is personality?



Perronality main peculiarities?

WHAT IS A PERSONALITY DISORDER?

Personality disorders (PD) are a class of mental disorders characterized by enduring maladaptive patterns of behavior, cognition, and inner experience, exhibited across many contexts and deviating from those accepted by the individual's culture. These patterns develop early, are inflexible, and are associated with significant distress or disability.

Official criteria for diagnosing personality disorders are listed in the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the fifth chapter of the International Classification of Diseases (ICD).

What is a personality disorder?

It is an enduring pattern of inner experience and behaviour that deviates markedly from the expectations of the individual's culture.

- It is pervasive and inflexible.
- It has onset in adolescence or early adulthood.

IT'S A DISORDER NOT A DECISION.

It is stable over time .
It leads to distress or impairment of functioning.

ALTHY PLACE COM

Etiological theories of personality disorders

- The etiology of personality disorders remains obscure. Traditional belief is that these behaviors result from a dysfunctional early environment that prevents the evolution of adaptive patterns of perception, response and defense.
- Potential factors for a personality disorder appearing may have:
- biological (genetic),
- psychological and/or

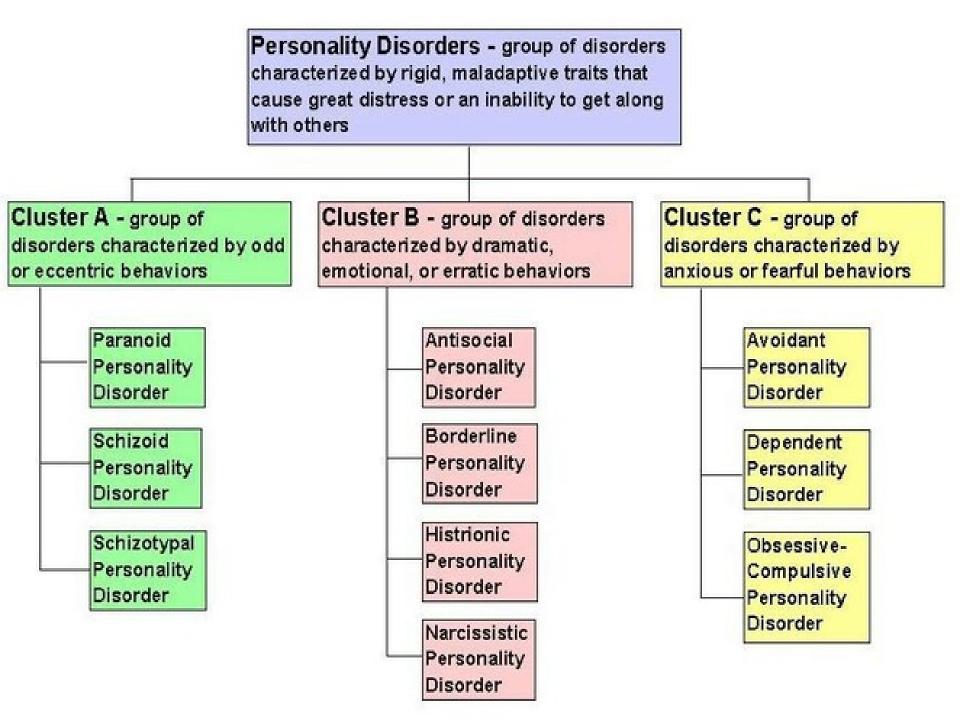
- social nature (traumatic events, long term conflicts, great dissapointments, lack of moral and psychological support, misery and adictions).

Factors in childhood which are postulated to be linked to personality disorder:

- Physical abuse
- Emotional abuse
- Sexual abuse
- Neglect
- Being bullied

Emotional or behavioral factors that might play a part include:

- Truanting.
- Bullying others.
- Being expelled/suspended.
- Running away from home.
- Deliberate self-harm.
- Prolonged periods of misery.



CAUSES OF PERSONALITY DISORDERS

PSYCHOLOGICAL

BIOLOGIC

AL

SOCIOCULTURAL

PARANOID PERSONALITY DISORDER

The hallmarks; suspicion and distrust of other's motives. Refusal to confide in others Inability to collaborate with others Self - Righteousness Poor self - image. Detachment & social isolation. > IIumorlessness Angry, jealousy & envy

Lack of social support systems.

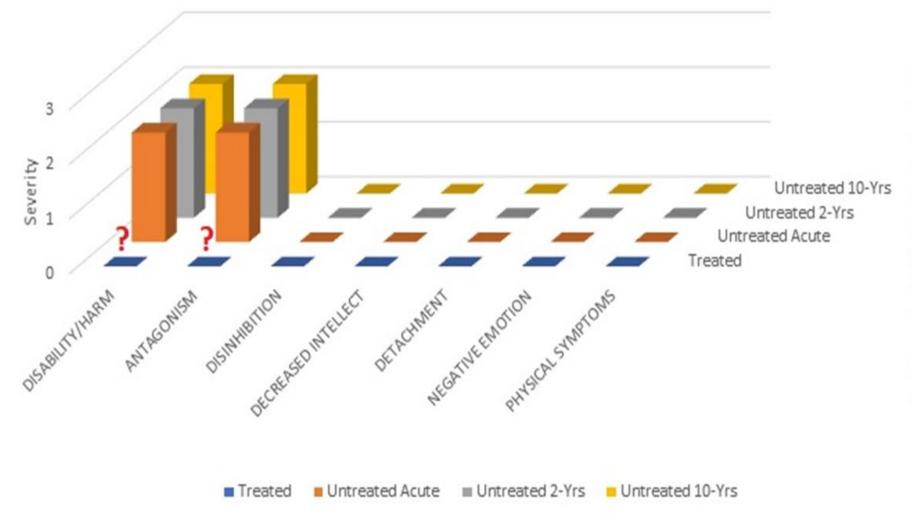
PARANOID PERSONALITY DISORDER

Generally occurs in about 0.5% - 2.5% of the general population. It occurs more commonly in males. Hypersensitive Easily feel slighted Vigilant scanning of the environment for clues or suggestions that may validate their fears or biases.

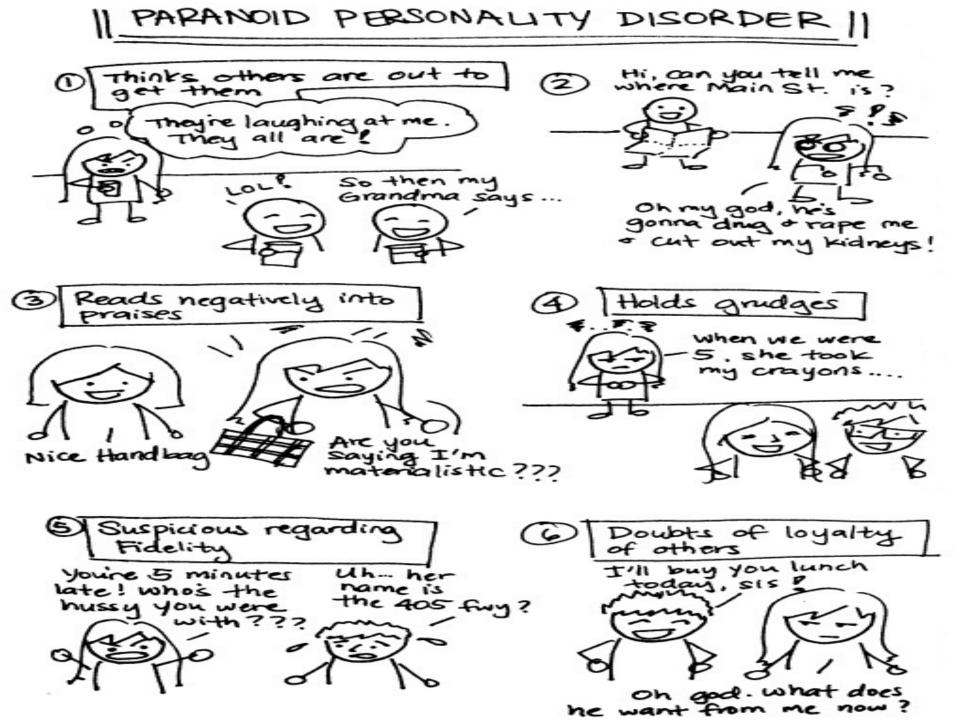
Eager observers



Paranoid Personality Disorder



Severe Н m 2 = Moderate, 1 = Mid, = None, 0



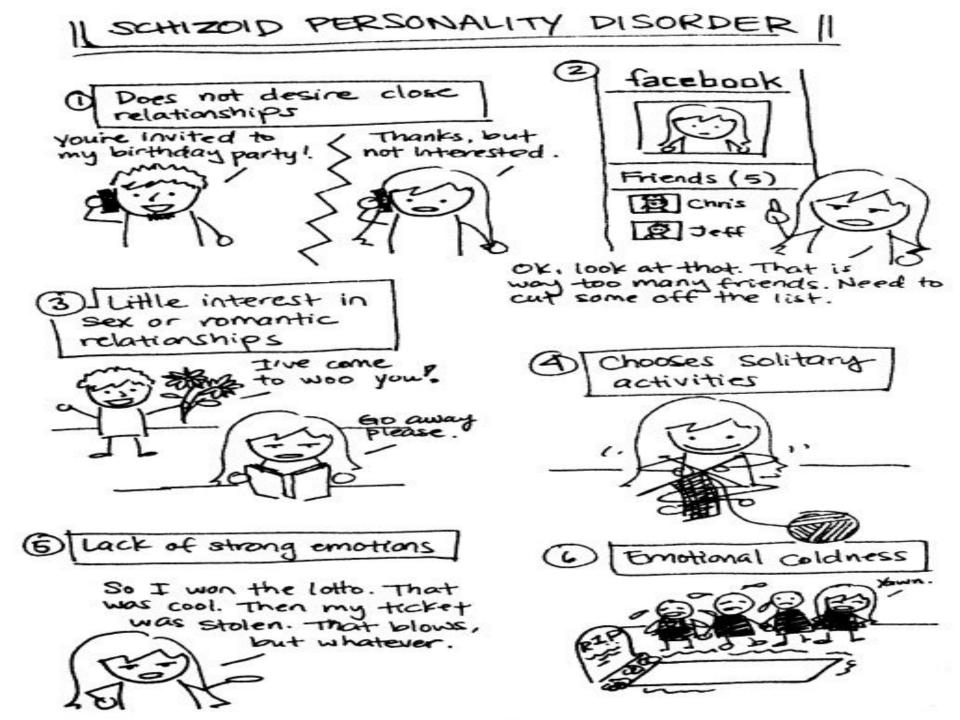
Schizoid You are a classic loner. You prefer to be alone, and don't often show much emotion. People usually fear you, but in all actuality, you're not bad at all. You just like to be alone.

Keyword: Solitude

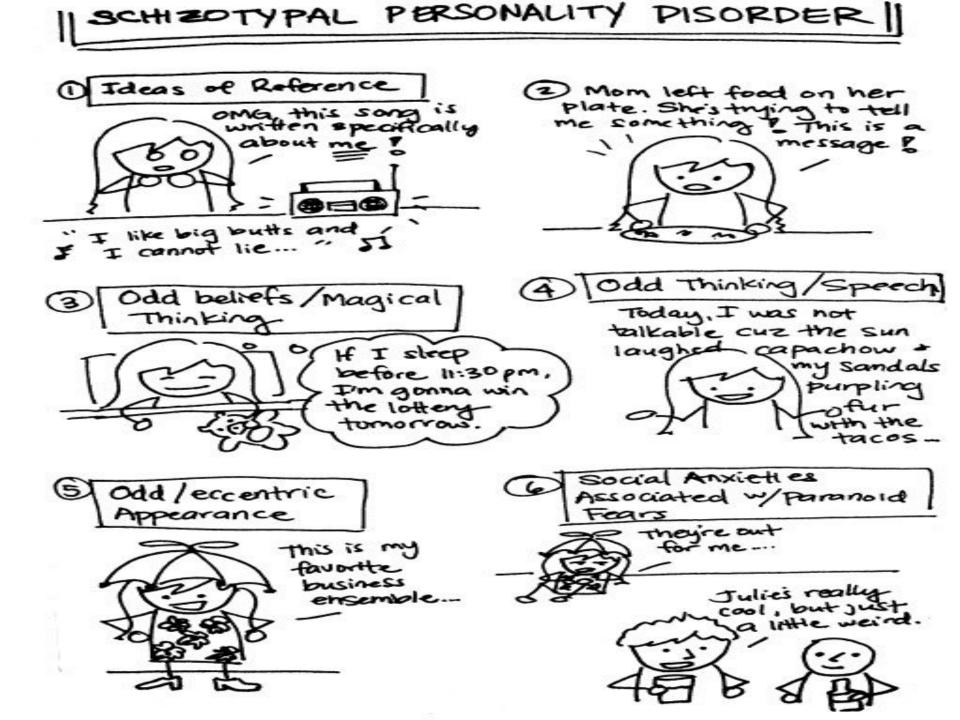


SCHIZOID PERSONALITY DISORDERS

Constricted emotions Humourless **Deficient motivation** Lacks interest and hobbie No apparent desire to p relationships Prefers jobs rather than dealing with people Works below his potential.



Schizotypal personality disorder



Schizotypal Personality Disorder

Theo Cruise

ANTI SOCIAL PERSONALITY DISORDER

- It usually has an onset during childhood
 Before the age of 18 years, it's known as Conduct Disorder
 - Criminal versatility .
 Promiscuity (licentiousness)
 - Poor impulse control.
 - Avoids responsibility for actions
 - Abusive and manipulative of others
 - Abuse of substance is a common association
 - Requires constant stimulation.

- Shallow emotions with lack of care for the feelings of others.
- May have a neurological or mental disorder that has gone undiagnosed.
- Can be the effect of a long term substance abuse.
- Deceit fulness (falsitate)



A lot of people that get out of prison have anti-social personality disorder, which makes them promiscuous and erratic, and they can't form ordinary relationships.

Antony Store —

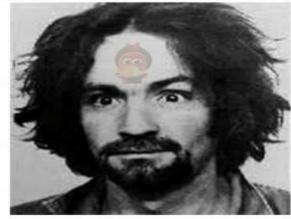
Why I'm "Antisocial"

1.8 1.6-1.4-1.2-Percent 1.0-0.8 0.6 -0.4 ----0.2 ----0.0_ 35-54 18-34 55-74 75+ Age group

Antisocial personality disorder, by age and sex

Base: all adults age 18 or more

because i have antisocial personality disorder



Borderline Personality Disorder

- Pervasive pattern of unstable interpersonal relationships , self image and effects and marked impulsivity by early adulthood
- Unlike , schizophrenics they have no prolonged psychotic episodes , thought disorder , or other classic schizophrenic symptoms .
- Generally have chronic feelings of emptiness and short lives psychotic episodes
- Act impulsively & demand extraordinary relationships.
- May manipulate themselves & perform manipulative suicide attempts.

10 Signs of Borderline Personality Disorder Positive Drugs.com

- Impulsive and risky behavior, such as risky driving, unsafe sex, gambling sprees, or illegal drug use
- Awareness of destructive behavior, including self-injury, while often feeling unable to change it
- 3. Wide mood swings
- Short but intense episodes of anxiety or depression
- 5. Inappropriate anger and antagonistic behavior, sometimes escalating into physical fights
- 6. Difficulty controlling emotions or impulses
- 7. Suicidal behavior
- Feeling misunderstood, neglected, alone, empty, or hopeless
- 9. Fear of being alone
- 10. Feelings of self-hate and/or self-loathing

BORDERLINE PERSONALITY DISORDER

Between 0.5% and 1.7% of people have borderline personality disorder

MEN ARE AS LIKELY AS WOMEN TO HAVE BORDERLINE PERSONALITY DISORDER

Ages: 30-39

PEOPLE AGED 30-39 MORE OFTEN HAVE BORDERLINE PERSONALITY **DISORDER THAN PEOPLE** AGED 18-29, THEN 50-65, **AND THEN 40-49**

BPD and SUICIDE

75% APPROXIMATELY 75% OF THE PEOPLE DISORDER ATTEMPT SUICIDE

CHILDHOOD SEXUAL ABUSE, SUBSTANCE ABUSE, AND MAJOR DEPRESSION **INCREASE AMOUNT** OF SUICIDE ATTEMPTS

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< 40

MOST SUICIDE ATTEMPTS OCCUR BEFORE THE COMPLETE AGE OF 40

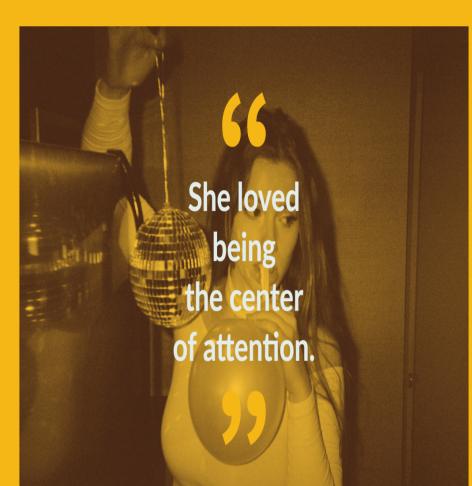
10%

OF THE PEOPLE WITH BPD SUICIDE

HISTRONIC PERSONALITY DISORDER

- More prevalent in females.
- Immature personality, emotionally unstable
- **DRAMATIZATION.**
- Sexually provocative & seductive pattern of excessive emotionality & attention seeking, beginning by early adulthood.
- Difficulty to distinguish from borderline, but borderline can have suicide attempts, identity diffusion, and brief psychotic episodes.
- Somatization disorder may also occur.
- Patients with brief psychotic disorder and dissociative disorder may warrant a coexisting diagnosis of histrionic personality disorder.

Histrionic personality





NARCISSISTIC PERSONALITY DISORDER

- A pattern of grandiosity, need for admiration, & lack of empathy, beginning by early adulthood.
- Borderline, histrionic & antisocial personality disorders accompany often making a differential diagnosis difficult.
- Less anxiety than borderline.
- Less chaotic life.
- Less likely to attempt suicide.
- Lack history of impulsive behaviour that get them into legal trouble.
- Do show features of exhibitionism & interpersonal manipulative similar to those of histrionics.

NARCISSISM: HOW COMMON IS IT?

up to 5.3%

In the general population

1.3% - 17%

Clinical psychiatric population

8.5% - 20%

Outpatient private practice

20% Military setting



17% Medical school, first-year students

SOURCE: "Narcissistic Personality Disorder: Facing DSM-V," Psychiatric Annals, March 2009

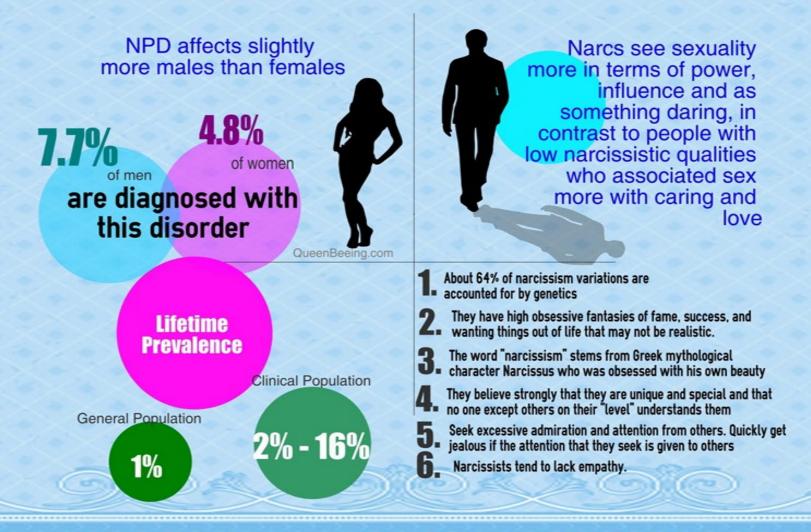




Identifying

Narcissistic Personality Disorder

A rarely acknowledged mental disorder in which people have an inflated sense of their own importance and a deep need for admiration.

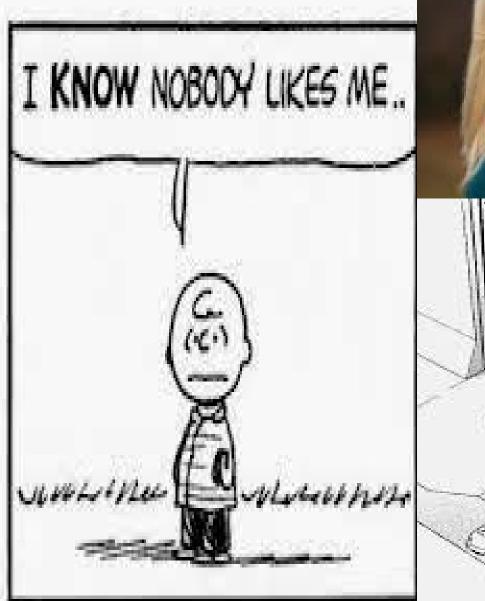


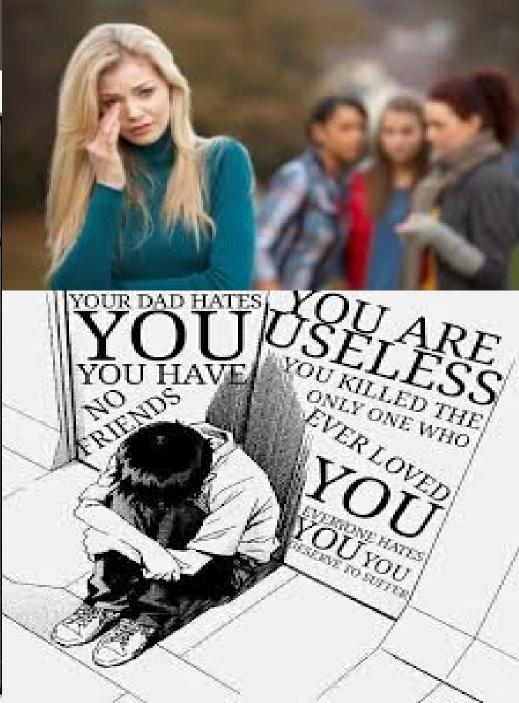
Get more free narcissism abuse recovery & support tools at QueenBeeing.com

AVOIDANT PERSONALITY DISORDER

- Show an extreme sensitivity to rejection & may lead socially withdrawn lives.
- Appear shy & need unusually strong guarantees of uncritical acceptance.
- Often described as having an inferiority complex.
- Schizoids want to be alone. Avoidan personalities don't.
- Not as demanding, unpredictable & irritable as borderlines or histrionics.
- Similar to dependent personality except that they have a strong fear of being abandoned or unloved, but it may be difficult to sort this out.

AVOIDANT PERSONALITY



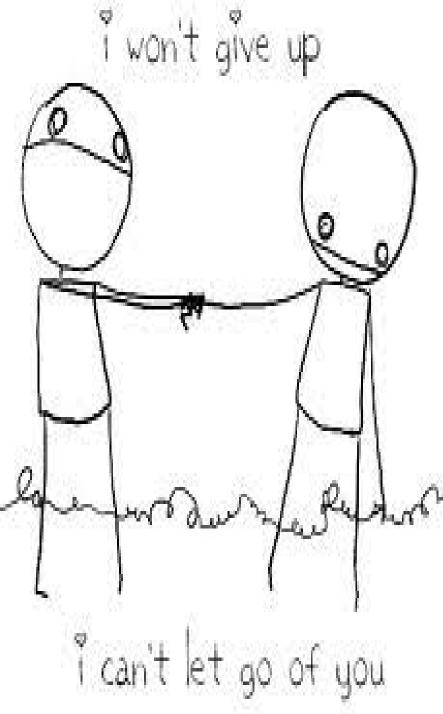


DEPENDANT PERSONALITY DISORDER

- A Pervasive & excessive need to be taken care of that leads to submissive & clinging behaviour & fears of separation.
- Traits of dependence are found in many disorders such as borderline & histrionic or agoraphobia.
- They tend to have a long term relationship with one person.
- Not overly manipulative.

Dependent personality





OBSESSIVE-COMPULSIVE DISORDER

RECURRENT, INTRUSIVE, UNDESIRED THOUGHTS (OBSESSIONS) AND/OR UNCONTROLLABLE REPETITIVE ACTS (COMPULSIONS)



OBSESSIONS AND COMPULSIONS ARE TIME CONSUMING AND CAUSE SIGNIFICANT DISTRESS IN A PATIENT'S DAILY LIFE

> COMPULSIONS CAN CONSIST OF PHYSICAL BEHAVIORS OR MENTAL ACTS, AND MAY TEMPORARILY RELIEVE ANXIETY

TREATMENT OPTIONS: SSRIS (TITRATED UP), CLOMIPRAMINE, BEHAVIORAL THERAPY

WWW.MEDCOMIC.COM

WASH YOUR

HANDS 10 TIMES,

OR ELSE.



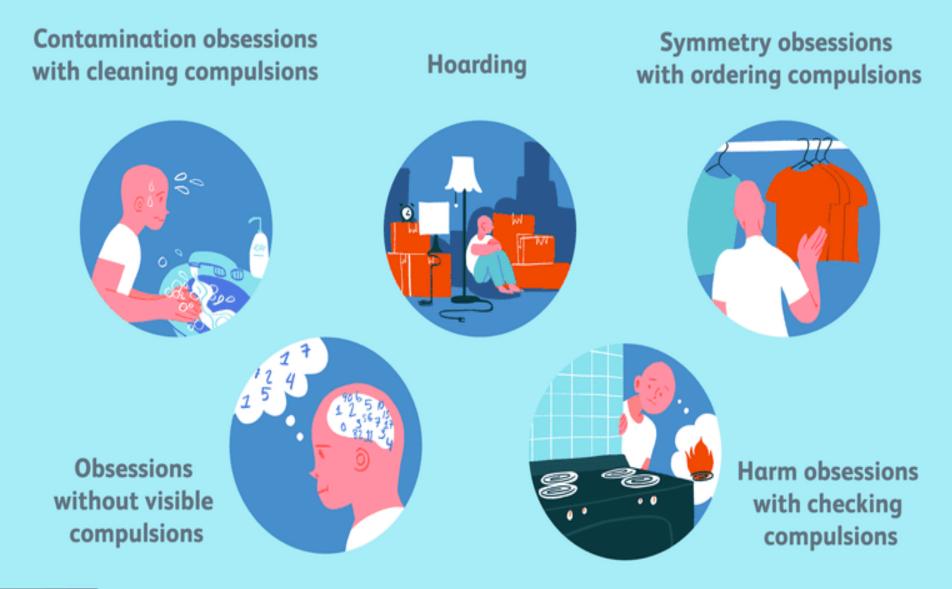
Obsessive-Compulsive Personality Disorder

 Obsessive-compulsive disorder (OCD) is an anxiety disorder in which time people have recurring, unwanted thoughts, ideas or sensations (obsessions) that make them feel driven to do something repetitively (compulsions). The repetitive behaviors, such as hand washing, checking on things or cleaning, can significantly interfere with a person's daily activities and social interactions.

Obsessive-Compulsive Personality Disorder

- For people with OCD, thoughts are persistent and unwanted routines and behaviors are rigid and not doing them causes great distress.
- Many people with OCD know or suspect their obsessions are not true; others may think they could be true (known as poor insight).
- Even if they know their obsessions are not true, people with OCD have a hard time keeping their focus off the obsessions or stopping the compulsive actions.

Subtypes of OCD





PSYCHOLOGICAL TREATMENT OF PERSONALITY DISORDERS

PSYCHOTHERAPY

- The modality & type is chosen according to the individual patient.
- Techniques vary from cognitive behavioural brief dynamic & extended deeper forms.
- Group therapy can be extremely helpful in certain types of personality disorders e.g.
 Schizoid personality disorder.
 Individual psychotherapy is more helpful in
 - certain cases e.g. paranoid personality disorder.

MEDICATION

 For Depression, anxiety disorders, etc.
 For certain behaviours that need to be controlled, e.g. Violence in the antisocial personality disorder. Can be managed by mood stabilizers (antiepileptic or lithium).

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