

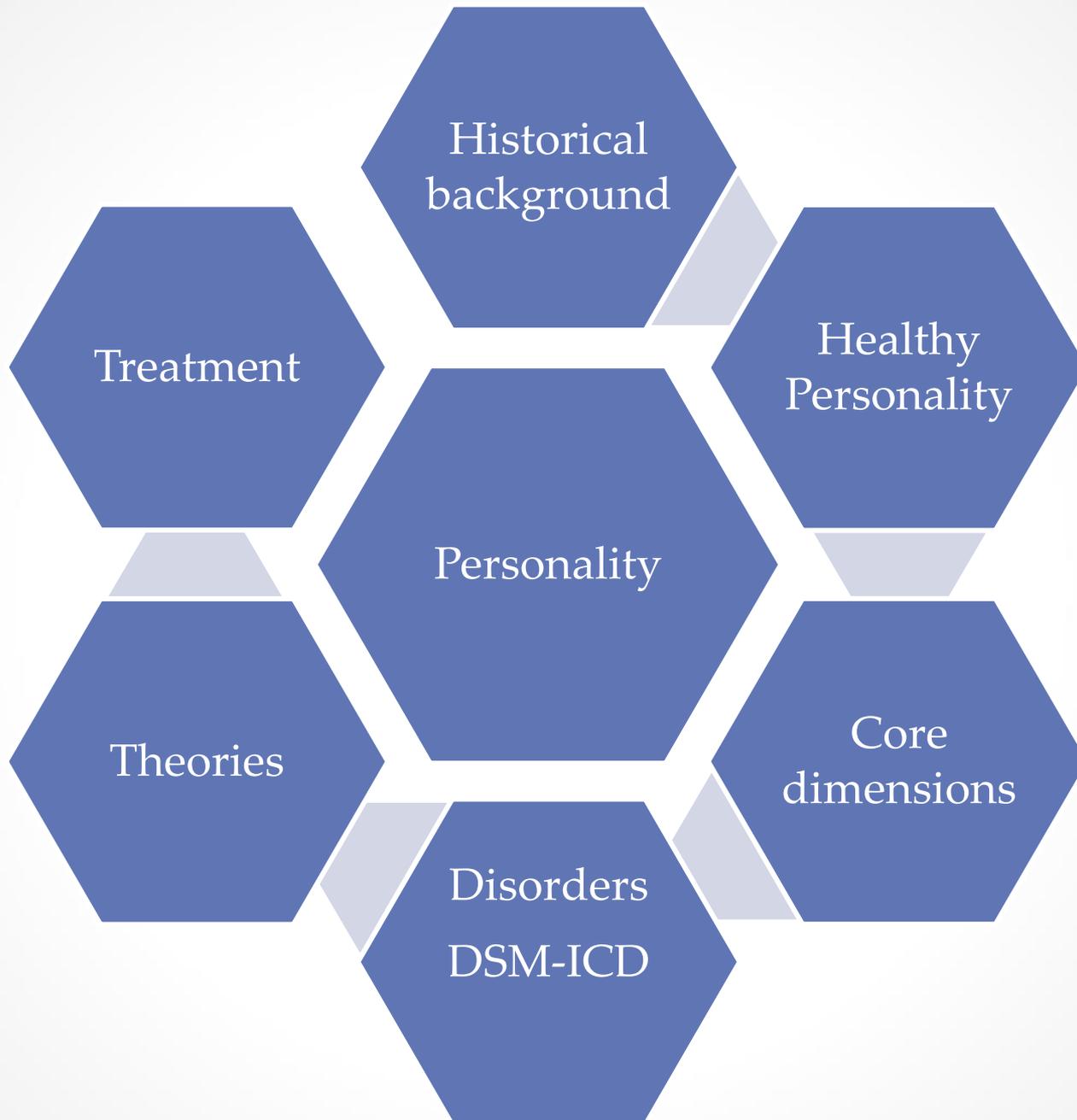
Personality disorders

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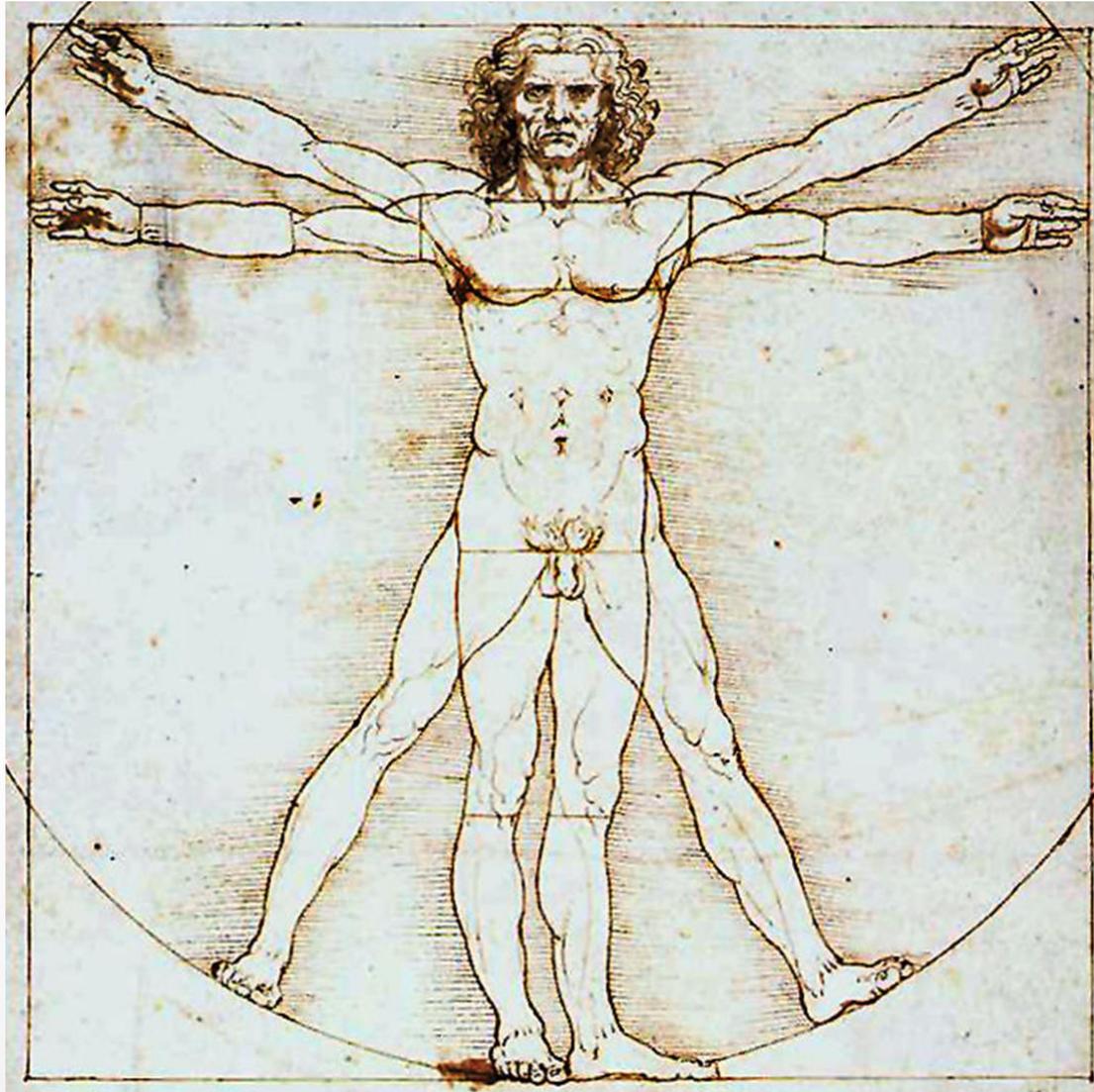
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The doctrine of the Four Elements

Humans were made of earth, air, water and fire



Ancient greek concept of personality types

Sanguine

optimistic and social
fire – blood

Choleric

short-tempered or irritable
air – *breathing*, yellow
gall/*bile*

Four
temperament

Melancholic

analytical and quiet
earth – flesh, black bile,

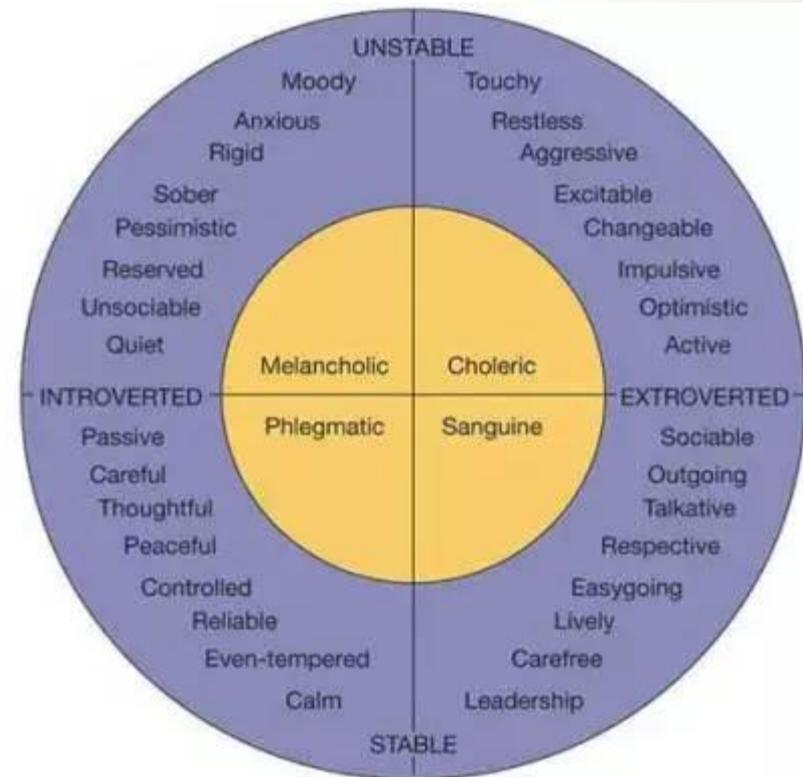
Phlegmatic

relaxed and peaceful
water – phlegm mucous

Eysenck's Personality Theory

Based on the results of factor analyses of responses on personality questionnaires he identified three dimensions of personality

- Introvert
- Extrovert
- Psychoticism
- Neurotics/Unstable

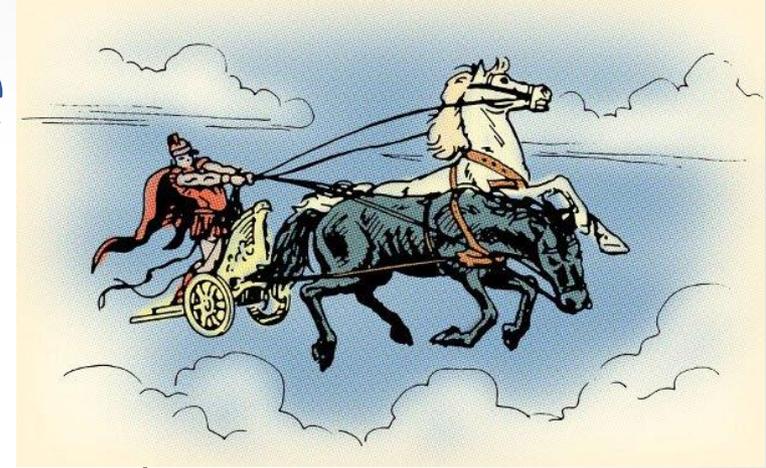


Cattell's 16PF Trait Theory

- Based on factor analysis
- 16 factor

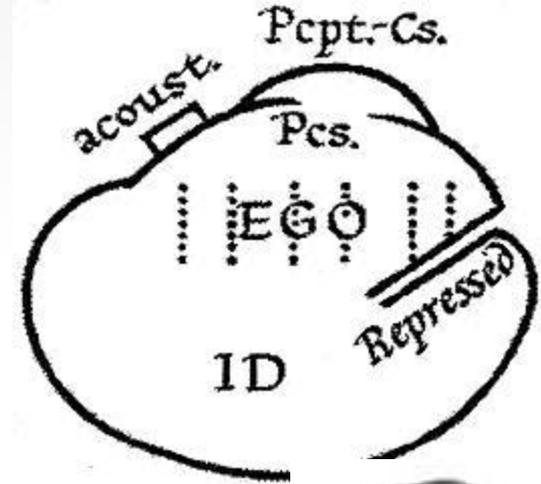
Factor	Low Score	High Score
Warmth	cold, selfish	supportive, comforting
Intellect	Instinctive, unstable	cerebral, analytical
Emotional Stability	Irritable, moody	level headed, calm
Aggressiveness	Modest, docile	controlling, tough
Liveliness	somber, restrained	wild, fun loving
Dutifulness	untraditional, rebellious	conformity, traditional
Social Assertiveness	shy, withdrawn	uninhibited, bold
Sensitivity	coarse, tough	touchy, soft
Paranoia	trusting, easy going	wary, suspicious
Abstractness	practical, regular	strange, imaginative
Introversion	open, friendly	private, quiet
Anxiety	confident, self-assured	fearful, self-doubting
Open-mindedness	close-minded, set-in-ways	curious, self-exploratory
Independence	outgoing, social	loner, crave solitude
Perfectionism	Disorganized, messy	orderly, thorough
Tension	relaxed, cool	stressed, unsatisfied

Plato's tripartite theory of soul



- The psyche is composed of three parts:
 - **The logical or *logistikon*** is the thinking part of the soul which loves the truth and seeks to learn it.
 - discerns what is the real and not merely apparent, judges what is true and what is false and wisely makes just decisions in accordance with its love for goodness.
 - **The spirited or *thymoeides*** is the part of the soul by which we are angry or get into a temper.
 - In the just soul, the spirited aligns with the *logistikon* and resists the desires of the appetitive, becoming manifested as 'indignation, strong displeasure at something considered unjust; righteous anger
 - In the unjust soul, the spirited ignores the *logistikon* and aligns with the desires of the appetitive, manifesting as the demand for the pleasures of the body.
 - **The appetitive or *epithymetikon*** is the part of the soul by which we experience carnal erotic love, hunger, thirst and in general the desires opposed to the *logistikon*.

Freud tripartite theory about the mind



It-Id-Es

- contains a human's basic, instinctual sexual and aggressive drives,
- the source of our bodily needs, wants, desires, and impulses
- id acts according to the "**pleasure principle**,"
- id is unconscious
- the only component of personality that is present from birth

I-Ego-Ich

- acts according to the **reality principle** i.e. it seeks to please the id's drive in realistic ways, conscious
- attempts to mediate between super-ego, id and reality
- the organized part of the personality structure that includes defensive, perceptual, intellectual-cognitive, and executive functions

Super-Ego-Über-Ich

- reflects the internalization of cultural rules, mainly taught by parents, educators, teachers, people chosen as ideal models
- conscience that criticizes and prohibits his or her drives, fantasies, feelings, and actions. Partly unconscious.

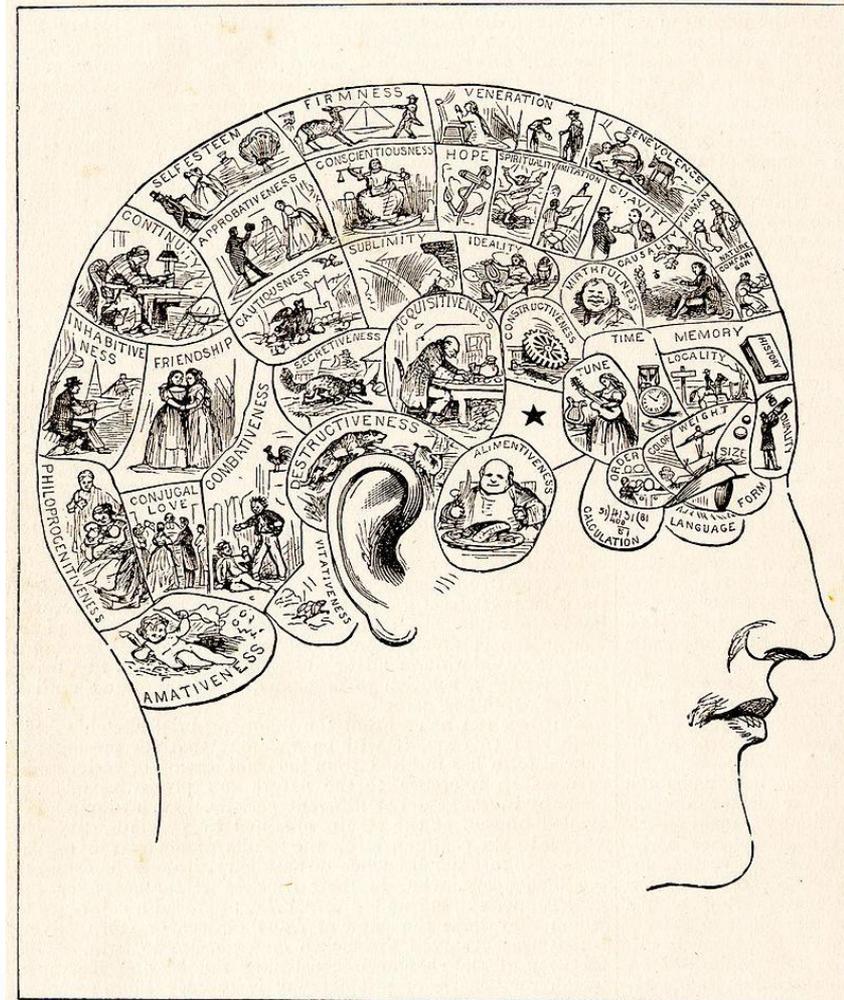
Aristotle and the faculties of soul

- Aristotle hypothesized four faculties of soul
 - iconic i.e. artistic,
 - pistic i.e. common-sense,
 - noetic i.e. intuition
 - dianoetic i.e. logic
- Aristotle was also one of the first thinker to hypothesize connections between physical aspects of the body and behavior

Franz Gall, phrenology

Phrenology, a doctrine that hypothesized correlations between specific brain areas and functions. Gall believed measurements of the skull could reveal something about individuals' inner thoughts and emotions, an assumption that paved the way for modern **neuropsychology**.

Gall's work was some of the first to move away from a philosophical explanation of behavior and personality into one rooted in anatomy.



Phrenological Chart of the Faculties.



Case of Phineas Gage

neuropsychology of personality

- Gage was a railroad construction worker from New Hampshire when, in 1848, an accident caused a tamping iron to be driven through the side of his face, behind his left eye and all the way through the top of his skull.
- Miraculously, Gage recovered. Though weakened, he was able to walk and speak.
- However, the brain damage from the accident resulted in numerous changes in his personality.
- His personality went
 - from moral and calm
 - to irreverent, impatient and profane.
 - His acquaintances said he was 'no longer Gage'.
- His case is one of the first to provide physical evidence that personality is linked to specific brain regions.



Abraham Maslow hierarchy of needs

"the study of crippled, stunted, immature, and unhealthy specimens can yield only a cripple psychology and a cripple philosophy.,,"

Self-Transcendence need:

higher goal outside oneself, in altruism and spirituality

Self-actualization need:

"What a man can be, he must be."

Esteem needs:

- Lower: the need for respect from others: status, recognition, fame,
- Higher: status, recognition, fame, prestige, and attention

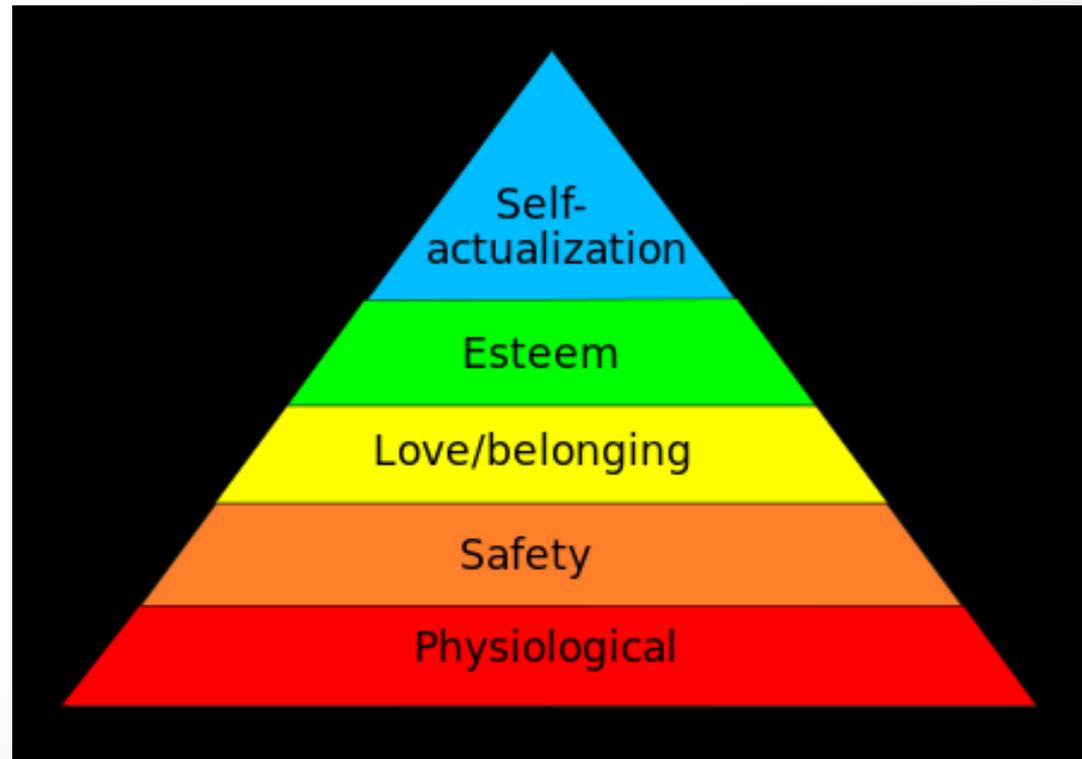
Love/belonging needs:

- Friendship, Intimacy, Family

Safety and Security needs include:

- Personal, financial security
- Health and well-being

Physiological needs:





Capacity to love

and its limitations (O.F. Kernberg, 2011)

- Falling in love
 - the incapacity to fall in love is an important diagnostic marker
- Interest in the life project of the other
 - The absence of this psychological capability of curiosity and interest in one's partner is one of the most dramatic consequences of narcissistic pathology
- Basic trust
 - Paranoid features block trust
- Capacity for authentic forgiveness
 - such a capacity for trust has to be differentiated from the denial of aggression and mistreatment on the part of the other, from masochistic submission to an unrealistic view of the couple's relationship.
- Humility and gratitude
- A common ego ideal as a joint life project
- Mature dependency as opposed to power dynamics
- The permanence of sexual passion
- Acceptance of loss, jealousy and boundary protection

PERSONALITY DISORDER

- Inhibition of normal behaviors
- Exaggeration of certain behaviors
- Oscillation, contradictory behaviors

DSM-IV PD Categories

Cluster A Odd

- Paranoid
- Schizoid
- Schizotypal

Cluster B Dramatic

- Antisocial
- Borderline
- Histrionic
- Narcissistic

Cluster C Anxious

- Avoidant
- Dependent
- Obsessive-compulsive

General Criteria for a Personality Disorder

DSM-IV

A. An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture. This pattern is manifested in two (or more) of the following areas:

1. Cognition (i.e., ways of perceiving and interpreting self, other people and events)
2. Affectivity (i.e., the range, intensity, liability, and appropriateness of emotional response)
3. Interpersonal functioning
4. Impulse control

B. The enduring pattern is inflexible and pervasive across a broad range of personal and social situations.

C. The enduring pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.

D. The pattern is stable and of long duration, and its onset can be traced back at least to adolescence or early adulthood.

E. The enduring pattern is not better accounted for as a manifestation or consequence of another mental disorder.

F. The enduring pattern is not due to the direct physiological effects of a substance (e.g., a drug abuse, a medication) or a general medical condition (e.g., head trauma).

DSM-V

- The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:
- A. Significant **impairments in self** (identity or self-direction) and **interpersonal** (empathy or intimacy) **functioning**.
- B. One or more pathological personality **trait domains** or trait facets.
- C. The impairments in personality functioning and the individual's **personality** trait expression are **relatively stable** across time and consistent across situations.
- D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's **developmental stage or socio-cultural environment**.
- E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct **physiological effects of a substance** (e.g., a drug of abuse, medication) or a **general medical condition** (e.g., severe head trauma).

Personality Disorder Trait Specified

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose a personality disorder, the following criteria must be met:

A. Significant impairments (i.e., mild impairment or greater) in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning.

B. One or more pathological personality trait domains OR specific trait facets within domains, considering ALL of the following domains.

1. Negative Affectivity
2. Detachment
3. Antagonism
4. Disinhibition vs. Compulsivity
5. Psychoticism

NOTE: Trait domain or one or more trait facets MUST be rated as “mildly descriptive or greater. If trait domain is rated as “mildly descriptive” then one or more of the associated trait facets MUST be rated as “moderately descriptive” or greater.

C. The impairments in personality functioning and the individual’s personality trait expression are relatively stable across time and consistent across situations.

D. The impairments in personality functioning and the individual’s personality trait expression are not better understood as normative for the individual’s developmental stage or socio-cultural environment.

E. The impairments in personality functioning and the individual’s personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

Level of Personality functioning

Self

Identity: Experience of oneself as unique, with clear boundaries between self and others; stability of self-esteem and accuracy of self-appraisal; capacity for, and ability to regulate, a range of emotional experience

Self-direction: Pursuit of coherent and meaningful short-term and life goals; utilization of constructive and prosocial internal standards of behavior; ability to self-reflect productively

Interpersonal

Empathy: Comprehension and appreciation of others' experiences and motivations; tolerance of differing perspectives; understanding of the effects of own behavior on others

Intimacy: Depth and duration of positive connections with others; desire and capacity for closeness; mutuality of regard reflected in interpersonal behavior

Self: Identity

- -Ongoing awareness of a unique self; maintains role-appropriate boundaries.
- -Consistent and self-regulated positive self-esteem, with accurate self-appraisal.
- -Capable of experiencing, tolerating and regulating a full range of emotions.
- -Experience of a unique self and sense of agency/autonomy are virtually absent, or are organized around perceived external persecution. Boundaries with others are confused or lacking.
- -Weak or distorted self-image easily threatened by interactions with others; significant distortions and confusion around self-appraisal.
- -Emotions not congruent with context or internal experience. Hatred and aggression may be dominant affects, although they may be disavowed and attributed to others.

Self: Self-direction

- -Sets and aspires to reasonable goals based on a realistic assessment of personal capacities.
- -Utilizes appropriate standards of behavior, attaining fulfillment in multiple realms.
- -Can reflect on, and make constructive meaning of, internal experience.
- -Poor differentiation of thoughts from actions, so goal-setting ability is severely compromised, with unrealistic or incoherent goals.
- -Internal standards for behavior are virtually lacking. Genuine fulfillment is virtually inconceivable.
- -Profound inability to constructively reflect upon own experience. Personal motivations may be unrecognized and/or experienced as external to self.

Interpersonal: Empathy

- -Capable of accurately understanding others' experiences and motivations in most situations.
- -Comprehends and appreciates others' perspectives, even if disagreeing.
- -Is aware of the effect of own actions on others.
- -Pronounced inability to consider and understand others' experience and motivation.
- -Attention to others' perspectives virtually absent (attention is hypervigilant, focused on need-fulfillment and harm avoidance).
- -Social interactions can be confusing and disorienting.

Interpersonal: Intimacy

- -Maintains multiple satisfying and enduring relationships in personal and community life.
- -Desires and engages in a number of caring, close and reciprocal relationships.
- -Strives for cooperation and mutual benefit and flexibly responds to a range of others' ideas, emotions and behaviors.
- -Desire for affiliation is limited because of profound disinterest or expectation of harm. Engagement with others is detached, disorganized or consistently negative.
- -Relationships are conceptualized almost exclusively in terms of their ability to provide comfort or inflict pain and suffering.
- -Social/interpersonal behavior is not reciprocal; rather, it seeks fulfillment of basic needs or escape from pain.

Personality disorder traits in DSM-5

Negative
affect

Detachment

Antagonism

Dysinhibition

Psychoticism

Borderline Personality Disorder

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose borderline personality disorder, the following criteria must be met:

- A. Significant impairments in **personality functioning** manifest by:
1. Impairments in **self functioning** (a or b):
 - a. **Identity:** Markedly impoverished, poorly developed, or unstable self-image, often associated with excessive self-criticism; chronic feelings of emptiness; dissociative states under stress.
 - b. **Self-direction:** Instability in goals, aspirations, values, or career plans.

AND

2. Impairments in **interpersonal functioning** (a or b):
 - a. **Empathy:** Compromised ability to recognize the feelings and needs of others associated with interpersonal hypersensitivity (i.e., prone to feel slighted or insulted); perceptions of others selectively biased toward negative attributes or vulnerabilities.
 - b. **Intimacy:** Intense, unstable, and conflicted close relationships, marked by mistrust, neediness, and anxious preoccupation with real or imagined abandonment; close relationships often viewed in extremes of idealization and devaluation.

Borderline Personality Disorder

B. Pathological **personality traits** in the following domains:

1. **Negative Affectivity**, characterized by:

- a. **Emotional lability**: Unstable emotional experiences and frequent mood changes; emotions that are easily aroused, intense, and/or out of proportion to events and circumstances.
- b. **Anxiousness**: Intense feelings of nervousness, tenseness, or panic, often in reaction to interpersonal stresses; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of falling apart or losing control.
- c. **Separation insecurity**: Fears of rejection by – and/or separation from – significant others, associated with fears of excessive dependency and complete loss of autonomy.
- d. **Depressivity**: Frequent feelings of being down, miserable, and/or hopeless; difficulty recovering from such moods; pessimism about the future; pervasive shame; feeling of inferior self-worth; thoughts of suicide and suicidal behavior.

2. **Disinhibition**, characterized by:

- a. **Impulsivity**: Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing or following plans; a sense of urgency and self-harming behavior under emotional distress.
- b. **Risk taking**: Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard to consequences; lack of concern for one's limitations and denial of the reality of personal danger.

3. **Antagonism**, characterized by:

- a. **Hostility**: Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults.

Borderline Personality Disorder

- C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.
- D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
- E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

Antisocial Personality Disorder

- The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose antisocial personality disorder, the following criteria must be met:
- A. Significant impairments in **personality functioning** manifest by:
 - 1. Impairments in **self functioning** (a or b):
 - a. **Identity:** Ego-centrism; self-esteem derived from personal gain, power, or pleasure.
 - b. **Self-direction:** Goal-setting based on personal gratification; absence of prosocial internal standards associated with failure to conform to lawful or culturally normative ethical behavior.
 - AND
 - 2. Impairments in **interpersonal functioning** (a or b):
 - a. **Empathy:** Lack of concern for feelings, needs, or suffering of others; lack of remorse after hurting or mistreating another.
 - b. **Intimacy:** Incapacity for mutually intimate relationships, as exploitation is a primary means of relating to others, including by deceit and coercion; use of dominance or intimidation to control others.

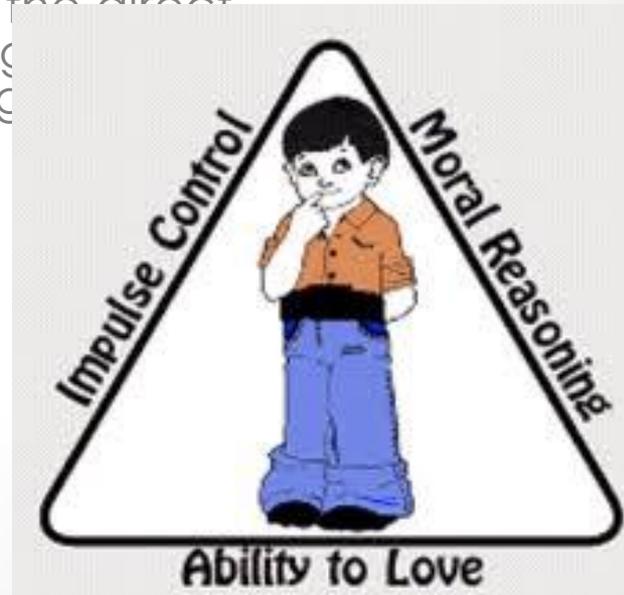
Antisocial Personality Disorder

Pathological **personality traits** in the following domains:

1. **Antagonism**, characterized by:
 - a. **Manipulativeness**: Frequent use of subterfuge to influence or control others; use of seduction, charm, glibness, or ingratiation to achieve one's ends.
 - b. **Deceitfulness**: Dishonesty and fraudulence; misrepresentation of self; embellishment or fabrication when relating events.
 - c. **Callousness**: Lack of concern for feelings or problems of others; lack of guilt or remorse about the negative or harmful effects of one's actions on others; aggression; sadism.
 - d. **Hostility**: Persistent or frequent angry feelings; anger or irritability in response to minor slights and insults; mean, nasty, or vengeful behavior.
2. **Disinhibition**, characterized by:
 - a. **Irresponsibility**: Disregard for – and failure to honor – financial and other obligations or commitments; lack of respect for – and lack of follow through on – agreements and promises.
 - b. **Impulsivity**: Acting on the spur of the moment in response to immediate stimuli; acting on a momentary basis without a plan or consideration of outcomes; difficulty establishing and following plans.
 - c. **Risk taking**: Engagement in dangerous, risky, and potentially self-damaging activities, unnecessarily and without regard for consequences; boredom proneness and thoughtless initiation of

Antisocial Personality Disorder

- C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.
- D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
- E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug or medication) or a general medical condition (e.g., trauma).
- F. The individual is at least age 18 years.



Avoidant Personality Disorder

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose avoidant personality disorder, the following criteria must be met:

- A. Significant impairments in **personality functioning** manifest by:
 - 1. Impairments in **self functioning**:
 - a. **Identity**: Low self-esteem associated with self-appraisal as socially inept, personally unappealing, or inferior; excessive feelings of shame or inadequacy.
 - b. **Self-direction**: Unrealistic standards for behavior associated with reluctance to pursue goals, take personal risks, or engage in new activities involving interpersonal contact.
 - 2. Impairments in **interpersonal functioning**:
 - a. **Empathy**: Preoccupation with, and sensitivity to, criticism or rejection, associated with distorted inference of others' perspectives as negative.
 - b. **Intimacy**: Reluctance to get involved with people unless being certain of being liked; diminished mutuality within intimate relationships because of fear of being shamed or ridiculed.

Avoidant Personality Disorder

- B. Pathological **personality traits** in the following domains:
1. **Detachment**, characterized by:
 - a. **Withdrawal**: Reticence in social situations; avoidance of social contacts and activity; lack of initiation of social contact.
 - b. **Intimacy avoidance**: Avoidance of close or romantic relationships, interpersonal attachments, and intimate sexual relationships.
 - c. **Anhedonia**: Lack of enjoyment from, engagement in, or energy for life's experiences; deficits in the capacity to feel pleasure or take interest in things.
 2. **Negative Affectivity**, characterized by:
 - a. **Anxiousness**: Intense feelings of nervousness, tenseness, or panic, often in reaction to social situations; worry about the negative effects of past unpleasant experiences and future negative possibilities; feeling fearful, apprehensive, or threatened by uncertainty; fears of embarrassment.

Avoidant Personality Disorder

- C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.
- D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
- E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

Narcissistic Personality Disorder

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose narcissistic personality disorder, the following criteria must be met:

- A. Significant impairments in **personality functioning** manifest by:
 - 1. Impairments in **self functioning** (a or b):
 - a. **Identity:** Excessive reference to others for self-definition and self-esteem regulation; exaggerated self-appraisal may be inflated or deflated, or vacillate between extremes; emotional regulation mirrors fluctuations in self-esteem.
 - b. **Self-direction:** Goal-setting is based on gaining approval from others; personal standards are unreasonably high in order to see oneself as exceptional, or too low based on a sense of entitlement; often unaware of own motivations.

AND

- 2. Impairments in **interpersonal functioning** (a or b):
 - a. **Empathy:** Impaired ability to recognize or identify with the feelings and needs of others; excessively attuned to reactions of others, but only if perceived as relevant to self; over- or underestimate of own effect on others.
 - b. **Intimacy:** Relationships largely superficial and exist to serve self-esteem regulation; mutuality constrained by little genuine interest in others' experiences and predominance of a need for personal gain.

Narcissistic Personality Disorder

- B. Pathological **personality traits** in the following domain:
 - 1. **Antagonism**, characterized by:
 - a. **Grandiosity**: Feelings of entitlement, either overt or covert; self-centeredness; firmly holding to the belief that one is better than others; condescending toward others.
 - b. **Attention seeking**: Excessive attempts to attract and be the focus of the attention of others; admiration seeking.
- C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.
- D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
- E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

Obsessive-Compulsive Personality Disorder

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose obsessive-compulsive personality disorder, the following criteria must be met:

- A. Significant impairments in **personality functioning** manifest by:
 - 1. Impairments in **self functioning** (a or b):
 - a. **Identity:** Sense of self derived predominantly from work or productivity; constricted experience and expression of strong emotions.
 - b. **Self-direction:** Difficulty completing tasks and realizing goals associated with rigid and unreasonably high and inflexible internal standards of behavior; overly conscientious and moralistic attitudes.

AND

- 2. Impairments in **Interpersonal Functioning** (a or b):
 - a. **Empathy:** Difficulty understanding and appreciating the ideas, feelings, or behaviors of others.
 - b. **Intimacy:** Relationships seen as secondary to work and productivity; rigidity and stubbornness negatively affect relationships with others.

Obsessive-Compulsive Personality Disorder

- B. Pathological **personality traits** in the following domains:
- 1. **Compulsivity**, characterized by:
 - a. **Rigid perfectionism**: Rigid insistence on everything being flawless, perfect, without errors or faults, including one's own and others' performance; sacrificing of timeliness to ensure correctness in every detail; believing that there is only one right way to do things; difficulty changing ideas and/or viewpoint; preoccupation with details, organization, and order.
- 2. **Negative Affectivity**, characterized by:
 - a. **Perseveration**: Persistence at tasks long after the behavior has ceased to be functional or effective; continuance of the same behavior despite repeated failures.
- C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.
- D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
- E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct physiological effects of a substance (e.g., a drug of abuse, medication) or a general medical condition (e.g., severe head trauma).

Schizotypal Personality Disorder

The essential features of a personality disorder are impairments in personality (self and interpersonal) functioning and the presence of pathological personality traits. To diagnose schizotypal personality disorder, the following criteria must be met:

- A. Significant impairments in **personality functioning** manifest by:
 - 1. Impairments in **self functioning** (a or b):
 - a. **Identity:** Confused boundaries between self and others; distorted self-concept; emotional expression often not congruent with context or internal experience.
 - b. **Self-direction:** Unrealistic or incoherent goals; no clear set of internal standards.

AND

- 2. Impairments in **interpersonal functioning** (a or b):
 - a. **Empathy:** Pronounced difficulty understanding impact of own behaviors on others; frequent misinterpretations of others' motivations and behaviors.
 - b. **Intimacy:** Marked impairments in developing close relationships, associated with mistrust and anxiety.

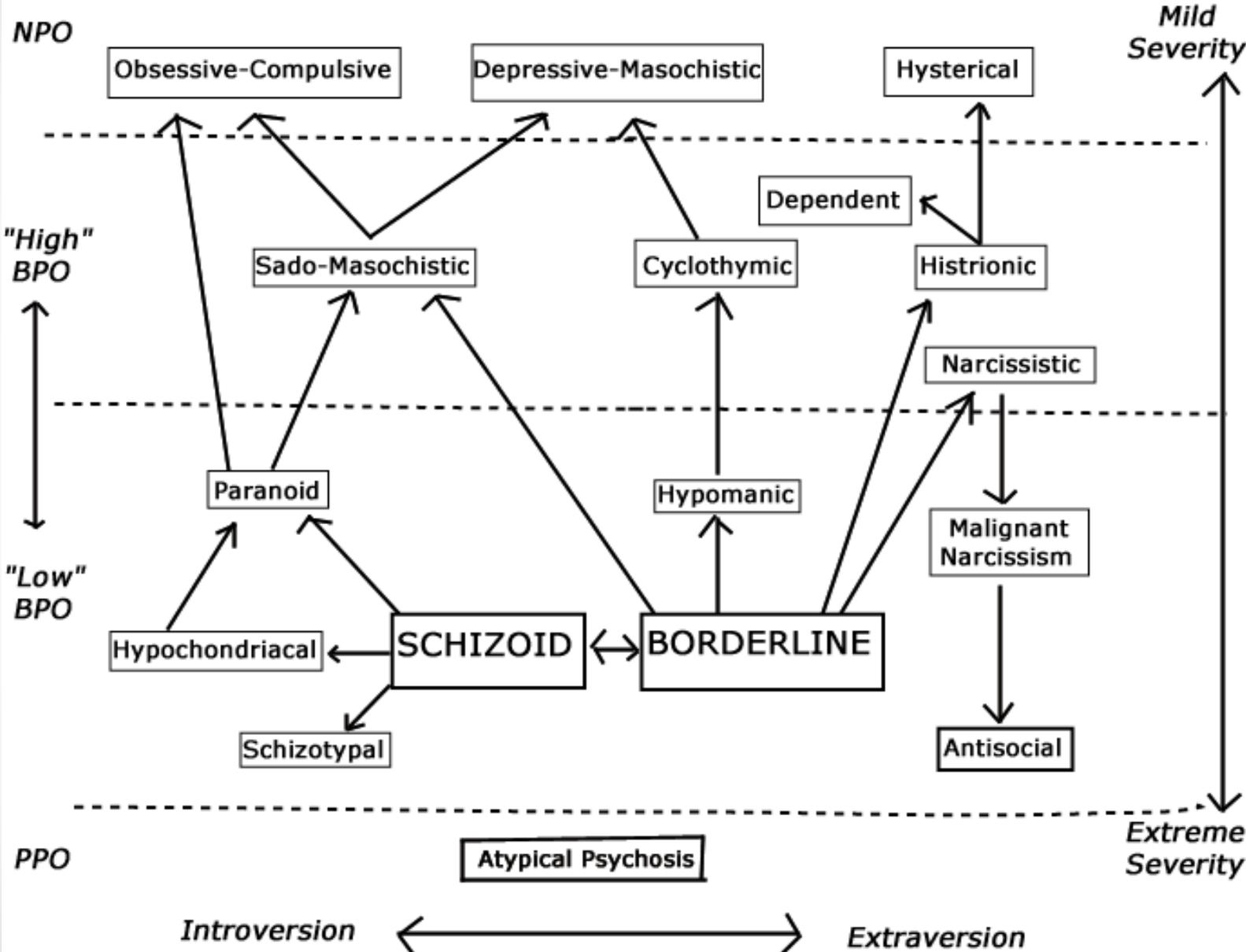
Schizotypal Personality Disorder

- B. Pathological **personality traits** in the following domains:
- 1. **Psychoticism**, characterized by:
 - a. **Eccentricity**: Odd, unusual, or bizarre behavior or appearance; saying unusual or inappropriate things.
 - b. **Cognitive and perceptual dysregulation**: Odd or unusual thought processes; vague, circumstantial, metaphorical, over-elaborate, or stereotyped thought or speech; odd sensations in various sensory modalities.
 - c. **Unusual beliefs and experiences**: Thought content and views of reality that are viewed by others as bizarre or idiosyncratic; unusual experiences of reality.
- 2. **Detachment**, characterized by:
 - a. **Restricted affectivity**: Little reaction to emotionally arousing situations; constricted emotional experience and expression; indifference or coldness.
 - b. **Withdrawal**: Preference for being alone to being with others; reticence in social situations; avoidance of social contacts and activity; lack of initiation of social contact.
- 3. **Negative Affectivity**, characterized by:
 - a. **Suspiciousness**: Expectations of – and heightened sensitivity to – signs of interpersonal ill-intent or harm; doubts about loyalty and fidelity of others; feelings of persecution.

Schizotypal Personality Disorder

- C. The impairments in personality functioning and the individual's personality trait expression are relatively stable across time and consistent across situations.
- D. The impairments in personality functioning and the individual's personality trait expression are not better understood as normative for the individual's developmental stage or socio-cultural environment.
- E. The impairments in personality functioning and the individual's personality trait expression are not solely due to the direct
 - physiological effects of a substance (e.g., a drug of abuse, medication) or a general

Personality Disorders: Their Mutual Relationships



Prevalence of PDs

- About one in seven U.S. adults has at least one personality disorder, many have more than one.
- Obsessive-compulsive P.D. 8 %
- Paranoid personality disorder affects 4.4 percent;
- Antisocial personality disorder, 3.6 percent;
- Schizoid personality disorder, 3.1 percent;
- Schizotypal personality disorder, 3 percent;
- Avoidant personality disorder, 2.4 percent;
- Borderline personality disorder, 2 percent;
- Histrionic personality disorder, 1.8 percent.
- Narcissistic and Dependent P.D. affect less than 1 %

Gender differences

- More women than men develop
 - avoidant,
 - borderline
 - only in the clinical sample, missing BPD men are in prison
 - dependent
- Men are much more likely than women to have
 - antisocial personality disorder and
 - obsessive-compulsive personality disorder
 - paranoid personality disorders.

Risk factors

- A history of childhood verbal, physical or sexual abuse
- A family history of schizophrenia
- A family history of personality disorders
- A childhood head injury
- Being a young adult
- Being divorced, separated, widowed or never married
- Having low economic status

Complications: People with personality disorders are at significantly increased risk of

- [Social isolation](#). An inability to forge and maintain healthy relationships, lack of desire for closeness, or extreme shyness may cause those with personality disorders to be socially disconnected.
- [Suicide](#). The risk of self-inflicted injury and suicide is highest among people with cluster B personality disorders, including histrionic, narcissistic, antisocial and borderline personality disorders.
- [Substance abuse](#). Those with cluster B personality disorders are at especially increased risk of alcohol and drug addiction.

Complications: People with personality disorders are at significantly increased risk of

- **Depression, anxiety and eating disorders.** People with all types of personality disorders are at increased risk of developing other psychiatric problems.
- **Self-destructive behavior.** People with borderline personality disorder are particularly at risk of engaging in dangerous behaviors such as risky sex and gambling. Those with dependent personality disorder — who may tolerate mistreatment in order to stay in a relationship — are at increased risk of physical, emotional and sexual abuse.

Complications: People with personality disorders are at significantly increased risk of

- **Violence and homicide.** Aggressive behavior is a significant risk among those with paranoid and antisocial personality disorders.
- **Incarceration.** People with antisocial personality disorder are at increased risk of committing serious crimes. The condition is common among prisoners.
- **The intensity of the symptoms of personality disorders may change over time.** The symptoms of cluster A and cluster B personality disorders may become less severe later in life. Those with cluster C personality disorders often experience worsening symptoms as they age.

Negative Prognostic Factors

- Pervasive aggression
- Antisocial features
- Secondary gain (chronic support system)
- Severely restricted object relations
- No love life; low attractiveness
- Low intelligence
- No work or shifting lifestyle
- Negative therapeutic reaction

TREATMENTS

- Psychopharmacology
 - SSRI's, Neuroleptics, Mood Stabilizers
- Psychotherapy (BPD)
 - Supportive Psychotherapy
 - Dialectical Behavior Therapy
 - Transference-Focused Psychotherapy
 - Mentalization Based Therapy
 - Cognitive therapy
 - Young Schema Focused Therapy (BPD, Cluster C)