

PERSONALITY DISORDERS

CC- 7- psychopathology

M.A-2nd Semester

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PERSONALITY DISORDERS

Personality disorders reflect persistent thoughts, feelings, and behaviors that are significantly different from the norms in the individual's culture (Criterion A). Specifically, these differences involve the ABCs of psychological functioning:

- *affect*, which refers to the range, intensity, and changeability of emotions and emotional responsiveness and the ability to regulate emotions;
- *Behavior*, which refers to the ability to control impulses and interactions with others; and
- *Cognition (mental processes and mental contents)*, which refers to the perceptions and interpretations of events, other people, and oneself.

DSM-IV-TR GENERAL DIAGNOSTIC CRITERIA FOR A PERSONALITY DISORDER

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 of abuse, a medication) or a general medical condition (e.g., head trauma).

DSM-IV-TR PERSONALITY DISORDER

Cluster A involves odd or eccentric behaviors:

Paranoid personality disorder is characterized by mistrust and suspicion of others. *Schizoid personality disorder* is characterized by few close relationships and a limited range of emotional expression.

Schizotypal personality disorder is characterized by few close relationships and eccentric perceptions, thoughts, and behaviors.

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Cluster B involves emotional, dramatic, or erratic behaviors:

Antisocial personality disorder is characterized by repeated violation of or disregard for the rights of others.

Borderline personality disorder is characterized by rapidly changing emotions, unstable relationships, and impulsivity.

Histrionic personality disorder is characterized by exaggerated emotions and excessive attention-seeking behaviors.

Narcissistic personality disorder is characterized by an excessive sense of self importance and difficulty appreciating other people's perspectives.

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Cluster C involves anxious and fearful behaviors:

Avoidant personality disorder is characterized by a heightened sensitivity to rejection and social inhibition.

Dependent personality disorder is characterized by submissive, clingy behavior intended to elicit care from others, along with dependence on others for decision making and reassurance.

Obsessive-compulsive personality disorder is characterized by orderliness, perfectionism, and control at the expense of spontaneity and flexibility.

Prevalence

- Researchers estimate that up to 14% of Americans will have at least one personality disorder over the course of their lives (Grant, Hasin, et al., 2004; Lenzenweger, 2006; Samuels et al., 2002; Torgersen et al., 2001).

Comorbidity

- Up to 75% of those with a personality disorder will also be diagnosed with an Axis I disorder (Dolan-Sewell, Krueger, & Shea, 2001; Lenzenweger, 2006).
- Common comorbid disorders from Axis I are mood disorders, anxiety disorders, and substance-related disorders (Grant, Stinson, et al., 2004; Johnson, Cohen, Kasen, & Brook, 2006a; Lenzenweger, 2006).
- Around 50% of people with a personality disorder will be diagnosed with at least one other personality disorder (Skodol, 2005).

Onset

- The DSM-IV-TR diagnostic criteria require that symptoms arise by young adulthood.
- For one personality disorder—antisocial personality disorder—a diagnostic criterion requires that symptoms arise before age 15.

Course

- Symptoms of personality disorders are often relatively stable, but they may fluctuate or improve as people go through adulthood.

Gender Differences

- Specific personality disorders have gender differences in prevalence, but there is no such difference across all personality disorders.

TREATMENT

Targeting Neurological Factors in Personality Disorders

Treatments for personality disorders that target neurological factors include antipsychotics, antidepressants, mood stabilizers, or other medications.

Targeting Psychological Factors in Personality Disorders

Psychodynamic therapy -Psychodynamic therapy addresses unconscious drives and motivations.

Cognitive-behavior therapy (CBT) addresses maladaptive views of self and others and negative beliefs that give rise to the problematic feelings, thoughts, and behaviors of the personality Disorder.

In treating all personality disorders, CBT is intended to increase the patient's sense of self-efficacy and mastery and to modify the negative, unrealistic beliefs that lead to maladaptive behaviors.

Motivational enhancement strategies to help patients identify goals and become willing to work with the therapist.

Targeting Social Factors in Personality Disorders

Guidelines for treating personality disorders stress the importance of the relationship between therapist and patient, who must collaborate on the goals and methods of therapy. In fact, the relationship between patient and therapist may often become a focus of treatment as the patient's typical style of interacting with others plays out in the therapy relationship. This relationship often provides an opportunity for the patient to become aware of his or her interaction style and to develop new ways to interact with others. Family education, family therapy, or couples therapy can provide a forum for family members to learn about the patient's personality disorder and to receive practical advice about how to help the patient.

Family therapy can provide support for families as they strive to change their responses to the patient's behavior, thereby changing the reinforcement contingencies.