**Module 13: Personality Disorders**

LEARNING OBJECTIVES

**13.1. Clinical Presentation**

* Define personality trait.
* Define personality disorder.
* List the defining features of personality disorders.
* Describe the three clusters.
* Describe how paranoid personality disorder presents.
* Describe how schizoid personality disorder presents.
* Describe how schizotypal personality disorder presents.
* Describe how antisocial personality disorder presents.
* Describe how borderline personality disorder presents.
* Describe how histrionic personality disorder presents.
* Describe how narcissistic personality disorder presents.
* Describe how avoidant personality disorder presents.
* Describe how dependent personality disorder presents.
* Describe how obsessive-compulsive personality disorder presents.

**13.2. Epidemiology**

* Describe the epidemiology of Cluster A personality disorders.
* Describe the epidemiology of Cluster B personality disorders.
* Describe the epidemiology of Cluster C personality disorders.

**13.3. Comorbidity**

* Describe the comorbidity of personality disorders.

**13.4. Etiology**

* Describe the biological causes of personality disorders.
* Describe the psychological causes of personality disorders.
* Describe the social causes of personality disorders.

**13.5. Treatment**

* Describe treatment options for personality disorders.

KEY TERMS

**Ambivalent Attachment**: A style of attachment in which an individual has conflicting feelings toward their caregiver or partner. Individuals with this attachment style often exhibit clingy and dependent behavior and may struggle with developing healthy, stable relationships.

**Antisocial Personality Disorder**: Characterized by a persistent pattern of disregard for, and violation of, the rights of others. This behavior often begins in late childhood or early adolescence and includes deceitfulness, impulsivity, irritability, aggression, disregard for safety, and a lack of remorse.

**Anxious Attachment**: An attachment style marked by constant worry about relationships, fear of abandonment, and a feeling of being unappreciated or unloved. These individuals are often overly dependent and seek reassurance from others.

**Attachment Style:** The characteristic way people relate to others in the context of intimate relationships, which is heavily influenced by self-worth and interpersonal trust. Theoretically, the degree of attachment security in adults is related directly to how well they bonded to others (especially caregivers) as children.

**Avoidant Personality Disorder**: Characterized by social inhibition, feelings of inadequacy, and sensitivity to negative evaluation. Individuals with this disorder tend to avoid social interactions and intimate relationships due to fear of rejection and criticism.

**Borderline Personality Disorder**: Displays a pervasive pattern of instability in interpersonal relationships, self-image, and affect. It includes intense fears of abandonment, impulsive behaviors, mood fluctuations, and difficulties with self-image.

**Cluster A Personality Disorders**: Include paranoid, schizoid, and schizotypal personality disorders. These are characterized by odd or eccentric behaviors, social awkwardness, and social withdrawal.

**Cluster B Personality Disorders**: Comprise antisocial, borderline, histrionic, and narcissistic personality disorders, characterized by dramatic, emotional, or erratic behaviors. These disorders often involve problems with impulse control and emotional regulation.

**Cluster C Personality Disorders**: Consist of avoidant, dependent, and obsessive-compulsive personality disorders. These are characterized by anxious or fearful behaviors and thoughts. These disorders often overlap with symptoms of anxiety and depressive disorders.

**Cognitive Distortions**: Refers to irrational or exaggerated thought patterns. For instance, dichotomous thinking (all-or-nothing thinking) is observed in several personality disorders, including OCPD, dependent, and borderline personality disorders.

**Dependent Personality Disorder**: Characterized by a pervasive and excessive need to be taken care of by others, leading to submissive and clinging behaviors. Individuals with this disorder often struggle with decision-making and self-confidence, and have a fear of abandonment.

**Dialectical Behavioral Therapy (DBT)**: A form of cognitive-behavioral therapy developed for treating borderline personality disorder. It focuses on reducing suicidal behavior, therapy-interfering behavior, improving quality of life, and reducing post-traumatic stress symptoms.

**Dichotomous Thinking**: A cognitive distortion where things are viewed in black-and-white terms, without recognizing the middle ground. It's observed in several personality disorders, including OCPD, dependent, and borderline personality disorders.

**Discounting the Positive**: A cognitive distortion where positive attributes or events are ignored or discounted. It is particularly relevant in explaining the mechanisms underlying avoidant personality disorder.

**Disorganized Attachment**: This attachment style is rooted in unpredictable and inconsistent behavior from caregivers during a child’s formative years. This insecure style of attachment develops when kids are raised in an environment that elicits fear, often involving abuse or a lack of reliability. Over time, this fear compounds and results in avoidance tendencies, sparking a pattern of dissociation from caregivers, and ultimately, a lack of meaningful bonds with others.

**Histrionic Personality Disorder**: Characterized by pervasive and excessive emotionality and attention-seeking behavior. Individuals with this disorder may act dramatically or inappropriately to be the center of attention and may dress or behave in sexually provocative ways.

**Ideas of Reference**: A symptom most prominently featured in schizotypal personality disorder, where individuals believe that unrelated events pertain to them in special and unusual ways, leading to superstitious or paranormal beliefs and behaviors.

**Narcissistic Personality Disorder**: Defined by patterns of grandiosity, a need for excessive admiration, and a lack of empathy for others. Individuals with this disorder often display a sense of entitlement, exploit others, and are envious of others or believe others are envious of them.

**Obsessive-Compulsive Personality Disorder (OCPD)**: Characterized by a preoccupation with orderliness, perfectionism, and control, often at the expense of flexibility, openness, and efficiency. This disorder involves excessive attention to details and rigid adherence to rules, often leading to interpersonal difficulties.

**Paranoid Personality Disorder**: Marked by a pervasive distrust and suspicion of others, interpreting others' motives as malevolent. Individuals with this disorder often doubt the loyalty or trustworthiness of others and may hold grudges.

**Personality Disorders**: Enduring patterns of inner experience and behavior that deviate markedly from cultural norms, are pervasive and inflexible, have onset in adolescence or early adulthood, are stable over time, and lead to distress or impairment. They include distorted thinking patterns, problematic emotional responses, over- or under-regulated impulse control, and interpersonal difficulties.

**Personality Traits**: A relatively stable, consistent, and enduring internal characteristic that is inferred from a pattern of behaviors, attitudes, feelings, and habits in the individual. The study of personality traits can be useful in summarizing, predicting, and explaining an individual’s conduct

**Schizoid Personality Disorder**: Characterized by a persistent pattern of avoidance of social relationships and a limited range of emotional expression in interpersonal settings. Individuals with this disorder often appear indifferent to social relationships and show little emotion.

**Schizotypal Personality**: Includes impairments in social and interpersonal relationships due to discomfort, odd cognitive or perceptual distortions, and eccentric behaviors. This disorder is marked by ideas of reference, unusual perceptions, and social anxiety.

**Secure Attachment**: A style of attachment that combines a positive internal working model of attachment of oneself, characterized by a view of oneself as worthy of love, and a positive internal working model of attachment of others, characterized by the view that others are generally accepting and responsive.