Key Dates

- TU Feb 28 Begin Dimensions-Cognition, Units IIC and 11; MW Ch 6 Sally, Daniel, and Theodor K

- TH Mar 2 Unit 12-13; MW Ch 4 Anna, Ch 14 Temple

- TU Mar 7 Begin Dimensions-Physical, Units IID and Unit 14; MW Ch 5 Alix, Pam; Term Paper Step 1

- TH Mar 9 Units 15-16; MW Ch 8 Tim, Marilyn

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Psychology Career Workshop
Monday February 27th
5:30pm
HSS 165

This workshop is sponsored and presented by the Department of Psychology. All are welcome.

Goal: To recognize and differentiate different forms of psychopathology that involve deeply-engrained patterns of behavior associated with individual personality

UNIT 10: PERSONALITY

Learning Outcomes

- By the end of this class, you should be able to:
  - Explain the key "ingredient" that goes into how the *DSM-5* diagnoses personality disorders
  - List at least three of the reasons why diagnosing personality disorders can be so tricky
  - Identify and define the key characteristics of what the *DSM* calls antisocial personality disorder
  - Identify and define the key characteristics of what the *DSM* calls borderline personality disorder
  - Explain the *DSM*'s view of whether personality disorders can be diagnosed in children

Personality

- "Personality" is a construct, an inferred quality comprising deeply-engrained and enduring ways that individuals feel, view their world, interact with others, and cope with challenges
- Psychologists have been studying "personality" for decades

Personality

- Personality is most often viewed as a collection of traits:
  - Traits are dimensional (more or less of any trait)
  - Traits can be measured reasonably well through various tests and inventories
  - Factor analysis is a statistical method for identifying how certain traits cluster together into patterns
  - The Big Five factor model (openness to experience, conscientiousness, extroversion, agreeableness, neuroticism)
- The difference between symptoms and traits

Personality

Personality disorders
- Enduring patterns of inner experience and behavior that deviate from cultural expectations
- Involve cognition, affectivity (emotional experience and expression), interpersonal functioning, and impulse control
- Comprise maladaptive traits that are inflexible and pervasive
- Lead to significant impairment (usually) and/or significant distress (less often)
- Have onset in adolescence or early adulthood, with long duration, possible lifetime course

Personality

Category versus dimension

◉ DSM-5 currently lists 10 different types of personality disorder, each presumably easily distinguishable from all the others

◉ Many psychologists prefer a dimensional approach, where people have scores on a variety of traits

◉ DSM-5 has an appendix that presents a first "draft" of how a dimensional approach to classification in the future might work

◉ Other problems:

- Absence of distress or insight, so diagnosis is often imposed and treatment not voluntarily sought
- Poor diagnostic reliability, and frequent overlap, with people receiving more than one PD diagnosis

Personality

The "clusters"

- Cluster A (odd or eccentric)
  - Paranoid personality disorder
  - Schizoid personality disorder
  - Schizotypal personality disorder
  - More closely connected with disturbances in thoughts and attitudes, so will be covered in units on Cognition
- Cluster B (dramatic, emotional, or erratic)
- Cluster C (anxious or fearful)
- Overlapping diagnoses are usually *within* clusters, not between them

Personality

Cluster B

- Antisocial, borderline, histrionic, narcissistic personality disorders
- Main components involve
  - Manipulation of others
  - Impulsivity
  - Aggressiveness
  - Attention-seeking
- Prevalence of each might be 1.5%, though some suggest higher
- Prevalence noticeably higher in prison samples and samples from alcohol and drug abuse treatment centers

Personality

Antisocial personality disorder: most frequently studied

- Related (but not identical) terms: psychopath, sociopath
- Disregard for and violation of the rights of others (illegal acts, deceitfulness, impulsivity, aggressiveness, irresponsibility, absence of remorse, no capacity for empathy)—not *asocial*!
- Must be 18, but must also meet criteria for diagnosis of conduct disorder before age 15
- Predominantly male, diagnosed more often in lower SES, possible racial/ethnic bias
- Closely linked with criminal behavior (prevalence >70% in many prisons)

Personality

Borderline personality disorder

- Why "borderline"?
- Significant instability in interpersonal relationships, self-image, and mood
- Impulsive, prone to dramatic and manipulative self-damaging gestures, including suicide attempts
- Periods of intense depression, irritability, anger, anxiety, sometimes linked to very irrational actions
- Prevalence ~2%, female:male 3:1 ratio
- Chronic, but might diminish with age

Personality

- Histrionic personality disorder
  - Excessive but superficial emotionality
  - Constant attention-seeking with overly-dramatic, "theatrical," presentation
  - Can be very flirtatious, sexually-seductive
- Narcissistic personality disorder
  - Inflated sense of self-importance
  - Intense focus on self and exaggerated emphasis on their own successes, abilities, beauty, etc.
  - Sense of being entitled to special treatment, always needing to be admired
- Wide variations in estimates of prevalence: 0.5% to more than 6% for each

Personality

- Cluster C
  - Avoidant, dependent, obsessive-compulsive personality disorders
  - Main components involve
    - Social inhibition
    - Anxious, fearful, and/or controlling in dealings with others
    - Difficulties in dealing with day-to-day stresses
  - Prevalence of any of the 3 tends to be around 6%
  - No gender differences for avoidant, but dependent more likely to be diagnosed in females, obsessive-compulsive in males
  - OCPD ≠ OCD

Personality

- Personality change due to another medical condition
  - Often seen in patients who have suffered brain injury or brain disease such as dementia or stroke
  - Many types have been described
    - Labile
    - Disinhibited
    - Aggressive
    - Apathetic
    - Paranoid

Personality

Differential and co-morbid considerations

- Other specified (most commonly used for "mixed" patterns) and unspecified (most commonly used when not enough of the required traits for a particular diagnosis are present)
- Differential diagnosis and co-morbidity:
  - Distinguishing "quirks" and "eccentricities" from personality disorders is a challenge, as is the categorical structure
  - Some research suggests these disorders are not as chronic as usually assumed
  - Frequent instances of co-morbidity (>50%), especially depressive and substance use disorders