



Personality and Individual Differences

PERSONALITY DISORDERS

Outline

- Introduction to personality disorders
- DSM-5 criteria
- Clusters of personality disorders
 - Specific personality disorders



Personality Disorders

What is a personality disorder?

- “an **enduring** pattern of inner experience and behaviour that **deviates markedly** from the expectations of the individual's culture, is pervasive and inflexible, **has an onset in adolescence or early adulthood**, is stable over time, and **leads to distress or impairment**” (American Psychiatric Association, 2013).



Personality Disorders

- **Ten** personality disorders organised into three clusters (DSM-5)
- Personality disorders are present in between 9 and 13% of the population (Williams, 2024)
- Some disorders are seen more frequently in males (e.g., antisocial personality disorder) and some more frequently in females (e.g., borderline personality disorder)



Diagnostic and Statistical Manual of Mental Disorders (DSM-5)

Authoritative guide to diagnosis of mental disorders

Used by professionals in much of the world

Contains descriptions, lists of symptoms, and other criteria for diagnosing mental disorders

Personality Disorders in the DSM-5

- Based upon presence of specific impairments in two areas:
 1. Significant impairments in self (identity or self-direction) and interpersonal (empathy or intimacy) functioning
 2. One or more pathological personality trait domain/facet



Personality Disorders in the DSM-5

Also used for diagnosis:

- Impairments in personality functioning and trait expression are relatively stable across time, and consistent across situations
- Impairments in personality functioning and trait expression are not better understood as normative for the individuals; developmental stage or socio-cultural environment
- Impairments in personality functioning and trait expression are not solely due to the direct physiological effect of a substance (e.g., drug of abuse, medication) or general medical condition (e.g., severe head trauma)



Personality Disorders



Cluster
A

Odd, eccentric personality disorders

Cluster
B

Dramatic, emotional personality disorders

Cluster
C

Fearful, anxious personality disorders

TASK

- Identify the TEN personality disorders across all clusters, and research the symptoms associated with each disorder (based on the DSM-5 criteria)
- Complete PPT on Teams



Personality Disorders: DSM-5

Cluster A

Odd, eccentric
personality disorders

Paranoid Personality
Disorder

Schizoid Personality
Disorder

Schizotypal Personality
Disorder

Cluster B

Dramatic, emotional
personality disorders

Antisocial Personality
Disorder

Histrionic Personality
Disorder

Narcissistic Personality
Disorder

Borderline Personality
Disorder

Cluster C

Fearful, anxious
personality disorders

Avoidant Personality
Disorder

Obsessive Compulsive
Personality Disorder

Dependent Personality
Disorder

Paranoid Personality Disorder



Characterised by a pervasive distrust and suspiciousness of others. Interprets motives of others as malevolent. Begins in early adulthood and is present in a variety of contexts.

Indicated by four or more of the following:

1. Unfounded suspicion that others are out to exploit, harm, or deceive them
2. Preoccupation with unjustified doubts about the loyalty or trustworthiness of friends
3. Reluctant to confide in others due to unwarranted fear that the information will be used maliciously against them
4. Tendency to interpret benign remarks/events as something demeaning or threatening
5. Persistently bears grudges (e.g., unforgiving if insulted)
6. Perceives attacks on their character/reputation that are not apparent to others, and reacts quickly, angrily, or counterattacks
7. Recurrent suspicions regarding fidelity of spouse/sexual partner without justification

Paranoid Personality Disorder



Diagnosis is based upon symptoms not occurring during the course of another disorder or cannot be attributable to the physiological effects of another medical condition.

1. Schizophrenia

- *Disordered perceptions and thinking are absent in schizoid personality disorder*

1. Bipolar disorder

- *Social isolation in schizoid personality disorder is due to pervasive detachment from and general disinterest in social relationships, whereas in avoidant personality disorder, it is due to fear of being embarrassed or rejected.*

2. Narcissistic personality disorder

- *Paranoia and cognitive distortions are not present in individuals with schizoid personality disorder*

3. Avoidant personality disorder

- *Social impairment and stereotyped behaviours are less prominent in those with schizoid personality disorder*

Paranoid Personality Disorder



- Prevalence rate between 2.3 and 4.4%
- More common in males and minorities

Schizoid Personality Disorder

Diagnosis of Schizoid PD is based upon this being distinguished from another disorder:

1. Schizotypal personality disorder

- *Disordered perceptions and thinking are absent in schizoid personality disorder*

2. Avoidant personality disorder

- *Social isolation in schizoid personality disorder is due to pervasive detachment from and general disinterest in social relationships, whereas in avoidant personality disorder, it is due to fear of being embarrassed or rejected.*

3. Schizophrenia

- *Paranoia and cognitive distortions are not present in individuals with schizoid personality disorder*

4. Autism spectrum disorders

- *Social impairment and stereotyped behaviours are less prominent in those with schizoid personality disorder*



Schizoid Personality Disorder

1. Detachment from, and general disinterest in, social relationships
2. Limited expression of emotion in interpersonal interactions

AND

Four or more of the following

- No desire for or enjoyment of close relationships, including those with family members
- Strong preference for solitary activities
- Little, if any, interest in sexual activity with another person
- Enjoyment of few, if any, activities
- Lack of close friends or confidants (except possibly first-degree relatives)
- Apparent indifference to the praise or criticism of others
- Emotional coldness, detachment, or flattened affect



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Schizotypal Personality Disorder

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: difficulty understanding impact of own behaviours on others; frequent misinterpretations of others' motivations and behaviours.
 - b. Intimacy: marked impairments in developing close relationships, associated with mistrust and anxiety.



Schizotypal Personality Disorder

AND

Pathological personality traits related to:

1. Psychoticism

- *Eccentricity, cognitive and perceptual dysregulation, unusual beliefs and experiences*

2. Detachment:

- *Restricted affectivity, withdrawal*

3. Negative affectivity

- *Suspiciousness*



Antisocial Personality Disorder

Prevalence rate ~3%

1. Impairments in **self-functioning**: a or b
 - a. Identity: ego-centrism, self-esteem (resulting from power or pleasure)
 - b. Self-direction: goal-setting based on personal gratification; absence of pro-social internal standards associated with failure to conform to lawful or culturally normative ethical behaviour.

AND

2. Impairments in **interpersonal functioning**: a or b
 - a. Empathy: lack of empathy, concern for feelings or the needs of other. Lack of remorse after mistreating another person
 - b. Intimacy: inability to form mutually intimate relationships. Exploitation is a primary mean when considering others, including engagement in deceit and/or coercion. Use of dominance or intimidation to control others.



More men are diagnosed with antisocial personality disorder than women

High comorbidity with substance use

Antisocial Personality Disorder

Prevalence rate ~3%

AND

Pathological personality traits related to:

1. Antagonism:

- *Manipulativeness, callousness, deceitfulness, hostility*

2. Disinhibition:

- *Impulsivity, risk-taking, irresponsibility*



More men are diagnosed with antisocial personality disorder than women

High comorbidity with substance use

Histrionic Personality Disorder



- The individual's extreme emotionality and desire for attention are indicated by at least five of the following:
 - Does not feel comfortable when they are not at the centre of attention.
 - Interactions with others are usually **inappropriately** seductive or provocative.
 - Demonstrates quick changing and shallow expressions of emotions.
 - Uses his or her physical appearance to attract attention.
 - Speech lacks detail.
 - Dramatic and exaggerates his or her emotions.
 - Easily influenced by others.
 - Tends to view relationships as more intimate than they really are.

Histrionic Personality Disorder



- Appearance can be noted in assessment – those with HPD are likely to dress provocatively or have attention-seeking modifications (bright hair, eccentric hairstyles, overuse of accessories, etc)
- Those with HPD have poor judgement and impulse control so they are likely to become easily frustrated with situations that don't result in immediate gratification
- HPD is egosyntonic, so those with HPD don't have a strong understanding of how their behaviours can impact their social and occupational functioning.
- Prevalence of HPD is less than 2%.

Narcissistic Personality Disorder

1. Impairments in **self-functioning**: a or b
 - a. Identity: excessive reference to others for self-esteem regulation; emotional regulation mirrors changes in self-esteem
 - b. Self-direction: goal setting based on gaining approval from other people. Unreasonably high standards (wants to be seen as exceptional) or too low (sense of entitlement).

AND

2. Impairments in **interpersonal functioning**: a or b
 - a. Empathy: Lack of ability to recognise feelings and needs of other people. Will excessively attune to the reactions of others if they are relevant to the self. Under- or overestimate their effect on other people.
 - b. Intimacy: Relationships are largely superficial, exist to serve self-esteem regulation. Little genuine interest in others' experience which constrains mutuality



Narcissistic Personality Disorder

AND

Pathological personality traits related to:

1. Antagonism:

- *Grandiosity, attention seeking.*



Borderline Personality Disorder

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, dissociates when under stress.
 - b. Self-direction: unable to set goals, aspirations, values or plans for career/future

AND

2. Impairments in **interpersonal functioning**: a or b
 - a. Empathy: Lack of ability to recognise feelings and needs of other people. Perceptions of others selectively biased toward negative attributes.
 - b. Intimacy: Intense, unstable and conflicted close relationships, marked by mistrust and neediness. Preoccupied with real or imagined abandonment. Close relationships often very idealised and selectively biased toward negative attributes.



Borderline Personality Disorder

AND

Pathological personality traits related to:

1. Negative affectivity:

- *Emotional lability, anxiousness, separation insecurity/anxiety, depression.*

2. Disinhibition:

- *Impulsivity, risk-taking*

3. Antagonism:

- *Hostility*

Suicidal threats estimated to occur in 90% of clinical samples



Only 6-8% of those with BPD show secure attachment patterns

Avoidant Personality Disorder

Prevalence rate ~2.3 – 5.1%

1. Impairments in **self-functioning**: a or b
 - a. Identity: low self-esteem (resulting from feeling socially inept or inferior), excessive feelings of shame or inadequacy
 - b. Self-direction: unrealistic standards for behaviour associated with reluctance to pursue goals, take personal risks.

AND

2. Impairments in **interpersonal functioning**: a or b
 - a. Empathy: Preoccupation with, and sensitivity to, criticism, or rejection. Typically has an inaccurate inference of other's perspectives as negative.
 - b. Intimacy: Shows reluctance to get involved with people unless they are certain they are liked. Fears being shamed or ridiculed in intimate relationships.



Avoidant Personality Disorder

Prevalence rate ~2.3 – 5.1%

AND

Pathological personality traits related to:

1. Detachment:

- *Withdrawal in social situations; avoidance of intimacy;. Anhedonia (lack of enjoyment in typical life experiences)*

2. Negative Affect

- *Anxiousness (intense feelings of panic – usually in social situations). Worry about past experiences. Fear of embarrassment.*



Obsessive Compulsive Personality Disorder

1. Impairments in **self-functioning**: a or b
 - a. Identity: sense of self based mainly on work or productivity. Restricted expression of strong emotions
 - b. Self-direction: has difficulty completing tasks and realising goals due to rigid and unreasonably high (and inflexible) internal standards of behaviour. Overly conscientious and moralistic

AND

2. Impairments in **interpersonal functioning**: a or b
 - a. Empathy: difficulty understanding or appreciating the feelings and behaviours of others.
 - b. Intimacy: Relationships seen as secondary to work and productivity. Stubbornness and rigidity negatively affect relationships with other people



Prevalence ~2.4-7.8%

Estimated worldwide prevalence ~6.5%

Obsessive Compulsive Personality Disorder

AND

Pathological personality traits related to:

1. Compulsivity:

- *Rigid perfectionism, sacrifices timeliness to ensure correctness, obsessed with details, organisation and order.*

2. Negative Affectivity:

- *Perseveration, will continue with the same behaviour despite repeated failures.*



Prevalence ~2.4-7.8%

Estimated worldwide prevalence ~6.5%

Dependent Personality Disorder

Persistent pattern of at least five of the following behaviours:

- Difficulty making decisions without excessive advice / reassurance from others
- Expectation that others take responsibility for the most important aspects of their life
- Difficulty agreeing with others because they fear loss of support or approval
- Issues starting new tasks on their own because of a lack of confidence in judgement and abilities
- Willing to do anything to get support from other people
- Feeling uncomfortable or helpless when alone because of constant fear of being unable to take care of themselves
- Urgently needing to form a new relationship with someone who will provide care/support when a close relationship ends
- Unrealistic worry of being left to take care of themselves



Dependent Personality Disorder

- One of the lesser known / heard of personality disorders
- DPD often diagnosed when client presents with anxiety or depression symptoms
- Less than 1% of adults meet the criteria for DPD
- Often misdiagnosed as BPD
 - Both involve interpersonal difficulties and fear of abandonment
 - BPD involves extreme mood fluctuations and intense fear of abandonment
 - DPD typically doesn't involve mood fluctuations, and those with DPD are typically submissive/passive as they don't want to cause conflict or lose a relationship

