“No one knows how many people with severe mental illness live what appear to be normal, successful lives, because such people are not in the habit of announcing themselves.”

-Marsha Linehan,
Founder of Dialectical Behavioral Therapy (DBT)
Marsha Linehan discusses

Borderline Personality Disorder & Stigma
Abnormal Psychology

Personality Disorders

Psychology 3303

Professor June Gruber
Roadmap

Logistics

Personality

Personality Disorders

Take-Away Questions
Logistics

Exam 2 - Grading Completed/Entered This Week
Logistics

Guest Lecture 4/11

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Eating Disorder Prevention and Treatment
Roadmap

Logistics

Personality

Personality Disorders

Take-Away Questions
What is personality?
WHAT IS PERSONALITY?

Enduring patterns of thinking and behavior that define a person and distinguish a person from others.

Examples: Expressing emotion, patterns of thinking about ourselves and others.
Five Factor Model of Personality: “OCEAN”

- Openness to experience
- Conscientiousness
- Extraversion
- Agreeableness
- Neuroticism or emotional instability

Are PDs extreme variants of normal personality (dimensional), or are they distinctly different disorders (categorical)?
When is personality “disordered”? 
Roadmap

Logistics

Personality

Personality Disorders

Take-Away Questions
Personality Disorders

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, lability, 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 it’s onset can be traced back at least to adolescence or early adulthood.

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

F. The enduring pattern is not attributable to the physiological effects of a substance (eg., a drug of abuse, a medication) or another medical condition (eg., head trauma).
SUMMARY

1. Longstanding Duration, Pervasive, & Inflexible patterns of behavior and inner experience.

2. Deviates markedly from cultural expectations or norms.

3. Pattern leads to clinically significant distress or impairment in social, occupational, or other important areas of functioning.
Epidemiology

Prevalence of PDs in Community Samples (Mattia & Zimmerman, 2001)

# of Persons per 100

- OCPD: 3.5
- Dependent: 7
- Avoidant: 10.5
- Narcissistic: 14
- Borderline: 17
- Antisocial: 20
- Histrionic: 23
- Schizotypal: 26
- Schizoid: 29
- Paranoid: 32
- At least 1 PD: 35
Personality Disorder Clusters

Three Clusters

**Cluster A:**
- Odd/Eccentric
- Paranoid PD
- Schizoid PD
- Schizotypal PD

**Cluster B:**
- Dramatic/Erratic
- Borderline PD
- Histrionic PD
- Narcissistic PD
- Antisocial PD

**Cluster C:**
- Anxious/Fearful
- Avoidant PD
- Dependent PD
- Obsessive-Compulsive PD

- Paranoid PD
- Schizoid PD
- Schizotypal PD
- Borderline PD
- Histrionic PD
- Narcissistic PD
- Antisocial PD
- Avoidant PD
- Dependent PD
- Obsessive-Compulsive PD
Personality Disorder Clusters

- Inflexible
- Maladaptive
- Pervasive Across Life Activities
- Functional Impairment or Subjective Distress
- Chronic - Early Origin (by Adolescence)

Clusters:
- Paranoid, Schizoid, Schizotypal
- Avoidant, Dependent, Obsessive-Compulsive
- Antisocial, Borderline, Histrionic, Narcissistic
Personality Disorder Clusters

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**Cluster A:**
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Anxious/Fearful
- Avoidant PD
- Dependent PD
- Obsessive-Compulsive PD
Cluster A: Odd and Eccentric

Paranoid PD

- Extreme, unjustified distrust & suspicion--thinks others want to harm them. Hard to make, hold relationships sensitive to criticism
- Slightly more common among relatives of people with SZ
Cluster A: Odd and Eccentric

Schizoid PD

• Aloof, cold, indifferent (indifference in relationships plus diminished emotion)
• Lack emotional expressiveness
• Detached from relationships (more extreme here than in Paranoid PD)
• Prefers solitary activities
• Otherwise normal thought processes
Schizotypal PD

- Tend to be suspicious
- Tend to have odd beliefs and behavior
- Manifest ideas of reference—beliefs that ordinary, innocuous events are of strong personal significance (but can test reality!)
- Magical thinking and illusions (but not hallucinations!)
- Much more common among relatives of people with SZ
- Same inherited diatheses as SZ (less stressful environment?)
Cluster A: Odd and Eccentric

- Paranoid PD is characterized by low Agreeableness,
- Schizoid PD is characterized by low Extraversion
- Schizotypal PD is characterized by high Openness and low Extraversion.

(From Oltmanns et al. 2004)
Personality Disorders

Three Clusters

Cluster A: Odd/Eccentric
- Paranoid PD
- Schizoid PD
- Schizotypal PD

Cluster B: Dramatic/Erratic
- Borderline PD
- Histrionic PD
- Narcissistic PD
- Antisocial PD

Cluster C: Anxious/Fearful
- Avoidant PD
- Dependent PD
- Obsessive-Compulsive PD
Cluster B: Dramatic, Emotional, Erratic

Antisocial PD

- Fail to comply to social norms
- Irresponsible, impulsive, deceitful
- Lack of guilt, regret, empathy, conscience
- Usually aggressive or charming
Cluster B: Dramatic, Emotional, Erratic

**Histrionic PD**
- dramatic, exaggerated
- seductive, vain
- seek reassurance + approval
- vague speech, lacking detail
**Narcissistic PD**

- Huge sense of self-importance, arrogant
- Significant lack of sensitivity/compassion
- Requires/expects the attention of others
- Often exploits others for their own interests
- Very easy to “injure”
- See themselves as superior to others
- If given contradictory feedback, become enraged. (Narcissistic Injury/Rage.)
Narcissistic Personality Disorder Voice Message
“Big Five” Personality Terms

Cluster B: Dramatic, Emotional, Erratic

- Antisocial PD is characterized by low Agreeableness and low Conscientiousness
- Borderline PD is characterized by high Neuroticism
- Histrionic PD is characterized by high Extraversion
- Narcissistic PD is characterized by low Agreeableness

(From Oltmanns et al. 2004)
Cluster B: Dramatic, Emotional, Erratic

Borderline PD

- Unstable moods + relationships
- Fear abandonment
- Suicidal gestures
- Self-mutilation common
- Feeling of emptiness
- Comorbid with bulimia, depression, substance use
- Early abuse + neglect (connection to PTSD?)
Personality Disorders

Three Clusters

Cluster A: Odd/Eccentric
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- Antisocial PD

Cluster C: Anxious/Fearful
- Avoidant PD
- Dependent PD
- Obsessive-Compulsive PD
Cluster C: Anxious and Fearful

Avoidant PD

- Avoids relationships out of fear of rejection and low self-esteem
- Significant overlap with Social Phobia
- Very different from Schizoid PD (they want to be social and be liked)
Cluster C: Anxious and Fearful

**Dependent PD**
- Submissive, timid, passive
- Mostly rely on others to make decisions
- Cling tightly to relationships
- Frequently express need for reassurance
- Unusually sensitive to criticism
Cluster C: Anxious and Fearful

Avoidant
Dependent
Obsessive-Compulsive

Obsessive-Compulsive PD

- Highly work-oriented
- Not usually burdened with specific or bizarre obsessions or compulsions
- Often fixated on order/routine
- Often preoccupied with details
In “Big Five” Terms:

Cluster C: Anxious and Fearful

- Avoidant PD is characterized by low extraversion and high neuroticism
- Dependent PD is characterized by high agreeableness
- Obsessive-compulsive PD is characterized by high conscientiousness.

(From Oltmanns et al. 2004)
Problems with DSM Classification of PDs

Interrater reliability is consistently low.

Interrater reliability measures the agreement of judgments made by two or more raters).
Causes and Treatment:
Borderline Personality Disorder Example
Theory Behind Borderline PD

• Abusive environments during childhood and unknown biological factors cause some people to react abnormally to emotional stimulation, especially related to social interaction.

• Past abuse -> no methods for coping with sudden intense surges of emotion -> Dichotomous Thinking
## Borderline Personality Disorder

<table>
<thead>
<tr>
<th>Emotion Reactivity</th>
<th>Emotion Regulation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Heightened emotion reactivity, particularly for negative emotions. The type, magnitude and duration of responses in response to internal and external environment and have significance for personal goals.</td>
<td>Difficulty regulating emotions, unstable positive and negative emotions.</td>
</tr>
</tbody>
</table>

From Negative to Positive and back again

Polarized Affective and Relational Experience in Borderline Personality Disorder.

Coifman et al. (2012)
Implications for Emotional Dysregulation

Amygdala

Reduced volume

Gray matter volume loss left

Increased activity in response to affective pictures and fearful faces
Implications for Emotional Dysregulation

Medial and Orbital Prefrontal Cortex Reduced volume

- Reduced volume left orbital
- Decreased metabolism
- Blunted response to fenfluramine and m-cpp
- Reduced alpha-[(11)C]methyl-L-tryptophan trapping
- Failure of activation in response to trauma scripts
Implications for Emotional Dysregulation

Dorsolateral Prefrontal Cortex

Failure of activation in response to trauma scripts, increased blood flow in response to abandonment scripts

Increased activity in response to pain stimuli left
Treatment of Borderline Personality Disorder
Dialectical Behavior Therapy (DBT)

- “Dialectics” refers to the process of reasoning that places opposite or contradictory ideas side by side. (E.g., Balancing acceptance and change)
- Developed by Marsha Linehan (1991)
- Goal is to accept reality as it is, but work to change maladaptive or dysfunctional behavioral patterns
- Social skills emphasis
DBT

Treatment of Borderline PD

Marsha Linehan, Ph.D.
(major pioneer)

Dialectical-Behavior Therapy (DBT).
Goal to reach a state of “wisemind”
= balance between rational and emotional states
DBT

Four Modules

1. **Mindfulness:**
   observe without judgment

2. **Interpersonal Effectiveness:**
   assertiveness, saying no, making a request, coping with life stressors.

3. **Distress Tolerance:**
   accepting, finding meaning, & tolerating distress.

4. **Emotional Regulation:**
   label emotions, increase positive emotions.
DBT targets behaviors in a descending hierarchy

- Start decreasing high risk or suicidal behaviors
- Decreasing behaviors that interfere with therapy
- Decreasing behaviors that interfere with/reduce quality of life
- Decreasing post-traumatic stress responses
- Enhancing respect for self
- Acquisition of new social and behavioral skills
Marsha Linehan discusses

Emotion Regulation:
Skills That Help Regulate the Physiology, Experience, and Actions Associated with Emotions

https://www.youtube.com/watch?v=lXFyvL3sHQ
Marsha Linehan discusses

Going for a Life Worth Living
WINONA RYDER  ANGELINA JOLIE
GIRLS, LOTS OF CRAZY GIRLS

Available on VHS & DVD!
Thank You!

Psychology 3303
Professor June Gruber