

Personality Disorders

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Personality

Basics

Definition

A **complex pattern** of

- Deeply imbedded
- Psychological characteristics
(that are)

- Largely non-conscious, AND
- Not easily altered

(which)

- Express themselves automatically
(in almost)
- Every area of functioning
- Specify **who** or **what** is the person



Personality

Disorder



Definition

An **enduring pattern** of

- Inner experience and
- Behaviour (*that*)
- Deviates markedly, from
- The individual's culture.

(The experience / behaviour is)

- Pervasive and inflexible.
- Across every area of functioning,
- Onset in adolescence or
- Early adulthood,
- Remains stable over time,
- Leads to **distress** or **impairment**.

Personality

Disorder

Symptoms

- Difficulty getting along with other people.
- May be irritable, demanding, hostile, fearful or **manipulative**.
- Patterns of behaviour **deviate** markedly from society's **expectations** and remain **consistent** over time.
- Disorder affects thought, emotion, interpersonal relationships and **impulse control**.
- The pattern is **inflexible** and occurs across a broad range of situations.
- Pattern is stable or of **long duration**, beginning in **childhood** or **adolescence**.



Personality

Disorder

Nomenclature Classification

- ICD - 10 - CM
- Canadian Classification
- DSM 5
- Several other classifications

ICD 10: Disorders of Adult Personality and Behaviour

- 1.F60.0 - 60.9:** Specific personality Disorders (11 categories) {two subtypes of EUCD/ PD}
- 2.F61.0-F61.1:** Mixed & Other personal. disorder
- 3.F62.0-F62.9 :** Enduring personality changes *not* attributable to brain damage or disease (4 categories. F 62.0,.1,.8,.9)
- 4.F63.0-F63.9 :** Habit and Impulse Disorders (6 categories)
- 5.F64.0-F64.9 :** Gender identity disorders. (5 categories)
- 6.F64.8:** Other gender identity disorders
- 7.F64.9:** Gender identity disorder, unspecified.

The ICD 10 classification of mental and behavioral disorders: Clinical description and diagnostic guidelines. World Health Organization 1992. P 199 - 224

Types of Personality Disorders - ICD -10 - CM

		Type	Patterns of behaviour
1	F60.0	Paranoid Personality Disorder	Sensitive to setback & rebuffs, bears grudges, suspicious, self-referential, 'conspiratorial'
2	F60.1	Schizoid Personality Disorder	Few activities of pleasure, cold, detached, flat affect, no expressed emotions, indifferent, solitary, introspective,.....
3	F60.2	Dissocial Personality Disorder	Callous, no concern for others, irresponsible, no lasting friends, easily angered, hostile, no guilt, blaming others
4	F60.30	Emotionally Unstable Personality Disorder	Tendency to be impulsive, unstable affect, act without planning, 'behavioral explosions', : IMPULSIVE
5	F60.31	Emotionally Unstable Personality Disorder	Emotionally unstable, unclear self-image and preferences, sense of emptiness, fear of abandonment : Borderline Type
6	F60.4	Histrionic Personality Disorder	Self-admiration, suggestible, theatrical, shallow affect, seeks appreciation, seductive, EXCESSIVE concern for looks
7	F60.5	Anankastic Personality Disorder	Excessive doubts & caution, preoccupied with details /rules, perfectionist, conscientious, inflexible, intrusive thoughts
8	F60.6	Anxious / Avoidant Personality Disorder	Pervasive feelings of tension and apprehension, sense of inferiority, fear of social criticism, avoidant behaviour,
9	F60.7	Dependent Personality Disorder	Allow others to take life's decisions, undue compliance, no demands, cannot be alone, fear of abandonment, indecisive
10	F60.8	Other Specific Personality Disorder	Not classical of any other PD e.g. eccentric, immature, narcissistic, passive-aggressive, psychoneurotic
11	F60.9	Personality Disorder Unspecified	Character Neurosis NOS , Pathological Personality NOS

Types of Personality Disorders - Canadian Classification

	Type	Patterns of behaviour
1	Borderline Personality Disorder	Instability in interpersonal relationships, selfimage and affects, and marked impulsivity.
2	Antisocial Personality Disorder	Disregard for, and violation of, the rights of others.
3	Histrionic Personality Disorder	Excessive emotionality and attention seeking.
4	Narcissistic Personality Disorder	Grandiosity, need for admiration, and lack of empathy.
5	Avoidant Personality Disorder	Social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation.
6	Dependent Personality Disorder	Submissive and clinging behaviour related to an excessive need to be taken care of.
7	Schizoid Personality Disorder	Detachment from social relationships and a restricted range of emotional expression.
8	Paranoid Personality Disorder	Distrust and suspiciousness in which others' motives are interpreted as malevolent.
9	Obsessive-Compulsive Personality Disorder	Preoccupation with orderliness, perfectionism and control.
10	Schizotypal Personality Disorder	Acute discomfort in close relationships, cognitive or perceptual distortions, and eccentricities of behaviour.

Types of Personality Disorders - DSM 5

Section II

	Type	Patterns of behaviour
1	Paranoid Personality Disorder	Pattern of distrust, suspiciousness, doubt motives of others as malevolent
2	Schizoid Personality Disorder	Pattern of detachment from social relationships and restricted range of emotional expression.
3	Schizotypal Personality Disorder	Pattern of acute discomfort in close relationships, cognitive or perceptual distortions & eccentric behav.
4	Antisocial Personality Disorder	Pattern of disregard for, and violation of, the rights of the others.
5	Borderline Personality Disorder	Pattern of instability in interpersonal relationships, self-image, and affects, and marked impulsivity
6	Histrionic Personality Disorder	Pattern of excessive emotionality and attention seeking
7	Narcissistic Personality Disorder	A pattern of grandiosity, need for admiration and lack of empathy.
8	Avoidant Personality Disorder	A pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation
9	Obsessive-Compulsive Personality Disorder	A pattern of preoccupation with orderliness, perfectionism and control.
10	Personality change due to another med. condition	A persistent personality disturbance judged to be direct effects of a med condition. (eg frontal lobe lesion)

Other specified personality disorder and unspecified personality disorder.

A category provided for the following two situations, where The individual's personality pattern meets the general criteria for a personality disorder:

1. AND traits of several different personality disorders are present,

★ BUT

* Either

the criteria for any specific personality disorder are not met.

* OR

the individual is considered to have a personality disorder that is not included in the DSM -5 classification (e.g., Passive Aggressive Personality Disorder)

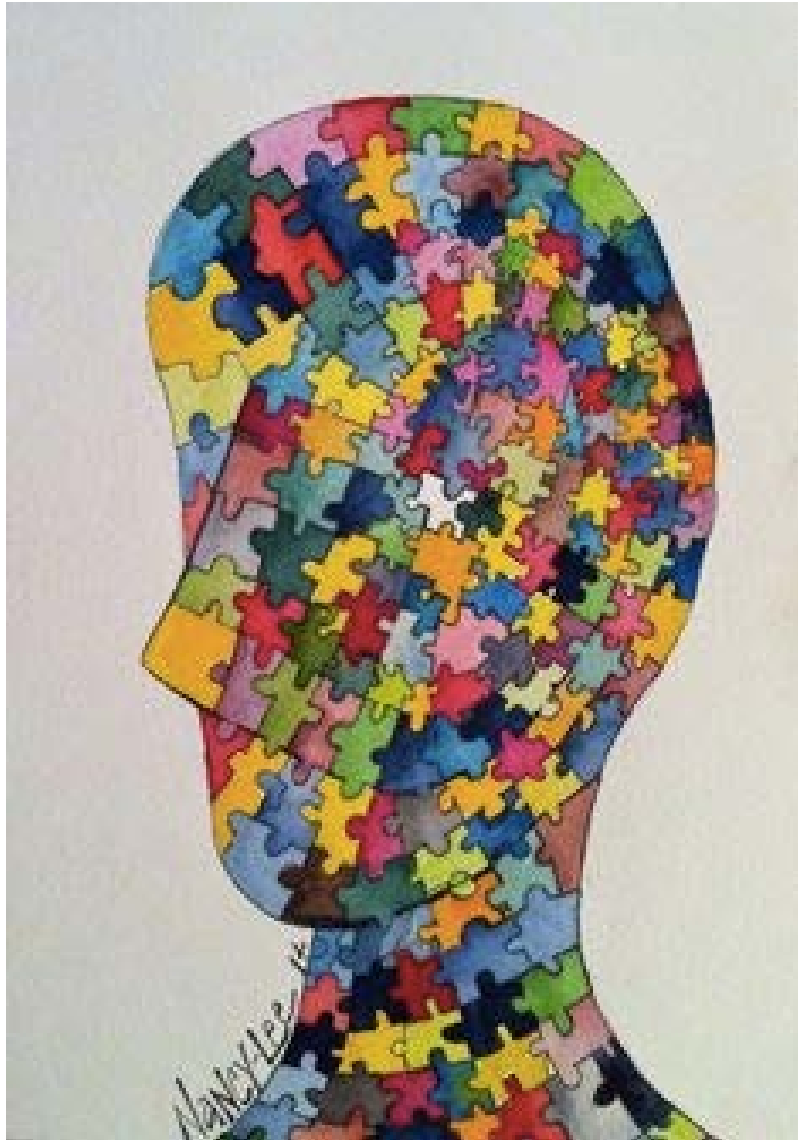
Comparing the nosology

	Clinical Features	ICD - 10 - CM	Canadian	DSM 5 Sec II
1	Suspicious, 'conspirational', sensitive	Paranoid PD	Paranoid PD	Paranoid PD
2	Detached, flat affect, indifferent, solitary	Schizoid PD	Schizoid PD	Schizoid PD
3	Callous, unconcerned, irresponsible, no guilt	Dissocial PD	Antisocial PD	Antisocial PD
4	<i>Impulsive</i> , clinging, indecisive, unstable,	EUPD	Dependent PD	? Borderline PD
5	<i>Submissive</i> , clinging, indecisive, unstable	Dependent PD	Dependent PD	? Borderline PD
6	Self admiration, theatrical, suggestible	Histrionic PD	Histrionic PD	Histrionic PD
7	<i>Conscientious, perfectionist, inflexible, ritualistic</i>	Anankastic PD	OCPD	OCPD
8	Pervasive tense, inferiority, avoidant	Anx/Avoda, PD	Avoidant PD	Avoidant PD
9	Eccentric, Immature, passive aggr., loner	Other Sp. PD	Schizotypal PD	Schizotypal PD
10	Need for admiration, Lack of empathy	PD Unspecified	Narcissistic PD	Narcissistic PD
11	Personality change due to other med cond.	-----	-----	PD - Med Cnd.

Caution: This is an approximate comparison, only for the purpose of this presentation

Clinical Perspectives

Role of a Mental Health Professional:



- * Identify, diagnose, understand, explain, resolve and prevent recurrence of the habitual unacceptable behavior.
- * The definition of 'Normal' is debatable.
- * **Diagnosis** - Clinical that incorporates:
 - Subjective assessment of symptoms
 - Dissecting socio-political and cultural contexts
 - Decipher the nuance of nosology
 - Profess a value judgement about someone with
 - ▶ Traumatic past,
 - ✓ Troubled present and
 - ➔ Turbulent future,

Personality Disorder, The impact of diagnosis:

* Positive help or loss of self?

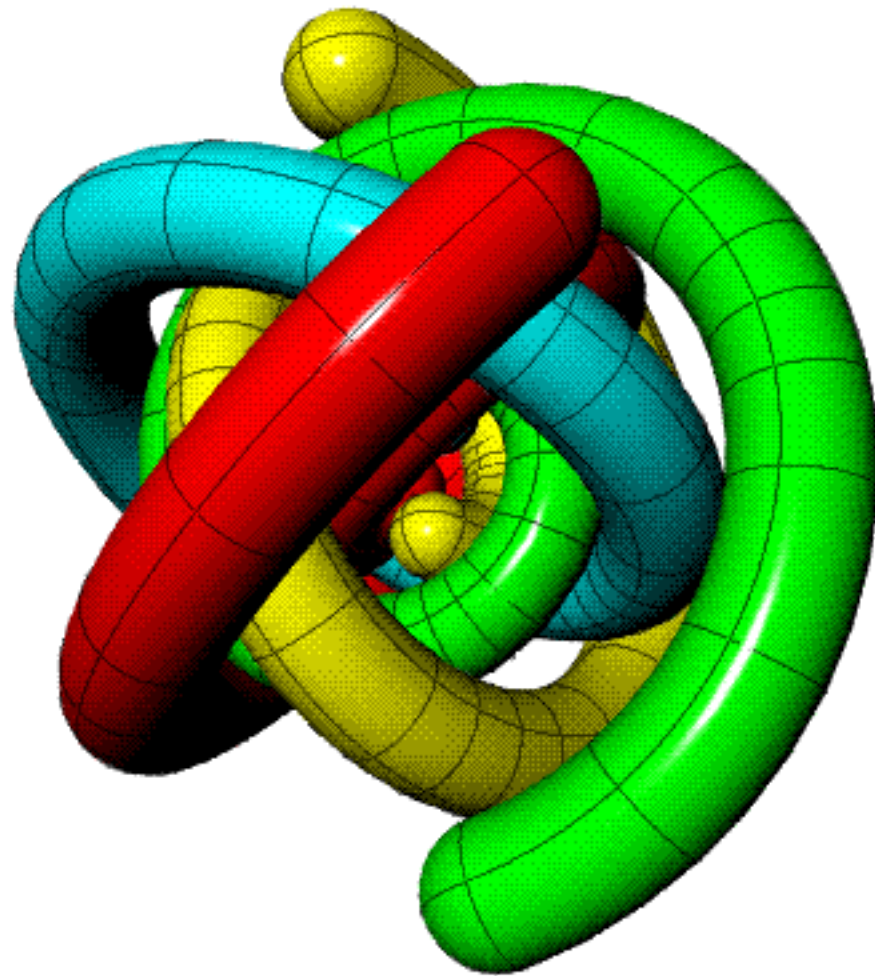
1. The term personality disorder covers a broad range of feelings, experiences and behaviors.
2. A diagnosis: is it a **meaningful** procedure or **unhelpful** constructions.
3. Diagnosis: Fulfill minimum specified number out of a list of probable symptoms the specific personality disorder category, thus highlighting **diversity of the concept**.
4. For example, there are 246 different ways to meet the criteria for a diagnosis of borderline personality disorder.
5. In addition, a diagnosis of two or more personality disorders in a single person is permissible
6. Logically the risk: Losing sight of **individual needs** and experiences.
7. Diagnosis driven mental health intervention may **miss** the individual needs / preferences.
8. Diagnosis **induces assumptions** about personal history.
 1. eg diagnosis of BPD in a woman is assumed to have a history of abuse.
 2. Diagnosis driven treatment preference eg diagnosis of BPD = DBT.
9. Inadvertently **reinforce the underlying sense of helplessness and lack of personal identity**.

Personality Disorders:

Is it 'Disordered' Individual or 'Disordered' Society

1. Proven evidence of high incidence of traumatic childhood experiences and unhappy life-events in patients of PD.
2. Clinical diagnosis obscures the wider social issues of childhood abuse, neglect, poverty and inequality by focusing on the individual.
3. Public outrage is focussed on containing people perceived to be dangerous.
4. Medical practice and laws governing such individuals do not address these underlying social problems.
5. Focus then ought to be on resolving underlying trauma and impact of abuse and other negative life events

Personality Disorders



A Critique

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1. Thesaurus definition of 'Critique': Assessment, Judgement. ¹

Presumption: Every individual habitually elicits a predictable pattern of behaviour.

This pattern of habitual behaviour is subject to mental health

scrutiny only when it is **unacceptable** to the **society**,

In real life, the overt behaviour **varies** from culture to culture

Within the culture it varies from *person to person* and in the

same person from *time to time*.



1. <http://www.thesaurus.com/browse/critique?s=t>

A. Personality Disorder, Controversial Diagnosis?

- Diagnosis of PD provokes heated **discord** among:
 - People with personal experience (patients, care givers, stake holders)
 - Mental health professionals,
 - Researchers and
 - Policy makers
- Controversy centers on the **three** following points:
 1. Do personality disorders **actually exist**? (are they objective 'disorders'?)
 2. Debate of the purpose of a diagnostic label:
 - Help to **understand subjective distress**?
 - Contribute to defining **coping** strategies?
 - **Counter-productive**?
 3. What are the **Implications** of putting a label:
 - Clinical,
 - Legal,
 - Political,
 - Social: (inequality, abuse and other social problems).

A. Personality Disorder, Controversial Diagnosis?

- * Diagnosis – helpful or harmful?
 - **Ramifications** of Diagnosis of ‘personality disorder’ -
 1. The person is **at fault**,
 2. **No clinical e/o** disorder of intelligence, affect, perception or cognition,
 3. **Criminal Responsibility** for the sequel of aberrations of behaviour
 - Diagnosis of ‘**personality disorder**’ is **insulting** and **invalidating**.
 - A label of PD can be **equated** as:
 - Being **critical** of the individual
 - Does not provide a **clinically useful** understanding of subjective experience and behaviour.
 - **Controversy** over labelling a personality disorder:
 - Diagnosis reflects **conflict** between a person and the society.
 - No sustainable evidence to call it a **medical** disorder.
 - A diagnosis of ‘PD’ does not even begin to address the etiology
 - Facilitates social **stigma**.
 - Results in **discrimination**.

Gail Hornstein at Critical Psychiatry Network Conference 22.07.09 Available at:
<http://www.emergenceplus.org.uk/what-is-personality-disorder/92-why-are-personality-disorders-controversial-diagnoses.html> 01.03.2016

A. Personality Disorder, Controversial Diagnosis?

- * Diagnosis – helpful or harmful?
- Current status:
 - 'Personality Disorder' : Misunderstood and feared diagnoses.
 - Media and the public: 'Personality disorder' = 'dangerous & criminal'
- Prevailing ignorance:
 - Rampant in Society and Medical and Mental Health Professionals
 - Lack of awareness about different types of personality disorder
 - *An incorrect assumption:*
 - ▶ Persons with diagnosis of PD = *must be a dangerous threat.*
- Labelled diagnosis of personality disorder: Devastating consequence
 - Diagnosis of PD: Unpopular within mental health services.
 - PD = Manipulative, difficult or attention seeking. !!
 - Presumed to be untreatable.
 - Difficult experiences in health services (stigma and discrimination)
 - Subjective emotional distress of the person:
 - ▶ not registered, addressed or treated.

Created by Galit Stein at Critical Psychiatry Network Conference 22.07.09 Available at:
<http://www.emergenceplus.org.uk/what-is-personality-disorder/92-why-are-personality-disorders-controversial-diagnoses.html> 01.03.2016

A. Personality Disorder, Controversial Diagnosis?

- * **Diagnosis – helpful or harmful?**
- **Contemporary Psychiatry** ought to address:
 - Training initiatives in understanding and helping the 'mentally ill'
 - Advocacy for policy developments, and
 - Campaigns to tackle the prevailing negative attitudes against PD .
 - **Change of prevailing attitude, will take time to be eradicated completely.**
- **Ongoing Debate:**
 - **One Lobby:**
 - Labeling a person as 'personality disorder' is damaging
 - It creates more problems
 - Undermines their sense of self,
 - Inhibits search for identifying reasons for their experience and problems
 - Adds to stigma and discrimination within the mental health system and society.
 - **Another Lobby:**
 - Getting a label of PD is a positive experience.
 - It helps to explain and understand subjective distress.
 - Can now put a name to their experiences and so feel less alone.
 - Diagnosis helps to explore more information to help self and others
 - Facilitates specialist help and support to turn their lives around.

B. Personality Disorder, A distress or a disorder?

* Diagnosis of PD, fundamentals of the concept?

1. Concept of PD is a product of **Medical Model** of Mental Health delivery
2. Diagnosis is based on:
 - a. Society's **intolerance** and deviations or rebellion against expectations,
 - b. **Anticipated non-adherence** to socio-cultural **undefined** roles, and
 - c. **Value judgements** about what is "**normal within that culture**".
3. No objective tests to make a diagnosis.
4. Basis of that diagnosis is **questionable**.
5. The diagnosis: Subjective judgement of one person about another.
6. **Much of the diagnoses in psychiatry is based on such assumption.**
7. Diagnosis: Determine whether the behaviour of another is:
 1. reasonable or 'unusual',
 2. 'excessive',
 3. 'unrealistic',
8. Arguably, these judgements are **not** scientific or objective,
9. **Hence the caution against medicalizing the concept of PD.**

Gail Hornstein at Critical Psychiatry Network Conference 22.07.09 Available at:
<http://www.emergenceplus.org.uk/what-is-personality-disorder/92-why-are-personality-disorders-controversial-diagnoses.html> 01.03.2016

B. Personality Disorder, A distress or a disorder?

* Salient Controversies?

1. 'Appropriate response' to traumatic past experiences is ill-defined?
2. At best, the Diagnosticians would have only a partial understanding of the patient / client's personal individual history of conflicts and trauma.
3. Labeling of 'appropriate' or 'excessive' response: value judgement passed by one person upon another.
4. Cultural and moral determinants of 'acceptable' or 'inappropriate' behaviors!
5. Logistics of '*inappropriately provocative behaviour*' is never defined.
6. Threshold for 'acceptable behaviour' varies across cultures and the individual's status.
7. The role of politics in shaping mental health diagnoses is clear. eg.
8. **Dangerous and Severe Personality Disorder (DSPD).**
 1. Not a medical diagnosis
 2. Legal definition that was created by the Government
9. **Seemingly then, PD is a socially and politically situated concept rather than an objective scientific category of illness.**

Dimensional Model of Personality Disorders

ICD 10 and DSM III onwards:

Concept: **Categorical Perspective:**

- Personality disorders viewed as qualitatively distinct clinical syndromes.

An **alternative**, the **Dimensional Perspective:**

- Personality disorders represent maladaptive variants of personality traits that **merge imperceptibly** into normality and into one another.
- The DSM IV Clusters viz...
 - Cluster A: Odd-eccentric,
 - Cluster B: Dramatic - emotional,
 - Cluster C: Anxious - fearful

Dimensions representing spectra of personality dysfunctions on a continuum with other mental disorders

Select Proposals

Personality Disorders

- Two methods for diagnosing personality traits and personality disorders.
- **Model 1: Categorical** Method: Similar to the DSM IV pattern.
 - DSM 5 lists all the DSM IV categories in the main body (Section II)
- **Model 2: Dimensional** Model: - Section III
 - Formerly : Disorders classified by **outward appearance**: Cluster A, B & C
 - **Dimensional** model of DSM 5:
 - Levels of Personality Functioning Scale
 - Assess **dimensions of (disordered) personality**
 - ⑩ underlying personality trait
 - ⑩ functional impairment,
 - ⑩ relationship with others and
 - ⑩ sense of self

Elements of Personality Functioning
Self: Identity, Self-direction
Interpersonal: Empathy, Intimacy

General Criteria:

A. Moderate or greater impairment in functioning.

- Assess level of impairment

Two components of functioning

1. Self functioning and
2. Interpersonal functioning

B. One or more pathological traits.

- Evaluate each pathological trait:

- Inflexible and pervasive.
- Relatively stable across time,
- Onset since adolescence or young adulthood
- Absence of any other mental disorder
- Not attributable to substance or another medical condition
- Not attributable to developmental stage or socio-cultural environment

- ★ Emerging measures and models.
- ★ Lists disorders that require further study.
- ★ Data is not sufficiently well established to be a part of the routine use.
- ★ 'Personality Disorders' in Section III aims to address shortcomings of the categorical diagnosis viz..
 1. Diagnostic criteria of any specific group are not exclusive.
 2. "Other specified or unspecified personality disorder" may describe the clinical presentation, but does not add diagnostic formulation.
- ✓ Concept of Personality trait Domains and facets: 5 domains and facets:
 1. Negative affectivity v/s Emotional stability - nine sub-domains
 2. Detachment v/s extraversion - six sub-domains
 3. Antagonism v/s Agreeableness - six sub-domains
 4. Disinhibition v/s conscientiousness - Five sub-domains
 5. Psychoticism v/s Lucidity - 3 sub-domains

A. Components of Functioning:

1. Self:

a. Identity: Self as:

- a. unique,
- b. boundary between self and others,
- c. stability of self esteem
- d. accuracy of self appraisal;
- e. capacity for and ability to regulate a range of emotional experience.

b. Self-direction:

- a. Pursuit of meaningful short-term and longterm goals,
- b. constructive and prosocial internal standards of behaviour;
- c. ability to self reflect productively

2. Interpersonal

a. Empathy:

- a. Understand and appreciate experience and motivation of others
- b. Tolerate differing opinions and perspectives
- c. Understand impact of personal behaviour on others

b. Intimacy:

- a. Depth and duration of connection with others
- b. Desire and capacity for closeness
- c. Mutual regard reflected in interpersonal behavior

Impairment scored on 5 point scale

Level 0: healthy adaptive functioning

Level 1: Some impairment

Level 2: Moderate impairment

Level 3: Severe impairment

Level 4: Extreme impairment

Pathological Traits

* 5 broad domains

1. Negative Affectivity

2. Detachment

3. Antagonism

4. Disinhibition

5. Psychoticism

* Another 25 specific domains

- ◉ PD in Section III,
 - ★ Evaluate Disorder + 'traits construct' to predict the antecedents:
 - A. Family History
 - B. h/o Child abuse
 - C. Concurrent parameters:
 - ★ Impairment
 - ★ Drug use
 - ★ Prescribed medication
 - D. Predictive parameters
 - ★ Hospitalization
 - ★ Suicide Attempt
- Collate the data to determine*
1. Degree of disability
 2. Risks of self harm
 3. Violence
 4. Criminality
 5. Treatment recommendation
 6. Prognosis

Section III:

★ Specifies rating of impairment and personality traits for 7 diagnostic types

1. Antisocial Personality Disorder
2. Avoidant Personality Disorder
3. Borderline Personality Disorder
4. Narcissistic Personality Disorder
5. Obsessive Compulsive Personality Disorder
6. Schizotypal Personality Disorder
7. Personality Disorder - Trait Specified

★ Excludes:

1. Paranoid Personality Disorder
2. Schizoid Personality Disorder
3. Histrionic Personality Disorder
4. Personality change due to another medical condition

Section III: Advantage:

1. Such elaborate rating goes beyond labeling of a criteria
2. As is the practice in medical practice, evaluation of the patient goes beyond presenting symptoms
3. It explores every aspect interaction :
 - a. Within the self of the person and
 - b. inter-personal interactions
4. Adds value by defining or identifying the following:
 - a. Antecedents (family history, h/o childhood abuse)
 - b. Concurrent (medication use, degree of impairment)
 - c. Predictive (need for hospitalization, risk of self harm)
5. Facilitate research among comparable samples of cohort and control

Select Proposals

Summary

Personality Disorders

- Now a part of the **main body** of Mental Illness with specified dimensions
- Ten Personality Disorders from DSM-IV remain in this category: Borderline; Obsessive-Compulsive; Avoidant; Schizotypal; Antisocial; Narcissistic; Histrionic; Schizoid, Paranoid, and dependent
- New **Trait-specific** based **typology** in Section III
- Schizotypal Personality Disorder also under Schizophrenia and Other Psychotic Disorders
- Antisocial Personality Disorder also under Disruptive Impulse Control & Conduct Disorders as Dys-social Personality Disorder

Select Proposals

Personality Disorders

- **Model 2: Applicable for**
 1. Antisocial Personality Disorder
 2. Avoidant Personality Disorder
 3. Borderline Personality Disorder
 4. Narcissistic Personality Disorder
 5. Obsessive Compulsive Personality Disorder
 6. Schizotypal Personality Disorder.
- **Excluded:**
 1. Paranoid
 2. Schizoid
 3. Dependent
 4. Histrionic
- **Clinically:**
- If diagnosis of a **personality** trait does not fulfill **categorical diagnosis** but has **traits** that is **associated with impairments** is designated as **PD: TS** (*Personality Disorder: Trait Specified*)