Personality disorders

Long-standing, deeply ingrained patterns of socially maladaptive behavior that are detrimental to those who display them or to others.

Personality disorders constitute a separate diagnostic category (Axis II) in the American Psychiatric Association’s Diagnostic and Statistical Manual of Mental Disorders (DSM-IV). Unlike the major mental disorders (Axis I), which are characterized by periods of illness and remission, personality disorders are generally ongoing. Often, they first appear in childhood or adolescence and persist throughout a person’s lifetime. Aside from their persistence, the other major characteristic of personality disorders is inflexibility. Persons affected by these disorders have rigid personality traits and coping styles that they are unable to adapt to changing situations and that impair their social and/or occupational functioning. A further difference between personality disorders and the major clinical syndromes listed in Axis I of DSM-IV is that people with personality disorders generally do not perceive that there is anything wrong with their behavior and are not motivated to change it. Although the DSM-IV lists specific descriptions of ten personality disorders, these conditions are often difficult to diagnose. Some characteristics of the various disorders overlap. In other cases, the complexity of human behavior makes it difficult to pinpoint a clear dividing line between pathology and normality in the assessment of personality. There also has been relatively little research done on some of the personality disorders listed in DSM-IV.

The most effectively-diagnosed personality disorder is the antisocial personality. The outstanding traits of this disturbance are an inability to feel love, empathy, or loyalty towards other people and a lack of guilt or remorse for one’s actions. Due to the lack of conscience that characterizes it, the condition that is currently known as antisocial personality disorder was labeled moral insanity in the nineteenth century. More recent names associated with this personality type are psychopath and sociopath. Unable to base their actions on anything except their own immediate desires, persons with this disorder demonstrate a pattern of impulsive, irresponsible, thoughtless, and sometimes criminal behavior. They are often intelligent, articulate individuals with an ability to charm and manipulate others; at their most dangerous, they can become violent criminals who are particularly dangerous to society because of their ability to gain the trust of others combined with their lack of conscience or remorse.

There are both biological and psychosocial theories of the origin of antisocial personality disorder. Two of the major components of the antisocial personality—the constant need for thrills and excitement and the lack of anxiety about punishment—may be at least partially explained by research suggesting that antisocial individuals experience chronic underarousal of the central and autonomic nervous systems. In one experiment, anticipation of an electric shock produced a dramatically lower increase of tension in teenagers diagnosed with antisocial personality disorder than in other individuals. In terms of environmental influences, connections have been suggested between the antisocial personality and various patterns of familial interaction, including parental rejection or inconsistency and the retraction of punishment when repentance is claimed.

Some personality disorders resemble chronic but milder versions of the mental disorders listed in Axis I of DSM-IV. In schizotypal personality disorder, for example, the schizophrenic’s hallucinations or voices are moderated to the less extreme symptom of an “illusion” that others are present when they are not. Speech patterns, while not incoherent like those of schizophrenia, tend to be vague and digressive. Similarly, avoidant personality disorder has characteristics that resemble those
of social phobia, including hypersensitivity to possible rejection and the resulting social withdrawal in spite of a strong need for love and acceptance. The paranoid and schizoid personality disorders are usually manifested primarily in odd or eccentric behavior. The former is characterized mainly by suspiciousness of others, extreme vigilance against anticipated misdeeds, and insistence on personal autonomy. The latter involves emotional coldness and passivity, indifference to the feelings of others, and trouble forming close relationships.

Several personality disorders, including antisocial personality, are associated with extreme and erratic behavior. The most dramatic is the histrionic personality type, which is characterized by persistent attention-getting behavior that includes exaggerated emotional displays (such as tantrums) and overreaction to trivial problems and events. Manipulative suicide attempts may also occur. Narcissistic personality disorder consists primarily of an inflated sense of self-importance coupled with a lack of empathy for others. Individuals with this disorder display an exaggerated sense of their own importance and abilities and tend to fantasize about them. Such persons also have a sense of entitlement, expecting (and taking for granted) special treatment and concessions from others. Paradoxically, individuals with narcissistic personality disorder are generally very insecure and suffer from low self-esteem. Another personality disorder that is characterized by erratic behavior is the borderline personality. Individuals with this disorder are extremely unstable and inconsistent in their feelings about themselves and others and tend toward impulsive and unpredictable behavior.

Several personality disorders are manifested primarily by anxiety and fearfulness. In addition to the avoidant personality, these include the dependent, compulsive, and passive-aggressive personality disorders. Persons with dependent personality disorder are extremely passive and tend to subordinate their own needs to those of others. Due to their lack of self-confidence, they avoid asserting themselves and allow others to take responsibility for their lives. Compulsive personality disorder is characterized by behavioral rigidity, excessive emotional restraint, and overly conscientious compliance with rules. Persons with this disorder are overly cautious and indecisive and tend to procrastinate and to become overly upset by deviations from rules and routines. Passive-aggressive personality disorder involves covert aggression expressed by a refusal to meet the expectations of others in such areas as adequate job performance, which may be sabotaged through procrastination, forgetfulness, and inefficiency. This disorder is also characterized by irritability, volatility, and a tendency to blame others for one’s problems.

Further Reading

Personality inventory
A method of personality assessment based on a questionnaire asking a person to report feelings or reactions in certain situations.

Personality inventories, also called objective tests, are standardized and can be administered to a number of people at the same time. A psychologist need not be present when the test is given, and the answers can usually be scored by a computer. Scores are obtained by comparison with norms for each category on the test. A personality inventory may measure one factor, such as anxiety level, or it may measure a number of different personality traits at the same time, such as the Sixteen Personality Factor Questionnaire (16 PF).

The personality inventory used most often for diagnosing psychological disorders is the Minnesota Multiphasic Personality Inventory, generally referred to as the MMPI. It consists of 550 statements that the test taker has to mark as “true,” “false,” or “cannot say.” Answers are scored according to how they correspond with those given by persons with various psychological disorders, including depression, hysteria, paranoia, psychopathic deviancy, and schizophrenia. The MMPI was originally developed (and is still used) for the diagnosis of these and other serious psychological problems. However enough responses have been collected from people with less severe problems to allow for reliable scoring of responses from these persons as well. Many people with no severe disorder are now given the MMPI as an assessment tool when they begin psychotherapy, with scoring geared toward personality attributes rather than clinical disorders.

The California Psychological Inventory (CPI), based on less extreme measures of personality than the MMPI, assesses traits, including dominance, responsibility, self-acceptance, and socialization. In addition, some parts of the test specifically measure traits relevant to academic achievement. Another inventory designed to measure a spectrum of personality variables in normal populations is the Personality Research Form (PRF), whose measurement scales include affiliation, autonomy, change, endurance, and exhibition. The Neuroticism Extroversion Openness Personality Inventory, Revised (NEO-PI-R) also measures common dimensions of personality such as sensitivity and extroversion, but it differs from other tests in its inclusion of both “private” and “public”