

## H3-4 Personality Disorders

Your personality is the sum of your behavioral and emotional tendencies—your typical, enduring pattern of thoughts, feelings, and actions. Personality develops through the interaction of your genes with your environment. Some personality traits observed in infants persist through childhood into adulthood.

As for many other types of psychological disorders, personality disorders represent extreme (pervasive and excessive) versions of behaviors or characteristics that are healthy in a milder form. For example, the preoccupation with order and striving for perfection characteristic of someone with obsessive-compulsive personality disorder would, in a milder form, make people very efficient and productive in their jobs.

A diagnosis of a personality disorder is made when longstanding personality traits produce harmful effects on a person's life—for example, limiting success in relationships, at school, or on the job. People with personality disorders tend to be inflexible and have problems adjusting their behavior to different situations or relationships. They do not adapt to the world (and other people) but rather expect the world to change for them. They may misperceive events and have problems interacting with other, responding emotionally, or controlling their impulses. Personality disorders are difficult to treat, although some problematic patterns of thinking and behavior can be addressed with therapy.

Below are brief descriptions of some of the identified personality disorders, along with statistics on their U.S. prevalence. According to recent national survey, at least 14.8% of adult Americans have a personality disorder.

### **Obsessive-compulsive personality disorder** (males: 7.9%; females: 7.9%)

Obsessive-compulsive personality disorder is characterized by a milder version of the behaviors associated with obsessive-compulsive disorder. People with the personality disorder do not typically have strong compulsions or true delusions; rather, they have a perfectionistic attitude toward daily life and are preoccupied with orderliness and control. They often have strict rules, routines, and schedules, and they ignore input from others, feeling that only they have the right approach. People with the disorder may be workaholics who micromanage projects to the extent that nothing ever gets done because nothing can ever be done well enough to meet their standards. They are often viewed by others as rigid and stubborn. They may have strict moral standards and view ethical issues in black and white terms. Relationship problems can occur because people with the disorder tend to be very controlling and to closely monitor their intimates.

### **Paranoid personality disorder** (males: 3.8%; females: 5.0%)

People with paranoid personality disorder mistrust and suspect others and constantly fear that their friends will be disloyal. They interpret innocuous events as a sign that others are plotting against them and see offers of help as criticism that they are unable to cope on their own. Even with no supporting evidence, they assume that other people will deceive or exploit them, and they often hold grudges for insults they think they've received. They are often perceived by others as cold, hypersensitive, and hostile.

### **Antisocial personality disorder** (males: 5.5%; females: 1.9%)

People with antisocial personality disorder flagrantly disregard the rights, wishes, and feelings of other people. They are consistently irresponsible, untrustworthy, and deceitful, and they often engage in illegal activities. They act impulsively with no regard for the safety of themselves or others, and they lack remorse for harm they've caused to others. They are often irritable, aggressive, and opinionated.

### **Schizoid personality disorder** (males: 3.2%; females: 3.1%)

People with schizoid personality disorder do not desire or enjoy close relationships. They lack social skills and spend much of their time alone. They have flat affect (restricted range of emotional expression) and are typically indifferent to the praise or criticism of others. They may prefer mechanical or abstract tasks such as computer games and take little pleasure from sensory or interpersonal experiences. They may be perceived by others as self-absorbed, cold, and detached.

### **Avoidant personality disorder** (males: 1.9%; females: 2.8%)

People with avoidant personality disorder would like to be sociable but are shy and uncomfortable in social situations and so avoid social contact out of fear of criticism, embarrassment, disapproval, or rejection. They tend to hold back in intimate relationships and avoid trying new things or meeting new people. They are hypersensitive to criticism. Someone with longstanding social phobia might be diagnosed with avoidant personality disorder.

### **Histrionic personality disorder** (males: 1.9%; females: 1.8%)

People with histrionic personality disorder behave in ways to ensure they are the center of attention. They may dress in odd clothes, act in inappropriately sexually seductive or provocative ways, or behave in a loud and dramatic manner.

## **H3-4 (continued)**

They seek compliments and are upset by criticism; their emotional expressions tend to be exaggerated. They often do not have close intimate relationships and tend to be very competitive with same-sex friends. Their opinions are easily influenced by others and by current fads. They may be viewed by others as shallow, phony, and fishing for compliments.

### **Dependent personality disorder** (males: 0.4%; females: 0.6%)

People with dependent personality disorder tend to be timid, needy, and submissive and to have a strong need to be taken care of by someone else. They feel inadequate and seek continual advice, approval, and emotional support from others (clinging behavior). They want other people to take responsibility for both major and minor decisions, and they have difficulty doing things on their own. They also have problems expressing disagreement with others out of fear of losing a relationship.

### **Borderline personality disorder** (estimate: 2% of general population)

People with borderline personality disorder are insecure in relationships—they demand constant attention and reassurance and are terrified of being abandoned. They tend to categorize people as entirely good or bad. To keep a relationship going, people with borderline personality disorder may threaten to harm themselves or engage in other forms of reckless behavior. They are impulsive and have extreme moods based on the state of their relationships—elated and friendly when things are going well, depressed and aggressive when things are going badly.

### **Narcissistic personality disorder** (estimate: less than 1% of general population)

People with narcissistic personality disorder have an exaggerated sense of superiority and an inflated self-image; they demand attention and feel entitled to special treatment. They may be preoccupied with fantasies of unlimited success, power, or ideal love. They have a constant need for admiration and recognition and are hypersensitive to criticism. They lack empathy, devalue the accomplishments of others, and are often viewed as rude and arrogant.

### **Schizotypal personality disorder** (estimate: 3% of general population)

People with schizotypal personality disorder share some characteristics with those with schizoid personality disorder—they aren't interested in forming relationships, prefer solitary activities, and are perceived as cold and unemotional. Like those with paranoid personality disorder, they suspect the motives of others. However, those with schizotypal disorder also have some of the characteristics of people with schizophrenia, including odd or eccentric thoughts, speech patterns, behavior, and appearance. They may be superstitious, preoccupied with paranormal phenomena, or feel they have a special ability to control others.

SOURCES: Grant, B. F., et al. 2004. Prevalence, correlates, and disability of personality disorders in the United States: Results from the National Epidemiologic Survey on Alcohol and Related Conditions. *Journal of Clinical Psychiatry* 65: 948-958. American Psychiatric Association. 2000. *Diagnostic and Statistical Manual of Mental Disorders*, 4th ed, Text Revision. Washington, D. C.: American Psychiatric Association. Schwartz, S. 2000. *Abnormal Psychology: A Discovery Approach*. Mountain View, Calif.: Mayfield. Frances, A., and M. B. First. 1998. *Your Mental Health: A Layman's Guide to the Psychiatrist's Bible*. New York: Scribner.