

# Personality Disorders: Axis II

Personality derives from the latin "Persona" which was a mask, worn by actors in a play...

## **STRESS DEFENCE COPING MECHANISMS:**

### **Immature Defences**

**Projection** where one's own faults are experienced as belonging to someone else. Usually exhibited as the avoidance of intimacy, holding grudges, scapegoating and mistrusting others.

**Denial** which is purely non-verbal; it's a reaction which refuses and invalidates perceptions, feelings, thoughts and impulses

**Acting out** blind release of impulses, rather than conscious awareness of feelings

**Splitting** : "the ability to simultaneously hold two or more contradictory attitudes without being consciously aware of their incompatibility". Apparently derived from the splitting of an infant's sense of self, where the self during a period of security is perceived as different from the self during a period of distress

**Passive-aggressive behaviour** is aggression towards others exhibited passively through procrastination, sabotage, intentional mistakes, or memory lapses.

### **Neurotic-level defences**

**Isolation of affect** where feelings are isolated from awareness, so that the awareness can focus on perceptions, thoughts and actions. Alternatively the thoughts and perceptions can be isolated so that an appropriate affect can be maintained.

**Intellectualisation**, logical thinking and talking minimise the awareness of feelings

**Rationalisation** is explaining away the distressing feelings by distortion, use of pseudo-logic and mis-use of facts.

**Identification** in order to change one's self-perception, one takes on the values, behaviours and other characteristics of a different person. Eg. identifying with the aggressor makes one feel less weak and vulnerable. This often occurs in victims of child abuse or neglect.

**Displacement** the target of an impulse is not consciously appreciated; and so the impulse is re-directed to another target, one which is consciously seen as more deserving or love or of attack ("kicking the cat")

**Reaction formation** consciously expressed thoughts of feelings disguise or ward off their opposing intent; eg. orderliness defends against fear of loss of control

**People with personality disorders may occasionally display mature coping defences, eg. altruism, sublimation, non-destructive humour; but these are not prominent.**

## **MANAGEMENT:**

### **GENERAL GUIDE:**

- Limit setting- realistic / define; explain purpose of hospitalization at the beginning of stay
- Define goals- short or longer term; restoration of former capacity, or change of personality
- Aim for longer term stable therapeutic relationship: decide & define duration & level of contact
- Monitor countertransference
- aim to improve :
  - self worth, motivation for change, crisis problem solving

### **SPECIFIC INTERVENTIONS:**

- Behavioral for simpler deficits:
- eg assertiveness training or anxiety management techniques; anger management and coping skills training
- Brief / solution focused psychotherapy for crisis management and adjustment disorders
- some pharmacological adjuncts useful
- hospital stay should not be prolonged; institutionalization occurs rapidly
- Longer term for more complex/mixed axis I & II eg dynamic/Self psychology/DBT

### **FOR BORDERLINE:**

- Short term harm minimisation/containment (crisis admission only, or else they will get used to the attention)
- Psychotherapies-Self psychology and DBT similar results-1/3 no longer meet criteria after 1 yr. Stable at 5 yr follow up (?2/3 at 2 yrs)
- management of associated diagnoses including depression/substance abuse /eating disorders
- pharmacological adjuncts for self harm and aggression esp with FH of mental illness
- Avoid benzodiazepines.

# *Paranoid Personality Disorder*

- distrust and suspicion of others
- hostility and intimidation, or mere guardedness against people
- feel everyone is out to harm or humiliate them
- bear grudges
- easily slighted and offended
- spontaneity, playfulness, creativity and tenderness are scorned as unrealistic and weak
- displays of independence or disagreement from spouse or children are treated with hostility
- The people are prone to litigation against employer, neighbours, doctors, and government agencies.
- Childhood history is often one of harsh punitive parenting. This may be a displacement of hostility from the marriage onto the child.
- Repeated humiliation or belittling from peers and siblings compounds the person resentment.
- It seems that feelings of vulnerability and dependency are repressed and awareness of hostility and aggression is defended by denial and splitting.
- Projection and identification with the aggressor are used to anticipate and control the hurtfulness of others.
- Depression, anxiety and psychosis may result when life stresses precipitate a "nervous breakdown"
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# *Schizoid Personality Disorder*

- A pervasive pattern of detachment from social relationships
- A restricted range of expression of emotions in interpersonal settings, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:
  - neither desires nor enjoys close relationships, including being part of a family
  - almost always chooses solitary activities
  - has little, if any, interest in having sexual experiences with another person
  - takes pleasure in few, if any, activities
  - lacks close friends or confidants other than first-degree relatives
  - appears indifferent to the praise or criticism of others
  - shows emotional coldness, detachment, or flattened affectivity

# *Schizotypal Personality Disorder*

A pervasive pattern of social and interpersonal deficits marked by acute discomfort with, and reduced capacity for, close relationships as well as by cognitive or perceptual distortions and eccentricities of behavior, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- ideas of reference (excluding delusions of reference)
- odd beliefs or magical thinking that influences behavior and is inconsistent with subcultural norms (e.g., superstitiousness, belief in clairvoyance, telepathy, or "sixth sense"; in children and adolescents, bizarre fantasies or preoccupations)
- unusual perceptual experiences, including bodily illusions
- odd thinking and speech (e.g., vague, circumstantial, metaphorical, overelaborate, or stereotyped)
- suspiciousness or paranoid ideation
- inappropriate or constricted affect
- behavior or appearance that is odd, eccentric, or peculiar
- lack of close friends or confidants other than first-degree relatives
- excessive social anxiety that does not diminish with familiarity and tends to be associated with paranoid fears rather than negative judgments about self.

# *Borderline Personality Disorder*

A pervasive pattern of instability of interpersonal relationships, self-image, and affects, and marked impulsivity beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- frantic efforts to avoid real or imagined abandonment.
- a pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation
- identity disturbance: markedly and persistently unstable self-image or sense of self
- impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, Substance Abuse, reckless driving, binge eating).
- recurrent suicidal behavior, gestures, or threats, or self-mutilating behavior
- affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days)
- chronic feelings of emptiness
- inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights)
- transient, stress-related paranoid ideation or severe dissociative symptoms

# *Histrionic Personality Disorder*

A pervasive pattern of excessive emotionality and attention seeking, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- is uncomfortable in situations in which he or she is not the center of attention
- interaction with others is often characterized by inappropriate sexually seductive or provocative behavior
- displays rapidly shifting and shallow expression of emotions
- consistently uses physical appearance to draw attention to self
- has a style of speech that is excessively impressionistic and lacking in detail
- shows self-dramatization, theatricality, and exaggerated expression of emotion
- is suggestible, i.e., easily influenced by others or circumstances
- considers relationships to be more intimate than they actually are

# *Narcissistic Personality Disorder*

A pervasive pattern of grandiosity (in fantasy or behavior), need for admiration, and lack of empathy, beginning by early adulthood and present in a variety of contexts, as indicated

by five (or more) of the following:

- has a grandiose sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)
- is preoccupied with fantasies of unlimited success, power, brilliance, beauty, or ideal love
- believes that he or she is "special" and unique and can only be understood by, or should associate with, other special or high-status people (or institutions)
- requires excessive admiration
- has a sense of entitlement, i.e., unreasonable expectations of especially favorable treatment or automatic compliance with his or her expectations
- is interpersonally exploitative, i.e., takes advantage of others to achieve his or her own ends
- lacks empathy: is unwilling to recognize or identify with the feelings and needs of others
- is often envious of others or believes that others are envious of him or her
- shows arrogant, haughty behaviours or attitudes

# *Antisocial Personality Disorder*

There is a pervasive pattern of disregard for and violation of the rights of others occurring since age 15 years, as indicated by three (or more) of the following:

- failure to conform to social norms with respect to lawful behaviors as indicated by repeatedly performing acts that are grounds for arrest
- deceitfulness, as indicated by repeated lying, use of aliases, or conning others for personal profit or pleasure
- impulsivity or failure to plan ahead
- irritability and aggressiveness, as indicated by repeated physical fights or assaults
- reckless disregard for safety of self or others
- consistent irresponsibility, as indicated by repeated failure to sustain consistent work behavior or honor financial obligations
- lack of remorse, as indicated by being indifferent to or rationalizing having hurt, mistreated, or stolen from another

The individual must be least age 18 years.

There should be evidence of Conduct Disorder with onset before age 15 years.

# *Dependent Personality Disorder*

A pervasive and excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation, beginning by early adulthood and present in a variety of contexts, as indicated by five (or more) of the following:

- has difficulty making everyday decisions without an excessive amount of advice and reassurance from others
- needs others to assume responsibility for most major areas of his or her life
- has difficulty expressing disagreement with others because of fear of loss of support or approval.
- Note: Do not include realistic fears of retribution.
- has difficulty initiating projects or doing things on his or her own (because of a lack of self-confidence in judgment or abilities rather than a lack of motivation or energy)
- goes to excessive lengths to obtain nurturance and support from others, to the point of volunteering to do things that are unpleasant
- feels uncomfortable or helpless when alone because of exaggerated fears of being unable to care for himself or herself
- urgently seeks another relationship as a source of care and support when a close relationship ends
- is unrealistically preoccupied with fears of being left to take care of himself or herself

# *Avoidant Personality Disorder*

A pervasive pattern of social inhibition, feelings of inadequacy, and hypersensitivity to negative evaluation, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
- is unwilling to get involved with people unless certain of being liked
- shows restraint within intimate relationships because of the fear of being shamed or ridiculed
- is preoccupied with being criticized or rejected in social situations
- is inhibited in new interpersonal situations because of feelings of inadequacy
- views self as socially inept, personally unappealing, or inferior to others
- is unusually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing

# *Obsessional Personality Disorder*

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A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by four (or more) of the following:

- is preoccupied with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
- shows perfectionism that interferes with task completion (e.g., is unable to complete a project because his or her own overly strict standards are not met)
- is excessively devoted to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
- is overconscientious, scrupulous, and inflexible about matters of morality, ethics, or values (not accounted for by cultural or religious identification)
- is unable to discard worn-out or worthless objects even when they have no sentimental value
- is reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
- adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
- shows rigidity and stubbornness