Introduction

Personality or Personality Disorder?

Why Study Personality Disorders?

For many involved in the mental health profession "personality disorder" is a term that lacks comprehensibility, respectability or validity. Personality disorders lack the professional consensus that exists with the major psychiatric disorders. Difficult patients are often given the pejorative label of a personality disorder, and once identified as such, may well receive less support, empathy and tolerance from caregivers. Frequently, this decreases the initiative to try and help these patients. Their problems are seen as matters of personal responsibility, given that no formal psychiatric condition exists.

Very often, reading the *Personality Disorder* section of a textbook brings about the immediate identification of several friends and relatives who fit the diagnostic criteria, and accompanying descriptions. A short time later, readers come to fear that they themselves suffer from one or a number of these disorders, often simultaneously. This becomes the psychiatric equivalent of "medical student's disease," where one feels afflicted by the very condition being studied.

However, the application of these concepts in clinical situations does not readily ensue from this initial sense of familiarity. Often, despite several assessments or lengthy hospital admissions, there is a lack of understanding of patients' personality styles. In case presentations or discharge summaries, the personality assessment is often left out, fleetingly mentioned, or recorded as "no personality." A personality disorder contributing as a predisposing, precipitating or perpetuating factor in a major disorder is considered even less still.

What is a Personality?

The word "personality" is used in different contexts. We hear gossip about TV personalities, learn that someone we haven't met yet has "a nice personality," and may refer to our favorite beer as "full of personality." An operational definition of the term is useful to have for work in clinical settings.

One definition of **personality** is *a relatively stable and enduring set of characteristic behavioral and emotional traits*. Over time, a person will interact with others in a reasonably predictable way. However, as the adage "don't judge a book by its cover" warns, circumstances can alter behavior, so that someone does something "out of character." For example, extreme circumstances like divorce, New Year's Eve or the

Superbowl can bring out behavior that is atypical for that person. Personality changes with experience, maturity, and external demands in a way that promotes **adaptation** to the environment. It is affected by genetic (internal), and psychosocial (external) factors. While a discussion on the theory of personality is beyond the scope of this book, enumerating some of the etiologic factors is helpful in understanding personality disorders. A degree of social judgment is inherent in deciding what determines a personality disorder. In different cultures, what is considered normal varies widely, necessitating that ideas, feelings and behaviors be understood in the context of that person's particular social milieu.

What is a Personality Disorder?

It is a complex task to understand the significant factors leading to the development of a personality disorder. In general, when genetic endowment is so unfavorable, early nurturing so deficient, or life experiences so severe (or interactions of these variables) that emotional development suffers, a personality disorder can be the result. A **personality disorder** is a variant or an extreme set of characteristics that goes beyond the range found in most people. The American Psychiatric Association defines a personality disorder as:

"*An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment*."
Source: DSM-IV, 1994, p. 629

While many other definitions exist, features consistently emphasized in describing a personality disorder are that it:

- is deeply ingrained and has an inflexible nature
- is maladaptive, especially in interpersonal contexts
- is relatively stable over time
- significantly impairs the ability of the person to function
- distresses those close to the person

Personality disorders are enduring patterns of perceiving, thinking, feeling and behaving that remain consistent through the majority of social situations. An essential aspect is that personality disorders are **egosyntonic**, meaning that an individual's behaviors do not directly distress the person, but impact most on those with whom the person relates. When conducting evaluations, it is essential to take into account

how those close to the person are affected by his or her behavior. The criteria for diagnosing are very much within the realm of common human experiences. Each one of us at times has been: hypervigilant, destructive, suspicious, shy, bossy, vain, striving for perfection, dramatic, afraid to be alone, fearful of rejection, purposely late for something, too independent, too needy, critical of others, resentful of authority, averse to criticism, bored, seductive, or experiencing rapidly shifting emotional states. None of these behaviors alone warrants the diagnosis of a personality disorder. Instead, clusters of behaviors persisting over a lengthy time period and interfering with social and occupational functioning are required to make a diagnosis.

General Diagnostic Criteria for a Personality Disorder

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 its onset can be traced back at least to adolescence or early adulthood.

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

F. The enduring pattern is not due to the direct physiological effects of a substance (e.g. a drug of abuse, a medication) or a general medical condition (e.g. head trauma).

The DSM-IV Personality Disorders

Cluster A — "Odd/Eccentric"
- Schizoid Personality Disorder (SzdPD)
- Paranoid Personality Disorder (PPD)
- Schizotypal Personality Disorder (SztPD)

Cluster B — "Dramatic/Erratic"
- Histrionic Personality Disorder (HPD)
- Antisocial Personality Disorder (ASPD)
- Borderline Personality Disorder (BPD)
- Narcissistic Personality Disorder (NPD)

Cluster C — "Anxious/Fearful"
- Avoidant Personality Disorder (APD)
- Dependent Personality Disorder (DPD)
- Obsessive-Compulsive Personality Disorder (OCPD)

Diagnostic Points ⊙

DSM-IV uses five **axes** to make a complete diagnostic summary:

- **Axis I**: Major Psychiatric Syndromes or Clinical Disorders
- **Axis II**: Personality Disorders and Mental Retardation
- **Axis III**: General Medical Conditions
- **Axis IV**: Psychosocial and Environmental Problems
- **Axis V**: Global Assessment of Functioning (GAF Score from 0-100)

The DSM also uses Axis II to record prominent **personality traits** and **defense mechanisms**. For example, if a patient meets most but not all of the criteria for a Paranoid Personality Disorder, this is recorded as "Paranoid Personality Features." If a personality disorder or strong features are not evident but the patient uses a defense mechanism to a maladaptive level, this is recorded as "Frequent Use of Projection." Other official entries for coding on Axis II can be "No Diagnosis" or "Diagnosis Deferred."

The Paranoid, Schizoid, Schizotypal and Antisocial personality disorders are not diagnosed if they are coincident with certain Axis I conditions. Exclusion criteria are not given for the other personality disorders. The Antisocial Personality Disorder is the only diagnosis with an age requirement and a prerequisite diagnosis. Patients must be at least age eighteen, and have met the criteria for a diagnosis of **Conduct Disorder** before the age of fifteen.

Personality disorders are not diagnosed exclusive of one another, allowing concurrent diagnoses to be made. In practice, there is usually one disorder that is more prominent, and this is recorded as the Axis II diagnosis, with the others listed as features instead of disorders. If two or more are equally apparent, they are all recorded.

The residual personality diagnosis is called **Personality Disorder Not Otherwise Specified (NOS)**. This is used when the patient does not meet sufficient criteria for a single personality disorder, but exhibits specific diagnostic features of other personality disorders. Additionally, if the criteria are met for the Depressive or Passive-Aggressive (Negativistic) personality disorders (considered research diagnoses in the DSM-IV), the diagnosis of Personality Disorder NOS is used.

The diagnostic criteria for personality disorders in the DSM-IV are listed in decreasing order of significance (where this is established). The DSM-IV also lists severity and course specifiers for diagnoses:

- Mild — few, if any, symptoms in excess of those required to make the diagnosis are present, and symptoms result in no more than minor impairment in social or occupational functioning
- Moderate — symptoms/functional impairment fall between mild and severe
- Severe — many symptoms in excess of those required for the diagnosis, or several symptoms that are particularly severe, are present, or the symptoms result in marked impairment in social or occupational functioning

What is the ICD-10?

The DSM-IV isn't the only diagnostic system used. In 1992, The World Health Organization (WHO) published the **International Classification of Diseases, Tenth Edition** (**ICD-10**). It is the diagnostic classification system used principally outside of North America. Preparation of the DSM-IV was coordinated with Chapter V of the ICD-10, called "Mental and Behavioural Disorders."

DSM-IV coding is compatible with the ICD-10, which is planned to be introduced in the United States. The DSM-V will have even greater integration with the ICD. The ICD-10 has in common with DSM-IV the following personality disorders: **Paranoid, Schizoid, Histrionic,** and **Dependent**. The Antisocial Personality is called **Dissocial** (Dyssocial), the Obsessive-Compulsive is called **Anankastic** (Anancastic), and the Avoidant Personality is called **Anxious**.

There is a diagnostic category called "Emotionally Unstable Personality Disorder," with a *Borderline Type* and an *Impulsive Type*. The latter has no clear DSM-IV analog. **Narcissistic** and **Schizotypal** personality disorders in DSM-IV have no equivalent in the ICD-10.

Personality Change Due to a Medical Condition

Organic disorders are those resulting from medical illnesses, the effects of medications, or drugs of abuse. It is imperative to investigate the possibility of a personality change being caused by organic factors. Psychiatric disorders with an organic etiology can be indistinguishable from the those with purely psychological causes. In the DSM-IV, this is called **Personality Disorder Due to a Medical Condition**. This diagnosis is made when a personality disturbance is due to the direct physiological effects of a medical condition. When this is diagnosed, it is coded on Axis I as "Personality Change Due to . . . (Condition)." The medical condition is specified on Axis III. For example:

Axis I: Personality Change Due to Hypothyroidism
Axis III: Hypothyroidism

Diagnostic Criteria

A. A persistent personality disturbance that represents a change from the individual's previous characteristic personality pattern.
(In children, the disturbance involves a marked deviation from normal development or a significant change in the child's usual behavior patterns lasting at least 1 year.)

B. There is evidence from the history, physical examination, or laboratory findings that the disturbance is the direct physiological consequence of a general medical condition.

C. The disturbance is not better accounted for by another mental disorder (including Mental Disorders Due to a General Medical Condition).

D. The disturbance does not occur exclusively during the course of a delirium and does not meet criteria for a dementia.

E. The disturbance causes clinically significant distress or impairment in social, occupational, or other important areas of functioning.

Specify Type: Labile, Disinhibited, Aggressive, Apathetic, Paranoid, Other, Combined, Unspecified