M4A2: Personality Disorders: *Fact or Fiction*?

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September 9, 2015

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"Today there is reasonably broad agreement among personality researchers that about five basic personality trait dimensions can be used to characterize normal personality […] This five-factor model of personality traits includes the following five trait dimensions: neuroticism, extraversion/introversion, openness to experience, agreeableness/antagonism, and conscientiousness (Butcher, 2013, p. 328)." Within the five fair and basic umbrellas of what we will please us to classify as being a *normal personality*, there exist fragments, fissures, and notable deterrence.

Earnestly, when peering into the plethora of diagnostic and measurement challenges and issues related to personality disorders, in the way of view through metaphor (and in layman's terms for any to understand), it is as if the normal personality can be likened to a *normal cell* in the human body; it knows what it is, what its function and place is, and knows that it must harmoniously collaborate with other healthy functioning cells in the body in order to keep *the whole* body/society healthy and functioning.

This juxtaposed whereas the *aberrational cells* "… have certain traits that are so inflexible and maladaptive that they are unable to perform adequately at least some of the varied roles expected of them by their society, in which case we may say that they have a personality disorder (formerly known as a *character disorder*) […] Two of the general features that characterize most personality disorders are chronic interpersonal difficulties and problems with one's identity or sense of self (Butcher, 2013, p. 328)."

The personality disordered, in staying true to metaphor, seem in this view to be some kind of *cell malignancy* in that they are cells that seem to have literally gone astray—for whatever *reason(s)*--and markedly, from the otherwise normal functioning of the normal cells

that collaborate in the whole body and instead, these peculiar cells have somehow tracked off the beaten path of flow at some unknown exact juncture to set out as separate entities, or cells, that do not harmonize or collaborate with the other cells in the same way that the so-called *normal cells* do. Instead, these markedly different cells show malignancy in their very own ways as they forge their very own dynamics, separating themselves from the woven tapestry of the body's whole system that is comprised of healthy functioning cells, classifying them as a *distinct entity,* and thus, *disordered* when considering the functioning of *the whole.*

One can scratch her head when sentences such as "One review averaging across six relatively small epidemiological studies estimated that about 13 percent of the population meets criteria for at least one personality disorder at some point in their lives (Butcher, 2013, p. 329)." In addition to some people simply seeming odd or *eccentric,* DSM-5's task force having glaring qualm over current unreasonable diagnostic criteria in our modern day when compared to the 1970s or 80s criteria, one of the measurement and diagnostic challenges related to personality disorders is *prevalence measures* and the capabilities stifled therein:

"There is not as much evidence for the prevalence of personality disorders as there is for most of the other disorders, […] in part because there has never been a really large *epidemiological study* comprehensively examining all the personality disorders the way the two National Comorbidity Surveys examined the other disorders (Butcher, 2013, p. 329)." Another conundrum to add to the already dizzy gumbo stew: "Due to the high comorbidity between clusters, some individuals meet criteria for personality disorders in more than one cluster, so the percent of people in each cluster adds up to more than 10 percent (Butcher, 2013, p. 330)."

It is as difficult to precisely classify human beings' minds as it might be to clutch a cloud from the air with one's grab and then continue to break it down into its tiny raindrops that

comprise it. Classifying personality disorders is no small feat! Since 1980, when personality disorders burned their way into print in the DSM (then DSM-III), due to seeming entirely different, they were coded as *Axis II* while the standard syndromes were coded as *Axis I*. This was due to the fact that they seemed too different from other standard disorders.

The classification approach currently used in the DSM-5 is different because the *multi-axial coding* was tossed in exchange for grouping all of the *kids* under the same lofty rooftop. So, currently, personality disorders are included with the rest of psychiatric disorders in the way of approach in classification; some are confusing due to comorbidity with other standard disorders such as anxiety, depression, and substance use, for example. Classification of personality disorders since the 80s has begun by first attempting to sieve them like loose flour into one of three broad *clusters*:

> *"**• Cluster A: Includes paranoid, schizoid, and schizotypal personality disorders.** People with these disorders often seem odd or eccentric, with unusual behavior ranging from distrust and suspiciousness to social detachment.*
>
> *• **Cluster B: Includes histrionic, narcissistic, antisocial, and borderline personality disorders.** Individuals with these disorders share a tendency to be dramatic, emotional, and erratic.*
>
> *• **Cluster C: Includes avoidant, dependent, and obsessive-compulsive personality disorders.** In contrast to the other two clusters, people with these disorders often show anxiety and fearfulness (Butcher, 2013, p. 329)."*

The trouble persists regarding pin-pointing how to accurately classify these personality disorders: "… A unified dimensional classification of personality disorders has been slow to emerge, and a number of researchers have been trying to develop an approach that will integrate

the many different existing approaches (Butcher, 2013, p. 330)."

The causation, diagnosis, and treatment of personality disorders can look or seem like a quagmire of a crooked path full of bushes like the hedged frozen maze that Jack Nicholson tries to brave his way in, through, and around in the dead of winter in the famous film, *The Shining*. To take NPD as an example, most recently, some interesting data regarding understanding empathy or the lack thereof and its originations in some of these folks has come into view:

> *"Narcissistic personality disorder (NPD) is associated with an assortment of characteristics that undermine interpersonal functioning […] A lack of empathy is often cited as the primary distinguishing feature of NPD […] However, clinical presentations of NPD suggest that empathy is not simply deficient in these individuals, but dysfunctional and subject to a diverse set of motivational and situational factors […] Consistent with this presentation, research illustrates that empathy is multidimensional, involving 2 distinct emotional and cognitive processes associated with a capacity to respectively understand and respond to others' mental and affective states* (Baskin-Sommers, Krusemark, and Ronningstam)*."*

The causation of personality disorders can include early childhood trauma, genetics, biological factors, gender differences, socioeconomic, and sociocultural factors, and is usually cemented by the time a person is an adolescent or young adult. "Whatever the particular trait patterns affected individuals have developed (obstinacy, covert hostility, suspiciousness, or fear of rejection, for example), these patterns color their reactions to each new situation and lead to a repetition of the same maladaptive behaviors because they do not learn from previous mistakes or troubles (Butcher, 2013, p. 329)."

Unlike recent-memory haunts such as PTSD, "… these (personality) disorders stem largely from the gradual development of inflexible and distorted personality and behavioral patterns that result in persistently maladaptive ways of perceiving, thinking about, and relating to the world […] In many cases, major stressful life events early in life help set the stage for the development of these inflexible and distorted personality patterns (Butcher, 2013, p. 329)."

Shockingly, Narcissistic PD or NPD is leaning in the way of diagnostics to being gender-prevalent; yes, in men more so than in women: "NPD is a prevalent PD in the general U.S. population and is associated with considerable disability among men, whose rates exceed those of women […] NPD may not be as stable as previously recognized or described in the DSM-IV […] The results highlight the need for further research from numerous perspectives to identify the unique and common genetic and environmental factors underlying the disorder-specific associations with NPD observed in this study (Stinson et al., 2009)."

Diagnosis is tricky due to comorbidity looming largely these days. "With additional comorbidity controlled for, associations with bipolar I disorder, PTSD, and schizotypal and borderline PDs remained significant, but weakened, among men and women (Stinson et al. 2009)." Many traits in those with seeming personality disorders are overlapping with other standard disorders to the point where I have begun to ask myself if this woven kind of coupling of overlaps will soon become ubiquitous and therefore categorize itself out of being a disorder and instead becoming considered *the norm*.

This idea at work in the minds of task force might truly throw DSM upside-down if this were to occur over time. It could actually be that we are collectively growing into a time on this planet where we will all simply be more attuned to knowing more about each other if this overlapping keeps up at the speed it seems to be rocking. DSM-5 tries to use pervasive

assessments and questionnaires regarding recent timeframes in one's life in order to rule out or rule in certain characteristics.

Since people with personality disorders often don't think they are in need of change, treatment can be an up-hill climb for sure. That coupled with the fact that "… several proposals carefully considered by the *DSM-5* task force were to remove four personality disorders entirely and abandon the cluster organization […] One of the primary issues is that there are simply too many overlapping features across both categories and clusters (Butcher, 2013, p. 329)," makes the situation precarious.

According to general *DSM-5* criteria for diagnostics, "… the person's enduring pattern of behavior must be *pervasive* and *inflexible*, as well as *stable* and of *long duration* […] It must also cause either *clinically significant distress* or *impairment in functioning* and be manifested in at least two of the following areas: cognition, affectivity, interpersonal functioning, or impulse control (Butcher, 2013, p. 329)."

Treatment of those with personality disorders must be applied and therapeutic settings one-on-one with different modeling techniques such as ABT can be helpful as well as intense or specific outpatient group level settings. Dependent upon the cluster A, B, or C, and if comorbidity factors are present, usually and sadly, a person with a personality disorder treats a therapist much like the people s/he has problems relating to in interpersonal situations that range from work to love and back.

Most afflicted with a personality disorder do not stay in therapy. There seems to be a rigidity so deep at the core of personality disorders that it is almost as if fear took hold in the person's heart/psyche's very root system in the pathways in the brain at a very young age. Could these people be more sensitive than most of what we deem to be *normal mankind?*

DSM-5 has its earnest work cut out for it. I wish its conscientious handlers, i.e. psychodynamic professionals, every single deep hope for success at rolling their sincere sleeves up and being ethically and sincerely able to slowly but surely become more refined and muscular in the way of finding true causation specifics, organizing in a more prevalent measuring system, in order to rightly and with professional caring consensus, be able to diagnose these people in order to be able to be more sure about treating these fixed afflicted beings as time marches on. Truly caring and qualified mental health professionals deserve no less than a golden soft sterling loyal halo … merely for *trying*.

References

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