Personality Disorders

Course: Clinical Psychology
Module I: Fundamental Concepts in Clinical Psychology
Level: Third-Year Undergraduate (Clinical Psychology)
Duration: 90 Minutes

Learning Outcomes

By the end of this lecture, students will be able to:

1. Define personality and personality disorders.
2. Differentiate between normal personality traits and personality disorders.
3. Explain the epidemiology, etiology, and risk factors associated with personality disorders.
4. Describe the three clusters of personality disorders according to the DSM-5-TR.
5. Recognize the clinical characteristics of the ten major personality disorders.
6. Discuss the assessment and diagnosis of personality disorders.
7. Identify evidence-based treatment approaches for personality disorders.
8. Apply theoretical knowledge to the analysis of clinical case examples.

Lesson Outline

1. Introduction
2. Definition of Personality
3. Definition of Personality Disorders
4. Characteristics of Personality Disorders
5. Epidemiology
6. Etiology and Risk Factors
7. Classification of Personality Disorders (DSM-5-TR)
8. Assessment and Diagnosis
9. Treatment Approaches
10. Clinical Case Illustration
11. Summary

1. Introduction

Personality refers to the enduring patterns of thinking, feeling, and behaving that make each individual unique. These patterns influence how people perceive themselves, relate to others, cope with stress, and adapt to their environment.

Most personality characteristics are flexible and adaptive. However, when personality traits become rigid, inflexible, maladaptive, and cause significant impairment or distress, they may constitute a **personality disorder**.

Personality disorders are among the most challenging conditions encountered in clinical psychology because they affect multiple areas of functioning, including interpersonal relationships, emotional regulation, occupational performance, and self-identity.

2. Definition of Personality

Personality is the dynamic organization of psychological characteristics that influence an individual's consistent patterns of thinking, feeling, and behaving.

According to **Gordon Allport (1961)**:

"Personality is the dynamic organization within the individual of those psychophysical systems that determine his unique adjustments to the environment."

Personality develops through interactions among:

- Genetic factors
- Temperament
- Family environment
- Learning experiences
- Social and cultural influences

3. Definition of Personality Disorders

The **DSM-5-TR (2022)** 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, begins in adolescence or early adulthood, is stable over time, and leads to distress or impairment."

These disorders affect:

- Cognition (ways of thinking)
- Emotional functioning
- Interpersonal relationships
- Impulse control

4. Characteristics of Personality Disorders

Personality disorders typically share several characteristics:

- Persistent and long-lasting patterns.
- Begin during adolescence or early adulthood.
- Affect multiple areas of life.
- Cause social or occupational impairment.
- Are relatively stable over time.
- Often reduce insight into one's own behavior.

Unlike temporary emotional problems, personality disorders represent enduring patterns of functioning.

5. Epidemiology

Research indicates that:

- Approximately **9–15%** of adults meet criteria for at least one personality disorder.
- Personality disorders frequently coexist with:
  - Depression
  - Anxiety disorders
  - Substance use disorders
  - Eating disorders
- Many individuals seek treatment only after developing another mental disorder.

6. Etiology and Risk Factors

No single cause explains personality disorders. Most develop through interactions among biological, psychological, and environmental factors.

A. Biological Factors

- Genetic predisposition
- Temperament
- Brain structure and functioning
- Neurotransmitter abnormalities

Example:

Borderline Personality Disorder has been associated with abnormalities in emotional regulation systems.

B. Psychological Factors

- Childhood trauma
- Emotional neglect
- Attachment insecurity
- Maladaptive beliefs
- Poor emotional regulation

C. Environmental Factors

- Physical abuse
- Sexual abuse
- Family conflict
- Inconsistent parenting
- Chronic stress
- Social adversity

7. Classification of Personality Disorders

The **DSM-5-TR** classifies personality disorders into **three clusters** based on shared characteristics.

Cluster A: Odd or Eccentric Disorders

Individuals often appear socially detached or suspicious.

1. Paranoid Personality Disorder

Characteristics

- Distrust of others
- Suspiciousness
- Belief that others intend harm
- Reluctance to confide in others
- Persistent grudges

Clinical Example

A patient believes coworkers are secretly trying to damage his career despite having no evidence.

2. Schizoid Personality Disorder

Characteristics

- Social detachment
- Preference for solitary activities
- Limited emotional expression
- Little interest in relationships

Clinical Example

A man prefers spending all his time alone and reports no desire for close friendships.

3. Schizotypal Personality Disorder

Characteristics

- Odd beliefs
- Unusual perceptual experiences
- Eccentric appearance
- Social anxiety
- Magical thinking

Clinical Example

A woman believes she can communicate with people through telepathy.

Cluster B: Dramatic, Emotional, or Erratic Disorders

4. Antisocial Personality Disorder

Characteristics

- Disregard for others' rights
- Deceitfulness
- Aggressiveness
- Impulsivity
- Lack of remorse

Clinical Example

Repeated criminal behavior without feelings of guilt.

5. Borderline Personality Disorder

Characteristics

- Emotional instability
- Fear of abandonment
- Impulsive behavior
- Unstable relationships
- Self-harm
- Identity disturbance

Clinical Example

A patient alternates rapidly between idealizing and devaluing close friends and engages in self-injury following interpersonal conflict.

6. Histrionic Personality Disorder

Characteristics

- Excessive emotionality
- Attention-seeking behavior
- Dramatic speech
- Suggestibility
- Concern with physical appearance

Clinical Example

A patient becomes uncomfortable when not the center of attention.

7. Narcissistic Personality Disorder

Characteristics

- Grandiosity
- Need for admiration
- Sense of entitlement
- Lack of empathy
- Arrogant behavior

Clinical Example

A manager believes they deserve special treatment and dismisses colleagues' contributions.

Cluster C: Anxious or Fearful Disorders

8. Avoidant Personality Disorder

Characteristics

- Social inhibition
- Feelings of inadequacy
- Hypersensitivity to criticism
- Avoidance of interpersonal relationships

Clinical Example

A student avoids presentations due to fear of embarrassment.

9. Dependent Personality Disorder

Characteristics

- Excessive need for care
- Difficulty making decisions
- Fear of separation
- Submissive behavior

Clinical Example

An adult relies on family members for even minor everyday decisions.

10. Obsessive-Compulsive Personality Disorder (OCPD)

Characteristics

- Perfectionism
- Rigidity
- Excessive orderliness

- Need for control
- Preoccupation with rules

Important Note

OCPD is **not the same as Obsessive-Compulsive Disorder (OCD).**

OCPD	OCD
Personality disorder	Anxiety disorder
Perfectionism and rigidity	Obsessions and compulsions
Traits are often ego-syntonic	Symptoms are usually ego-dystonic

8. Assessment and Diagnosis

Assessment should include:

Clinical Interview

Explore:

- Personal history
- Family history
- Occupational functioning
- Interpersonal relationships

Mental Status Examination

Evaluate:

- Mood
- Affect
- Insight
- Judgment
- Thought processes

Psychological Assessment

Common assessment tools include:

- Minnesota Multiphasic Personality Inventory-3 (MMPI-3)
- Personality Assessment Inventory (PAI)
- Millon Clinical Multiaxial Inventory-IV (MCMI-IV)
- Structured Clinical Interview for DSM-5 Personality Disorders (SCID-5-PD)

Assessment should integrate multiple sources of information rather than relying on a single test.

9. Treatment Approaches

Treatment depends on the specific personality disorder and individual needs.

Psychotherapy

Psychotherapy is the primary treatment.

Evidence-based approaches include:

- Cognitive Behavioral Therapy (CBT)
- Dialectical Behavior Therapy (DBT) (especially for Borderline Personality Disorder)
- Schema Therapy
- Mentalization-Based Therapy (MBT)
- Psychodynamic Therapy

Medication

There is **no medication that cures personality disorders**.

However, medications may help manage associated symptoms such as:

- Depression
- Anxiety
- Mood instability
- Impulsivity

Examples include antidepressants, mood stabilizers, or antipsychotics when clinically indicated.

Family and Social Interventions

- Family psychoeducation
- Social skills training
- Vocational rehabilitation
- Crisis intervention (when necessary)

10. Clinical Case Illustration

Case

Ms. A is a 24-year-old woman who presents with:

- Intense fear of abandonment

- Rapid mood changes
- Impulsive spending
- Repeated self-harm following relationship conflicts
- Unstable interpersonal relationships
- Chronic feelings of emptiness

Discussion Questions

1. Which personality disorder is most likely?
2. Which symptoms support your conclusion?
3. What additional information is needed?
4. Which psychotherapy would be most appropriate?

Summary

Personality disorders are enduring patterns of cognition, emotion, and behavior that deviate markedly from cultural expectations and cause significant distress or impairment. The DSM-5-TR groups the ten personality disorders into three clusters: Cluster A (odd or eccentric), Cluster B (dramatic, emotional, or erratic), and Cluster C (anxious or fearful). Effective ssessment requires comprehensive clinical evaluation, and psychotherapy remains the primary treatment approach, with interventions tailored to the individual's needs.

Key Terms

- Personality
- Personality Disorder
- Cluster A
- Cluster B
- Cluster C
- Borderline Personality Disorder
- Antisocial Personality Disorder
- Narcissistic Personality Disorder
- Avoidant Personality Disorder
- Obsessive-Compulsive Personality Disorder
- Clinical Interview
- Dialectical Behavior Therapy (DBT)
- Schema Therapy

Activities

Activity: Identifying Personality Disorders

Students work in groups. Each group receives three brief case vignettes describing different personality patterns.

For each case, students should:

1. Identify the most likely personality disorder.
2. Determine the DSM-5-TR cluster (A, B, or C).
3. Highlight the diagnostic features supporting their decision.
4. Suggest an evidence-based treatment approach.

Groups present and discuss their findings with the class.

Recommended Reading

- American Psychiatric Association. (2022). *Diagnostic and Statistical Manual of Mental Disorders* (5th ed., Text Revision; DSM-5-TR). American Psychiatric Association Publishing.
- Livesley, W. J., Dimaggio, G., & Clarkin, J. F. (Eds.). (2016). *Integrated Treatment for Personality Disorder: A Modular Approach*. Guilford Press.
- Millon, T., Grossman, S., & Meagher, S. (2020). *Personality Disorders in Modern Life* (3rd ed.). Wiley.
- Paris, J. (2020). *Personality Disorders: Toward Theoretical and Empirical Integration*. American Psychiatric Association Publishing.
- Sperry, L. (2021). *Handbook of Diagnosis and Treatment of DSM-5 Personality Disorders* (3rd ed.). Routledge.

Lecture Conclusion

Personality disorders represent enduring and maladaptive patterns of functioning that significantly affect individuals' emotional well-being, relationships, and daily life. Understanding their clinical features, developmental pathways, and evidence-based interventions enables clinical psychologists to conduct accurate assessments and provide effective, person-centered care. Because these disorders are often complex and chronic, successful management requires empathy, strong therapeutic relationships, and long-term psychological support.