

KMC 1093
PERSONALITY DEVELOPMENT

UNIT SEVEN
Issues in Personality Development

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Learning unit objectives:

- ▶ Discuss the issues in personality development
 - Discuss the type of personality disorders
 - Discuss other issues in Personality Development



Personality disorders

▶ Introduction

- A group of psychiatric disorders that are characterized but **abnormal dysfunctional personalities**.
- People with personality disorders have a **long-term history of behaviors and experiences** that don't conform to the expectations of their culture or society.
- The behaviour of sufferers can cause them stress or reduced ability with respect to their personal, social and working life.

▶ Definition

- Individual traits that reflect chronic, inflexible, and maladaptive patterns of behavior
- characterized by the chronic use of mechanisms of coping in an inappropriate, stereotyped, and maladaptive.
- cause social discomfort and impair social and occupational functioning.

Personality Disorders

Diagnostic and Statistical Manual (DSM IV)

Deviation from the expectations of one's culture in these areas;

- Cognition**
- Affect**
- Interpersonal functioning**
- Impulse control**

- ▶ **The *Diagnostic and Statistical Manual of Mental Disorders, Fourth Edition, Text Revision*, groups personality disorders into three clusters:**

Cluster A

share odd or eccentric behavior

- Paranoid
- Schizoid
- Schizotypal

Cluster B

dramatic, emotional, or erratic beh.

- Antisocial
- Borderline
- Narcissistic
- Histrionic

Cluster C

anxious or fearful behavior

- Avoidant
- Dependent
- Obsessive-compulsive

- ▶ Each disorder produces **characteristic signs and symptoms, which may vary among patients and even with the same patient at different times.**
- ▶ Personality disorders are lifelong conditions with an onset in adolescence or early adulthood.
- ▶ **Cluster A and B disorders tend to grow less intense in middle age and late life, whereas cluster C disorders tend to become exaggerated.** Patients with cluster B disorders are susceptible to substance abuse, poor impulse control, and suicidal behavior, which may shorten lives.

Common Characteristics

- Inflexible and maladaptive response to stress.
 - Maladaptive behaviors in occupational and social relationships
 - Ability to evoke and create interpersonal conflict
 - Lack of respect for boundaries.
- 

Causes and Incidence

- ▶ Various theories attempt to explain the origin of personality disorders.

1. Genetic factors influence the biological basis of brain function as well as basic personality structure.

2. Poor regulation of the areas controlling emotion within the brain increases the risk of a personality disorder.

3. Major developmental challenges of adolescence and early adulthood may trigger a personality disorder.

4. Social theories hold that disorders reflect learned responses, having much to do with reinforcement, modeling, and aversive stimuli as contributing factors.

5. Personality disorders reflect deficiencies in ego and superego development and are related to poor mother-child relationships.

- ▶ Personality disorders are common and affect 10% to 15% of the population in the United States. Gender influences presence; for example, antisocial and obsessive-compulsive personality disorders are more common in men, whereas borderline, dependent, and histrionic personality disorders are more prevalent in women.

Symptoms of Personality disorders

- ▶ Each specific personality disorder produces characteristic signs and symptoms, which may vary among patients and within the same patient at different times.
 - 1. difficulties in interpersonal relationships**, ranging from dependency to withdrawal, and in occupational functioning, with effects ranging from compulsive perfectionism to intentional sabotage.
 - 2. may show any degree of self-confidence** ranging from no self-esteem to arrogance. Convinced that his behavior is normal, he avoids responsibility for its consequences, commonly resorting to projections and blame

Treatment



- ▶ Personality disorders are **difficult to treat**.
- ▶ Successful **therapy** requires a trusting relationship in which the therapist can use a direct approach. The type of therapy chosen depends on the patient's symptoms.
 - **Family and group therapies are usually effective**. **Cognitive and self-help groups** have also been beneficial.
 - **Drug therapy** is effective in some types of personality disorders; for example, pimozide has been successfully used to reduce paranoia ideation in some patients with paranoid personality disorder. Antipsychotic drugs (olanzapine or risperidone) may be used to treat severe agitation or delusional thinking. Selective serotonin reuptake inhibitors, such as fluoxetine, may be used to treat irritability, anger, and obsessional thinking. Antianxiety drugs may be used to treat severe anxiety that interferes with normal thinking.
 - **Hospital inpatient therapy** can be effective in crisis situations and possibly for long-term treatment of some disorders. Inpatient treatment is controversial, however, because most patients with personality disorders don't comply with extended therapeutic regimens; for such patients, **outpatient therapy** may be more helpful.

- Provide **consistent care**. Take a direct, involved approach to ensure trust. Keep in mind that many of these patients don't respond well to interviews, whereas others are charming and convincing.
 - **Teach the patient social skills**, and reinforce appropriate behavior.
 - **Encourage expression of feelings**, self-analysis of behavior, and accountability for actions.
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▶ CLUSTER A:

- paranoid
- schizoid
- schizotypal

1. Paranoid personality disorder

- ▶ People with a paranoid personality are **distrustful and suspicious of others**.
- ▶ Based on little or no evidence, they suspect that **others are out to harm them** and usually find hostile or malicious motives behind other people's actions.

Specific Care

- ❖ Avoid situations that threaten the patient's autonomy or challenge his beliefs.
- ❖ Approach the patient in a straightforward and candid manner, adopting a professional, rather than a casual or friendly, attitude. Remember that the paranoid patient easily misinterprets remarks intended to be humorous.
- ❖ Encourage the patient to take part in social interactions to expose him to others' perceptions and realities and to promote social skills development.
- ❖ Help the patient identify negative behaviors that interfere with his relationships so that he can see how his behavior affects others.
- ❖ Provide a supportive and nonjudgmental environment in which the patient can safely explore and verbalize his feelings.

2. Schizoid personality disorder

- ▶ People with a schizoid personality are **introverted, withdrawn, and solitary**. They are **emotionally cold and socially distant**.
- ▶ They are most often **absorbed with their own thoughts and feelings and are fearful of closeness and intimacy with others**.
- ▶ They **talk little, are given to daydreaming**, and prefer theoretical speculation to practical action.
- ▶ **Fantasizing** is a common coping (defense) mechanism.

Specific Care

- ❑ Remember that the schizoid patient needs close human contact but is easily overwhelmed. Respect the patient's need for privacy, and slowly build a trusting, therapeutic relationship, so that he finds more pleasure than fear in relating to you.
- ❑ Give the patient plenty of time to express his feelings. Keep in mind that, if you push him to do so before he's ready, he may retreat.
- ❑ Recognize the patient's need for physical and emotional distance.
- ❑ Remember that the patient needs close human contact but is easily overwhelmed.

3. Schizotypal personality disorder

- ▶ People with a schizotypal personality, like those with a schizoid personality, are **socially and emotionally** detached.
- ▶ In addition, they display **oddities of thinking, perceiving, and communicating** similar to those of people with schizophrenia.

Specific Care

- ▶ Recognize that the patient with this disorder is easily overwhelmed by stress. Allow him plenty of time to make difficult decisions.
 - ▶ Avoid defensiveness and arguing.
 - ▶ Recognize the patient's need for physical and emotional distance.
 - ▶ Be aware that the patient may relate unusually well to certain staff members and not at all to others.
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▶ CLUSTER B

- antisocial
- borderline
- histrionic
- narcissistic

4. Antisocial personality disorder

- ▶ People with an antisocial personality most of whom are **male**, show callous disregard for the rights and feelings of others. Dishonesty and deceit permeate their relationships.
- ▶ **They exploit others for material gain or personal gratification** (unlike narcissistic people, who exploit others because they think their superiority justifies it).
- ▶ **act out their conflicts impulsively and irresponsibly.**
- ▶ They **tolerate frustration poorly, and sometimes they are hostile or violent.**
- ▶ **prone to alcoholism, drug addiction, sexual deviation.**
- ▶ are likely **to fail at their jobs** and move from one area to another.
- ▶ often have a **family history** of antisocial behavior, substance abuse, divorce, and physical abuse.

Specific Care:

Be **clear about your expectations** and the consequences of failing to meet them.

- Use a straightforward, matter-of-fact approach to set limits on unacceptable behavior. **Encourage and reinforce positive behavior.**
- Expect the patient to refuse to cooperate so that he can gain control.
- Avoid power struggles and confrontations to maintain the opportunity for therapeutic communication.**
- Avoid defensiveness** and arguing.
- Observe for physical and verbal signs of protest.**
- Help the patient manage anger.
- Teach the patient social skills and reinforce appropriate behavior.

5. Borderline personality disorder:

- ▶ People with a borderline personality, most of whom are **women**, are **unstable in their self-image, moods, behavior, and interpersonal relationships**.
- ▶ Their thought processes are more disturbed than those of people with an antisocial personality, and their aggression is more often turned against the self.
- ▶ They are **angrier, more impulsive, and more confused about their identity** than are people with a histrionic personality.
- ▶ Borderline personality becomes evident in **early adulthood but becomes less common in older age groups**.
- ▶ People with a borderline personality often report being **neglected or abused as children**. Consequently, they **feel empty, angry, and deserving of nurturing**.

Specific Care

Encourage the patient to **take responsibility for himself**. Don't attempt to rescue him from the consequences of his actions (except for suicidal and self-mutilating behaviors).

- Don't try to solve problems that the patient can solve himself.**
- Maintain a consistent approach in all interactions with the patient, and ensure that other staff members do so as well.
- Recognize behaviors that the patient uses to manipulate people so that you can avoid unconsciously reinforcing them.
- Set appropriate expectations for social** interactions, and praise the patient when expectations are met.
- To promote trust, respect the patient's personal space.**
- Recognize that the patient may idolize some staff members and devalue others.
- Don't take sides in the patient's disputes with other staff members.

6. Histrionic personality disorder

- ▶ People with a histrionic personality **conspicuously seek attention, are dramatic and excessively emotional, and are overly concerned with appearance.**
- ▶ Their lively, expressive manner results in easily established but often superficial and transient relationships.
- ▶ Their expression of emotions often seems exaggerated, childish, and contrived to evoke sympathy or attention (often erotic or sexual) from others.

Specific care

- ❑ Give the patient choices in care strategies, and incorporate his wishes into the plan of treatment as much as possible. By increasing his sense of self-control, you'll reduce his anxiety.
- ❑ Be aware that the patient will want to “win over” caregivers and, at least initially, will be responsive and cooperative.

7. Narcissistic personality disorder:

- ▶ People with a narcissistic personality **have a sense of superiority, a need for admiration, and a lack of empathy.**
- ▶ They have an **exaggerated belief in their own value or importance**, which is what therapists call grandiosity. They may be **extremely sensitive to failure, defeat, or criticism.**
- ▶ When confronted by a failure to fulfill their high opinion of themselves, they can easily become enraged or severely depressed.
- ▶ Because they believe themselves to be superior in their relationships with other people, **they expect to be admired and often suspect that others envy them.**
- ▶ They **believe they are entitled to having their needs met without waiting, so they exploit others, whose needs or beliefs they deem to be less important.**
- ▶ Their behavior is usually offensive to others, who view them as being **self-centered, arrogant, or selfish.**
- ▶ This personality disorder **typically occurs in high achievers**, although it may also occur in people with few achievements

Specific Care:

- ❑ Convey respect and acknowledge the patient's sense of self-importance so that a coherent sense of self can be reestablished. Don't reinforce either pathologic grandiosity or weakness.
- ❑ If the patient makes unreasonable demands or has unreasonable expectations, tell him in a matter-of-fact way that he's being unreasonable. Remain nonjudgmental because a critical attitude may make the patient more demanding and difficult. Don't avoid him as this could increase maladaptive attention-seeking behavior.
- ❑ Focus on positive traits, or on feelings of pain, loss, or rejection.

▶ CLUSTER C:

- avoidant
- dependent
- obsessive-compulsive

8. 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 4 or more of the following:
 - 1) avoids occupational activities that involve significant interpersonal contact, because of fears of criticism, disapproval, or rejection
 - 2) is unwilling to get involved with people unless certain of being liked
 - 3) shows restraint within intimate relationships because of fear of being shamed or ridiculed
 - 4) is preoccupied with being criticized or rejected in social situations
 - 5) is inhibited in new interpersonal situations because of feelings of inadequacy
 - 6) views self as socially inept, personally unappealing, or inferior to others
 - 7) is usually reluctant to take personal risks or to engage in any new activities because they may prove embarrassing.

Specific Care

- ▶ Antidepressant medications can often make people less sensitive to rejection. However, talk therapy (psychotherapy) is considered to be the most effective treatment for this condition.
- ▶ Psychodynamic psychotherapy, which helps patients understand their thoughts and feelings, and cognitive behavioral therapy (CBT) can help. A combination of medication and talk therapy may be more effective than either treatment alone.

9. Dependent personality disorder

- ▶ People with a dependent personality routinely **surrender major decisions and responsibilities to others and permit the needs of those they depend on to supersede their own.**
- ▶ They **lack self-confidence and feel intensely insecure** about their ability to take care of themselves. They often **protest that they cannot make decisions and do not know what to do or how to do it.** This behavior is due partly to a reluctance to express their views for fear of offending the people they need and partly to a belief that others are more capable.
- ▶ People with other personality disorders often have traits of a dependent personality, but the dependent traits are usually hidden by the more dominant traits of the other disorder. Sometimes adults with a prolonged illness or physical handicap develop a dependent personality.

Specific Care

- ▶ Encourage the patient to make decisions. Continue to provide support and reassurance as his decision-making ability improves.
 - ▶ Give the patient as much opportunity to control treatment as possible. Offer options and allow choice, even if all are chosen.
 - ▶ Encourage activities that require decision-making to promote autonomy.
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10. Obsessive-compulsive personality disorder:

- ▶ People with an obsessive-compulsive personality are preoccupied with **orderliness, perfectionism, and control**.
- ▶ They are reliable, dependable, orderly, and methodical, but their **inflexibility makes them unable to adapt to change**.
- ▶ Because they are cautious and weigh all aspects of a problem, they have **difficulty making decisions**.
- ▶ They **take their responsibilities seriously**, but because **they cannot tolerate mistakes or imperfection**, they often have trouble completing tasks.

Specific Care

- Allow the patient to participate in his own treatment plan by offering choices whenever possible.
 - Adopt a professional approach in your interactions with the patient. Avoid informality; this patient expects strict attention to detail.
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Other issues in Personality Development

- ▶ Anxiety disorders
 - ▶ Stress disorders
 - ▶ Phobia
 - ▶ Panic disorders
 - ▶ Aggression
- 

Anxiety

Definition

-**Freud**: stems from unconscious conflicts and serves as a signal that unconscious impulses may erupt into consciousness

-**Rogers**: is the outgrowth of a perceived threat to the self concept

-**Kelly**: stems from a realization that one's construct system is not leading to valid prediction

-**Catells**: the sum total of our unfulfilled needs and the degree of our confidence in their being satisfied

-**Rotter**: reflects a discrepancy between needs that are strong and expectancies for their satisfaction that are relatively low.

Anxiety Disorders: Real Life Fear Factors

- ❖ Psychological features of anxiety
 - Worrying, fear of worst case scenario, nervousness, inability to relax
- ❖ Physical features of anxiety
 - Arousal of sympathetic branch of autonomic nervous system

2. Stress Disorders

- ❑ Posttraumatic stress disorder (PTSD)
 - Caused by a traumatic event
 - May occur months or years after event
- ❑ Acute stress disorder
 - Unlike PTSD, occurs within a month of event and lasts 2 days to 4 weeks

Stress: Definition

- ▶ **An external circumstance that makes unusual or extraordinary demands upon the person** (Lazarus, 1969)-due to flood, failure in major exam, divorce etc.
- ▶ Stress can also refer to one's responses to the stressful event:
 - emotional responses such as fear, anxiety or anger.
 - motor responses such as speech disturbances, or perspiring.
 - cognitive responses such as failures in concentration,
 - physiological changes-heart rate or breathing.

Types of stress

- ▶ **Frustration**-our progress towards a goal is blocked, personal loss
- ▶ **Natural disaster**-traumatic events (earthquakes, accident etc)
- ▶ **Conflict**-whenever we experience 2 or more incompatible motives
- ▶ **Life change** - (positive change: promotion, buying car, etc & negative change: precipitate illness etc)

Responses to stress

- ▶ **Emotional responses** -annoyance, fear, grief
- ▶ **Physiological responses**- “general adaptation syndrome”
 - i) alarm-initial response-sympathetic nervous system is activated
 - ii) resistance-assuming stress in continues-outward signs of emotion decline -breathing & heartbeat slow down
 - iii) exhaustion-if the stress continue in very lengthy time-can result in death
- ▶ **Behavioral responses** -aggression, giving up, etc

Coping with anxiety and stress

- Tension reduction
 - Problem solving
 - Distraction
 - Cognitive reappraisal
 - Social support
 - Humor
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3. Phobias

- Specific phobias
 - Irrational fears of specific objects or situations
- Social phobias
 - Persistent fears of scrutiny by others
- Agoraphobia
 - Fear of being in places from which it would be difficult to escape or receive help

4. Panic Disorder

- ▶ Abrupt attack of acute anxiety not triggered by a specific object or situation
 - Physical symptoms
 - Shortness of breath, heavy sweating, tremors, pounding of the heart
 - Other symptoms that may “feel” like a heart attack

5. Aggression

Definition:

- an attempt to produce bodily or physically harm to another. Exclude psychological injury. (Zillmann,1978).
- any behavior that harms another regardless of intent. (A.H. Buss,1961)
- any form of behavior directed toward the goal of harming or injuring another living being who is motivated to avoid such treatment. (Baron,1977).

Psychosocial determinants of aggression

The frustration-aggression hypothesis

e.g. :the door is not open, become frustrated and kick it violently

Social learning and aggression

- ▶ Observational learning
 - ▶ Childhood experiences
 - ▶ Violence begets violence-parents who vigorously applied physical punishment for aggressive acts, produced aggressive children.
 - male more aggressive (Maccoby & Jacklin,1974 , Reinisch & Sanders,1986)
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Sex Roles And Gender Differences.

Gender differences in personality

- 1) aggression-male more aggressive (Maccoby & Jacklin,1974 , Reinisch & Sanders,1986)
- 2) altruism- both genders tend to respond largely in terms of specific situation.
- 3)dependency and dominance- Females tend to be more dependent and less dominant.
- 4) emotionality-women are said to be more emotional than men

Consequences of Personality Disorders

- ▶ People with a personality disorder are at high risk of behaviors that can lead to physical illness (such as alcohol or drug addiction); self-destructive behavior, reckless sexual behavior, hypochondriasis, and clashes with society's values.

- ▶ They may have inconsistent, detached, overemotional, abusive, or irresponsible styles of parenting, leading to medical and psychiatric problems in their children.
 - ▶ They are vulnerable to mental breakdowns (a period of crisis when a person has difficulty performing even routine mental tasks) as a result of stress.
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- ▶ They may develop a mental health disorder; the type (for example, anxiety, depression, or psychosis) depends in part on the type of personality disorder.
 - ▶ They are less likely to follow a prescribed treatment schedule; even when they follow the regimen, they are usually less responsive to drugs than most people are.
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- ▶ They often have a poor relationship with their doctors because they refuse to take responsibility for their behavior or they feel overly distrustful, deserving, or needy. The doctor may then start to blame, distrust, and ultimately reject the person.

SUMMARY/CONCLUSION

- Personality disorders are maladaptive personality traits
- 3 broad clusters
- Problem of overlap of categories
- Etiology for many personality disorders not well understood
- Treatments have not been very successful for many of these disorders
- Each of the person need to take care of their own well being

▶ ***Concepts in Action***

Concepts in Practice

Personality issues...?

- ▶ *Well, I'm not entirely positive that you would call it that. I'm going to give you a quick description of myself and I'd like you to tell me how you would feel if you would've just met me. I'm having problems coping with the fact that I'm not super outgoing or anything... I'm quiet unless I'm around people that I'm very close to. I really only have a few friends, some of which are considered "popular" or "preps." I'm only myself around those people and my parents/siblings. I'm short, skinny but curvy all that the same time. I get nervous when I talk to people that I don't know well. I'm an avid reader and know a lot about literature and the arts. I watch a lot of movies, but normally alone. I lose myself in movies and books and sometimes forget that they aren't reality. Although I have friends, I hardly ever hang out with them, because my parents are strict and I like being alone more than I like being with people.*
- ▶ *My grades are average, but I'm quite smart. I've got plenty of common sense, I'm just fairly careless. I have weird fetishes...like certain smells and certain odd habits.*
- ▶ *I think, ALL THE TIME. My mind never stops racing but I don't always consider that a factor that holds me back.*
- ▶ *I'm only a 15 year old gal, so I don't know weather the kind of person that I am is really as stupid as I feel. I'm always afraid that I come off as a shy loser to everybody that I meet and it's resulting in major self-esteem issues.*
- ▶ *I would appreciate it if somebody would give their opinion on the things I've told you...what's good, what's bad, how I could improve...I really need help and I don't really have anybody to go to for this, so I'm relying in the internet.*

Feedback/Answer

▶ *Hello twin.*

Well, we are not exactly alike, but we do have much in common. It is not pathetic at all, you are just introverted. I actually prefer to be alone a lot, it gives me time to think and reflect. Being alone does not mean you are socially awkward or anything. And everyone has weird fetishes, don't worry.

As for thinking all the time, everyone does that. Your brain NEVER stops working.

If you like yourself, cool. Be confident in yourself and everyone will like you too. If not, be who you want to be. Like is too short not to be everything that you want to be and more.

Also, since you are similar to me, you are probably super rad... Just let the world know that =)

▶ **Thank You**