





Photo 12.1 For centuries, folk healers, sages, witch doctors, and shamans have been engaged in the process of “correcting” abnormal or undesirable personality features. What is the difference between such healers and today’s professional psychologists?

CHECK AND APPLY YOUR KNOWLEDGE

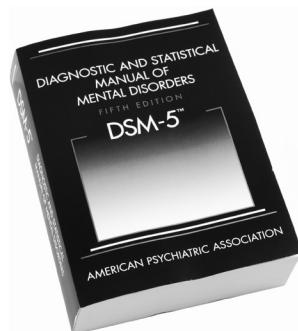
An intriguing portrayal of an unusual kind of behavior is depicted in the 1987 movie *Fatal Attraction*. The main female character of the film (Alex Forrest, played by Glenn Close) depicts a wide range of psychological and behavioral flip-flops while she deals with the aftermath of an affair with a married man. Her emotional and behavioral roller coaster storms through ups and downs of seductive tenderness and violent outbursts, fascination and hatred, pitiful vulnerability and rock solid determination, sorrow and loathing, and creativity and idleness.

Questions

What behavioral traits and emotional patterns can you identify in the behavior of Alex Forrest? Does she manifest the symptoms of a particular personality disorder?

CHECK AND APPLY YOUR KNOWLEDGE

1. What is excessive consistency? Give examples.
2. Explain medicalization of behavior. Give examples.
3. Define and explain *stigma*.
4. Does it really matter how we label people with psychological problems? Do you see the difference between calling a woman “a drug addict” compared to calling her “a person affected by a drug addiction”? Explain.
5. If you have serious avoidant tendencies in interpersonal relationships, would you prefer to be called “one with avoidant tendencies” or “an avoidant person”? Explain.



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Photo 12.2 In the United States, *The Diagnostic and Statistical Manual of Mental Disorders* (5th ed.; *DSM-5*) is the main diagnostic source for personality disorders. Different countries have their own traditions in defining personality disorders.

TABLE 12.1 • Summarizing the *DSM-5* (APA, 2013): Classifications and Descriptions of Personality Disorders

Cluster: Odd and Eccentric Behavior	Brief Description of Symptoms	Cautionary Statement
Paranoid personality disorder	A prevalent distrust and suspiciousness of others and their motives	Should not be confused with reasonable cautious behavior and doubts about loyalty
Schizoid personality disorder	A pervasive pattern of detachment from social relationships and a restricted range of emotions in interpersonal settings	Should not be confused with someone's shyness, reasonable lack of interest, or social inhibitions
Schizotypal personality disorder	A persistent pattern of social and interpersonal deficits marked by cognitive or perceptual distortions and eccentricities of behavior	Should not be confused with attention-seeking behavior or other culturally appropriate responses
Cluster: Dramatic, Emotional, or Erratic Behavior	Brief Description of Symptoms	Cautionary Statement
Histrionic personality disorder	A pervasive pattern of excessive emotionality and attention seeking	Should not be confused with socially adaptive responses
Narcissistic personality disorder	A persistent pattern of grandiosity in fantasy or behavior, need for admiration, and lack of empathy	Should not be confused with certain patterns of leadership behavior and responses in extreme situations
Borderline personality disorder	A prevalent pattern of instability and unpredictability of thought, emotion, and behavior	Should not be confused with responses caused by frequently changing, highly unpredictable, and confusing situations
Antisocial personality disorder	A long-standing pattern of disregard for other people's rights, often crossing the line and violating those rights	Should not be confused with adaptive responses to extraordinary, dangerous, and threatening situations
Cluster: Anxious and Fearful Behavior	Brief Description of Symptoms	Cautionary Statement
Avoidant personality disorder	A long-standing pattern of feelings of inadequacy and social inhibition	Should not be confused with the lack of social skills and reasonable self-isolation
Dependent personality disorder	A pervasive pattern of dependency and fear of abandonment	Should not be confused with temporary lack of social skills
Obsessive-Compulsive personality disorder	A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, done at the expense of flexibility, openness, and efficiency	Should not be confused with adaptive skills of discipline and perfection that may lead to eventual success

CHECK AND APPLY YOUR KNOWLEDGE

1. Explain test-taking attitudes such as social desirability and malingering.
2. On the companion website, see the list of personality disorders identified in the *DSM-5* and in the *ICD-10*. Which similarities and differences did you find between the two?
3. What does the label *neurotic character* mean?
4. Name three disorders within the odd and eccentric behavior cluster.
5. Exaggerated introversion may be considered a prime feature of which PD?
6. Which occupations do you think will be the least suitable for individuals with PDs from the odd and eccentric behavior cluster?
7. Clinicians have to be cautious when diagnosing paranoid PD. Persistent, unfounded, and obviously irrational suspiciousness should probably require clinical attention. The same can be said about a person's unrelenting and inflexible accusations of other people's maliciousness. However, questioning someone's loyalty can be appropriate in certain circumstances. There are also professions that require constant vigilance. What are some?

SELF-REFLECTION

The Drama of the Gifted Child by Alice Miller (1994) put forward a controversial hypothesis: Many professional psychotherapists are likely to be narcissistic. They do not become narcissistic after they become professionals—quite the contrary, she writes. Many individuals seek degrees in psychology because of childhood experiences that make them narcissistic.

Imagine, she argues, a mother who is emotionally insecure, weak, or desperate, yet who always tries to appear confident, independent, and strong. This mother has a child who is sensitive and smart and who is capable of understanding her or his mother's struggles. The child wants to help and thus develops sensitivity to the needs of the mother and other people. The child earns a good reputation for helping others. Unlike business, such amateur "psychological practices" generate no money; however, they bring approval from others. The child, a teenager now, becomes a home-grown "therapist" and feels important. He or she now seeks people's praise. That is why many of these children later choose psychology as a profession. To them, Alice Miller argues, psychological practice is about much more than money. Helping other people with their emotional issues feeds the psychologists' childhood narcissism—the desire to maintain a good image of self and feel special.

Questions

As a high school student, were you ever asked to help other people with their emotional problems? Did you enjoy helping or guiding others? What is the difference between (1) enjoying every opportunity to help another person and (2) having narcissistic features?

SELF-REFLECTION

Imagine that you have become a licensed psychologist who treats personality disorders (in fact, you may only be a few years away from it). Which one of the disorders discussed in this chapter appears most interesting and intriguing to you? Why?

CHECK AND APPLY YOUR KNOWLEDGE

1. Name four disorders within the dramatic, emotional, or erratic behavior cluster.
2. The symptoms of which disorder point at a profound inconsistency of personality traits?
3. Which occupations do you think will be least suitable for individuals with PDs from this cluster?
4. Under specific social conditions, some features of antisocial PD become somewhat useful strategies that help individuals survive in extreme conditions. Name some of these conditions.
5. Name three disorders within the anxious and fearful behavior cluster.
6. Low self-esteem, fear of criticism, and concerns about negative evaluation are distinct characteristics of which PD?
7. Which occupations or professions do you think will be least suitable for individuals with PDs from the anxious and fearful behavior cluster?

TABLE 12.2 ● The Biomedical Perspective: A Summary

Personality Disorder Clusters	Descriptions
Odd and eccentric behavior	Genetic and other biological factors determine some people's hypersensitivity, which can lead to paranoid tendencies; natural inclinations for reclusive behavior and solitary activities are commonly labeled as <i>schizoid</i> characteristics.
Dramatic, emotional, or erratic behavior	Genetic and other biological factors contribute to excessive anxiety, instability in coping mechanisms, impulsivity, and other psychological responses—which manifest in various forms described as antisocial, histrionic, borderline, or narcissistic behaviors.
Anxious and fearful behavior	All of these disorders involve behavioral traits that may be related to a heightened susceptibility (liability) to anxiety and a common category of behavioral and psychological efforts to ward off anxiety.

TABLE 12.3 ● Selected Psychoanalytic Interpretations of Personality Disorders

Personality Disorder	Interpretations of Causes
Narcissistic	A redirection of a person's love inward takes place because a child does not get enough love from his or her parents. The child also has to suppress anger for the perceived abandonment. Shame formed in early childhood can also be a powerful cause of narcissistic symptoms.
Antisocial	The individual lacks the authoritative power of the superego as a moral guide or censor. A lack of trust toward parents in early childhood may also weaken the desire to respect any authority in the future.
Borderline	Aggressive impulses toward parents are directed inward. The weak ego allows infantile impulses pushing for the immediate satisfaction of desires.
Paranoid	Angry, threatening, and demanding parents launch the child's unconscious defenses, which later results in deep suspiciousness toward other people.
Dependent	Overprotective parents stimulate defense mechanisms that later contribute to dependent tendencies.

Sources: Broucek, 1991; Freud, 1914/1957; Gabbard, 1990; Kernberg, 1992; Kohut, 1977; Loranger, 1996; Morrison, 1989.

TABLE 12.4 ● Understanding Personality Disorders From the Trait Tradition

Personality Disorders	Personality Traits				
	Neuroticism	Extroversion	Openness	Agreeableness	Conscientiousness
Paranoid	High	Low	Low	Low	Low
Schizoid	Mixed	Low	Low	Mixed	High
Schizotypal	High	Low	High	Low	Low
Borderline	High	High	High	Low	Low
Narcissistic	High	High	Low	Low	High
Histrionic	High	High	High	High	Low
Antisocial	High	Mixed	Mixed	Low	Low
Dependent	High	High	High	High	Low
Avoidant	High	Low	Low	Low	High
Obsessive-Compulsive	Mixed	Low	Low	Low	High

CHECK AND APPLY YOUR KNOWLEDGE

1. What is the essence of the biomedical perspective of PDs?
2. What is the key difference between the behavioral learning and cognitive perspectives of PDs?
3. Compare the universalist and relativist perspectives of abnormal behavior.
4. *Hikikomori* is a complex form of withdrawal behavior common in Japan. It has been the topic of numerous television documentaries and newspaper and magazine articles (Rees, 2002; Saitō, 2012). Hikikomori is found mostly in men who shut themselves in the homes of their parents and have very limited face-to-face contact with other people (according to estimates, there are over 1 million of them). They spend their days browsing the web or chatting online and only occasionally see their parents, who help them financially. These young individuals claim they lost the incentive for hard work and abandoned their ambitions, but their lives are comfortable, and the web gives them a chance to interact with others without face-to-face contact. They do not have a prevalence of any psychological disorder, compared to the general population, and studies in other countries suggest that this is not exclusively a Japanese phenomenon (Sax, 2007).
 - (a) Do you see Hikikomori as a kind of schizoid personality disorder? Why or why not?
 - (b) Do you think these individuals are suffering psychologically? Have they failed as society members?
 - (c) How will the society in which you live change if most people in it chose Hikikomori as their lifestyle? Explain your opinions.

TABLE 12.5 • Key Distinctions Between Several Pairs of Personality Disorders

Overlapping and Common Symptoms	Some Differences
Dependent and Borderline: Individuals demonstrate “clinging” behavior, suffer from separation anxiety, and report fear of abandonment.	In borderline cases, individuals are likely to be angry and move from being caring to being demanding and manipulative; in dependent cases, they tend to be agreeable, trusting, and submissive.
Avoidant and Schizoid: Introversion is a common underlying personality trait; self-isolation is a significant behavioral symptom.	Avoidant symptoms are accompanied by anxiety-related symptoms—individuals are afraid to make a mistake; individuals with schizoid symptoms tend to display low neuroticism and a lack of social motivation.
Schizotypal and Borderline: Common features include bizarre behavioral manifestations, inappropriate emotional displays, and general unpredictability.	Borderline symptoms are likely to be associated with impulsivity, aggression, and reckless behavior, all of which are almost uncommon in schizotypal symptoms.
Histrionic and Antisocial: Common features include seemingly flamboyant, shocking, provocative, and inappropriate behavior.	Histrionic behavior is likely to take place within the established social norms and may be judged as eccentric; symptoms are attention-seeking behaviors. Antisocial behavior is a more blatant challenge to norms, and symptoms are related to pragmatic or egotistic motives.
Paranoid and Narcissistic: Both have common features associated with lack of trust in other people, anger, inadequate self-esteem, and beliefs in self-exclusivity.	Paranoid symptoms are likely to be connected to withdrawal tendencies and elevated anxiety, as well as low self-esteem. Narcissistic tendencies are likely to be connected with attention-seeking behavior, envy, and the feeling of entitlement.
Complete the columns by comparing the following disorders. For discussion, visit the companion website.	
Avoidant and Dependent	
Narcissistic and Histrionic	
Paranoid and Obsessive-Compulsive	

CHECK AND APPLY YOUR KNOWLEDGE

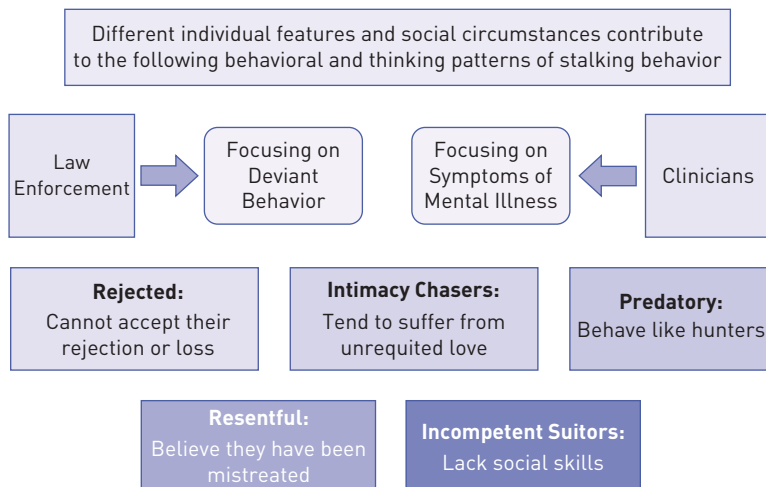
1. Explain comorbidity in psychology.
2. Explain differential diagnosis in the context of PDs.

Photo 12.3 Some personality disorders, especially borderline and histrionic, are risk factors that contribute to self-destructive behavior. Discuss the ways that we can attempt to help such individuals without violating their privacy.



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FIGURE 12.1 ● Behavioral Profiles of Stalking Behavior



Visual Review

