

Remainder of Personality Disorders Lecture

- More Severe Personality Disorders
- DSM doesn't classify by severity but Millon does
- Three extreme PDs occur when more moderate one's break down and the person "decompensates"
 1. Schizoid and Avoidant lead to **Schizotypal P.D.**
 2. Dependent, Histrionic, and Passive-Aggressive leads to **Borderline P.D.**
 3. Narcissistic, Antisocial, and Compulsive leads to **Paranoid P.D.**

I. Schizotypal Personality Disorder

- Behaviorally, from eccentric to outright bizarre in action
- School & employment histories show deficits and irregularities
- Frequent school dropouts & drift from one source of employment to another.
- Odd speech patterns sometimes occur, with concepts expressed unclearly or words used deviantly.
- Severely isolated in most cases.
- Cognitive style may range from ruminative to deranged
- Often cannot communicate thoughts logically
- Affect ranges from flat (if derived from schizoid type) to agitated, distraught, & frantic (if derived from avoidant).
- Rather strong association with schizophrenia
- May be alternative way that predisposition can turn out

J. Borderline Personality Disorder

- Key feature is instability in interpersonal behavior, mood, and self-image
- Behavior ranges from spontaneous to chaotic in extreme versions
- Often appear impulsive, displaying abrupt & apparently spontaneous outbursts.
- Behave in an interpersonally paradoxical manner:
 - Although they need affection from others, they behave in unpredictable, contrary, manipulative and volatile ways
 - As a result they are rejected and experience intense anxiety upon being abandoned
- may then engage in self-defeating behavior such as overeating, spending sprees, self-mutilation, impulsive sexuality or parasuicide.
- Typically experience intense conflict over strong dependency needs vs. self-assertion
- As a result of having been rejected -> basic mistrust & hostility
- Chronic feelings of emptiness & boredom
- Emotional lability is marked. Can shift rapidly & unpredictably. Also tend to experience chronic anxiety & often phobias (dependency?).

- Fearful of being alone & abandoned coupled with anger toward those who "force" them to be dependent.
- Many make repeated suicide attempts to punish and manipulate others and because of their intense misery.
- Many eventually kill themselves.

K. Paranoid Personality Disorder

- Pervasive features is a mistrust of others combined with a desire to remain free of relationships in which there is a chance of losing power, self-determination, or self-control
- Thus, suspicious, resentful, and hostile.
- Respond to perceived ridicule, deception, or betrayal with anger.
- In a steady state of vigilance and preparedness.
- Detest being dependent - vulnerable and a sign of weakness.
- Resist external sources of control.
- In these instances will often use the phrase "Attempts to break my will."
- Evoke resentment from others because of their obvious suspiciousness and bitterness
- Especially libel to detest those who "have it made" – and are successful
- Their skepticism & cynicism makes them a not much fun to be around and the reactions of others confirm their belief that others are out to get them.
- Paranoids attribute their shortcomings to others
- There is a marked tendency to project and externalize (blame things outside of themselves).

Personality, Emotions, and Health

I. Intro

- Already talked a little about health, nursing home studies, health benefits associated with locus of control
- Want to spend little more time on, and also include the topic of emotion
- Affect was an important topic when psychology first evolved
- Emotion was central in William James' approach to psychology, American founder of psychology
- Major component of personality research looking at the relation between personality emotions and health

II. Lazarus & Cognitive Appraisal

- Major researcher looking at this relation is Richard Lazarus
- Like cognitive theorists just talked about, interested in role of cognition/thinking in determining emotional responses
- Asserts that cognitive appraisal determines body's response to stress
- Influential study:
 - Film called: subincision of the Arunta

- Depicting a particularly painful circumcision ritual in a tribe
- Circumcision performed with blunt rocks, pretty painful
- Viewed the film with one of four different sound tracks
 - **Intellectualization:** nation geographic like, what rite is about, how it fits into culture, etc.
 - **Denial:** looks painful but it is really not
 - **Trauma:** emphasized the excruciating pain, risk of infection, etc.
 - **Silent:** no words
- Measure of stress: skin conductance
- Results
 - trauma group showed highest physiological arousal of all group
 - Followed by silent group
 - Intellectual and denial both similar lower levels of arousal
- Using studies like this, Lazarus asserts that emotions are largely produced by our cognitive interpretations
- Lazarus originally concerned with ego defenses (psychodynamic) but later shifted to examining the role of cognitive appraisal
- Three kinds of appraisals he argued were important
 - **Primary:** estimation of the demands, what is the threat value of a stimulus
 - **Secondary:** estimation of resources to deal with a situation
 - **Reappraisal:** re assessment of demands given secondary appraisal

III. Coping Styles

- Two broad classes of coping: Problem-focused coping & emotion focused coping
 - Problem focused coping
 - Coping response takes the form of actively trying to change the situation
 - Emotion focused coping
 - try to cope with the emotions evoked by an event, but don't try to change the event or its causes
- In general, problem focused associated with **better outcomes and adjustment**
- Lots of research showing the advantages of PF approach
- Is problem focused always better? ASK THEM?
- Interesting study done to investigate this by
 - Auerbach, Kiesler, Strentz, & Schmidt (1994)
 - The Stockholm syndrome: development of reciprocal, positive feelings between hostages and their terrorist captors
 - Enhance the hostages' ability to cope with captivity
 - Back in 80's, increase in hijackings, Airline wanted to train it's personnel for how to deal with this
 - 5 FBI agents impersonated terrorists
 - abducted 57 Domestic airline employees served as hostages in a realistic, stressful terrorist simulation where
 - Believe abducted while at work and taken to remote part of the airport

- Those who found captivity to be most aversive and were least adjusted perceived terrorists as most dominant and least friendly (support hypothesis)
- Prior to abduction, training in ...
 - emotion focused coping
 - problem focused coping
 - no training
- Which group fared better and why?
- Emotion focused group was rated as better adjusted, found captivity less aversive, perceived terrorists as less hostile
- Thus
- Problem focused usually the best, particularly if situation is controllable
- But if situation is uncontrollable?
- Then emotion focused coping associated with better outcomes
- Result suggest that if you have more of a sense of control, associated with better outcomes
- One initial study actually contradicted this conclusion
- Executive Monkey study
 - One study done by Joseph Brady and US Army Research Center (1960)
 - Notice that many executives have a lot of stress in their jobs and have lots of responsibilities and choices to make
 - Also noticed health problems like ulcers
 - What is causing this? Perhaps stress associated with choice and control
 - Selected monkeys who were put in a cage and learned that in order to prevent a shock they had to press a button every 26 seconds. 6 hours on, 6 off
 - Learned quickly, pressed button all the time
 - When forgot, got shocked
 - Also a control group of monkeys who got shocked when other executive monkey got shocked (yoked control)
 - After 25 days of this, big percentage of executive monkeys died of large ulcers
 - Comparison group much less likely to do so
 - Stress of making choices -> with death
 - Is this correct? Is control really bad?
 - Another one replicated in 1963 and found same effect
 - What was going on
 - Not really
 - To get monkey's who would learn to press button to prevent shock, needed to have highly active monkeys
 - Turns out executive monkey's were high in **emotionality**
 - Control group low in emotionality
 - So original physiological predisposition a confounding variable
 - Replicated with random assignment to conditions
 - Group that could control shock experienced significantly less ulcers
 - Uncontrollable group, big stress, lots of ulcers

- Replicated with other animals
- In general events that are controllable and predictable are experienced as less stressful
- Thus, unpredictable and uncontrollable events evoke the most stress
- Back to managers and ulcers
- Effect not due to extra control but lack of control experience by middle managers

IV. Personality, Stress and Injury

- What factors are associated with injuries?
- Are there any personality factors or individual difference variables that can predict who gets injured or not?
- My advisors at UW conducted a study in 13 area high schools, 1,500 high school athletes
- Gathered assessment of key variables prior to start of their season
- Two main measures:
 - **Psychological coping skills** such as ability to deal with adversity, relax under pressure, set goals for themselves
 - Measure of the **social support** in their lives: what kind of social net work did they have access to
- Initially, results were a wash; social support unrelated to injury
- Same for psych coping skills
- Sometimes you have to dig a little deeper
- Split people into hi/lo groups
- Hi/low social support and hi/low psych coping skills
- Those lo in both coping skills and social support significantly more likely to be injured: Correlation of .47 between negative life events (another measure) and injuries
- If high in either or both, then no association between stress and injury
- Even though only two factors, shows that we are complex beings
- Need to examine interaction to understand how different variables are related