

Table 16-1 ■ NURSING ASSESSMENT: ("ODD OR ECCENTRIC") PERSONALITY DISORDERS

CHARACTERISTICS	EXAMPLES
<p>Paranoid</p> <p>Pervasive and unwarranted suspiciousness—mistrust of people displayed as jealousy, envy, and guardedness. Hypersensitivity to others; feels mistreated or misjudged. Displays restricted affect as lack of humor and lack of tender feelings. Often hypervigilant. May use projection.</p>	<p>Ronald is a successful businessman. He is meticulous and has an intense drive for achievement. He is often described by his business associates as lacking a sense of humor and is perceived as sarcastic, derogatory, and resentful. When his positions or points of view are questioned, he argues and defends them relentlessly, believing others are jealous of him. He has been heard belittling and criticizing others on several occasions. He has no close friends.</p>
<p>Schizoid</p> <p>Inability to form social relationships; absence of warm and tender feelings toward others. Indifference to praise, criticism, and feelings of others. Exhibits little or no desire for social involvement. Has few friends. Generally is reserved; withdrawn, and seclusive. Pursues solitary interest or hobbies. Has dull or flat affect; appears cold and aloof.</p>	<p>Juanita is a college graduate who has been working as a librarian for five years. She is very shy and withdrawn but readily assists you when you are looking for a book. When speaking to her, you notice that her speech is monotone, and her appearance very dull. She has no friends, and you've heard her tell a coworker that she is not interested in dating and enjoys her time alone.</p>
<p>Schizotypal</p> <p>Exhibits various oddities of thought, perception, speech, and behavior that are not severe enough to be diagnosed as schizophrenia. No dominant characteristic is present. May demonstrate magical thinking, ideas of reference, paranoid ideation, illusions, depersonalization, and speech peculiarities. Socially isolated. Has inappropriate affect.</p>	<p>Wallace lives over a grocery store down the street. Every day you have noticed Wallace going into an empty lot looking for pieces of glass or scraps of metal. He is never seen talking to anyone and is usually alone. Wallace was seen arguing and laughing by himself in front of the store one evening. He was discussing how the voices in the faucet were talking to him. The conversation had lasted ten minutes when the owner asked Wallace to leave.</p>

Data from American Psychiatric Association: *Diagnostic and Statistical Manual of Mental Disorders*, 3rd ed., revised (DSM-III-R) (Washington, DC: American Psychiatric Association, 1987).

All of the personality disorders have four characteristics in common: (1) inflexible and maladaptive response to stress, (2) disability in working and loving, (3) ability to evoke interpersonal conflict, and (4) capacity to "get under the skin" of others.

1. *Inflexible and maladaptive response.* Personality patterns are deeply ingrained in the personality structure and persist, unmodified, over long periods of time. At times, these personality patterns and traits may be compatible with and acceptable within societal norms and are valued by the culture or occupation. For instance, an engineer or administrator needs to possess some compulsive traits, such as the ability to organize complex details and meet deadlines. At other times, these same compulsive traits, when too rigid and limited, may interfere with personal, occupational, or social functioning.
2. *Disability in working and loving, which is generally more serious and pervasive than the similar disability found in neurosis.* On the mental health continuum, personality disorders fall between neurosis and psychosis

(e.g., severe anxiety and panic). Certain characteristics, e.g., withdrawal, grandiosity, and extreme suspiciousness, observed in people with personality disorders are similar to those seen in people with affective and schizophrenic disorders. The difference is that, for the most part, individuals with personality disorders have normal ego functioning and reality testing. There are, however, great disturbances in their ability to find intimate and satisfactory interpersonal relationships or to function at their optimum creative level.

3. *Ability to evoke interpersonal conflict.* In individuals with personality disorders, interpersonal relationships are marked by intense upheavals and hostility within a precarious interpersonal context. People with personality disorders lack the ability to see themselves objectively. Therefore, the need or desire to alter aspects of their behaviors to enrich or maintain important interpersonal relationships is lacking. Thus, annoying and distancing behaviors continue and are usually met with strong negative reactions from others.

Table 16-2 ■ NURSING ASSESSMENT: ("DRAMATIC OR EMOTIONAL") PERSONALITY DISORDERS

CHARACTERISTICS	EXAMPLES
<p>Histrionic</p> <p>Behaviors are dramatic and attention seeking. Prone to exaggeration. Overreacts to situations with irrational, angry outbursts or tantrums. Forms interpersonal friendships quickly but becomes demanding, egocentric, and inconsiderate. Is perceived as shallow and lacking genuineness, although appears charming and appealing. Generally, attractive and seductive; attempts to control the opposite sex or enter into a dependent relationship.</p>	<p>Kelly has many boyfriends. She is attractive, witty, fun to be around, and superficial. She is generally seen and heard with groups of people, often flirting with men. Kelly states she does not have any close girlfriends because "they are jealous of me and that is their problem." She is flamboyant, attention seeking, and very manipulative with others.</p>
<p>Narcissistic</p> <p>Exaggerated sense of self-importance as exhibited in extreme self-centeredness and self-involvement. Preoccupied with fantasies of unrealistic goals involving power, wealth, success, beauty, or love. Need for constant admiration and attention, with interpersonal manipulation of others. Inability to empathize with others.</p>	<p>Laura is a junior executive, married, with two children. She prides herself in being able to care for her husband and children and have a career. Her husband complains that she is cold and aloof. Everything done at home must be approved by her, including vacations, social affairs, and school activities. At work, she is competitive with the other executives. She even used her femininity once to obtain a promotion. Because she has potential, she has attracted several offers for a position as vice president.</p>
<p>Antisocial</p> <p>History of continuous and chronic antisocial behaviors against society, such as vandalism, fighting, delinquency, thefts, and truancy. Inability to maintain meaningful employment or relationships; impulsive, reckless, lying, or conning others for personal gain. Unable to maintain intimacy with a sexual partner.</p>	<p>Joseph's father died of a drug overdose when he was six weeks old. His mother had difficulty caring for him, so he was placed in foster care. By the age of ten, Joey had had five foster parents and had run away three times. At the age of 11, Joey joined a group of boys much older than he. This is when he began stealing. Being bright and attractive, Joey was able to "talk to the ladies." With older women, he would act lost and ask to use the phone. When their backs were turned, he would take the purse out of their pocketbooks. Staying out late at night and absence from school led Joey to drop out of school. At age 16, he traveled across the country, where he began fighting. He was recently arrested for assault.</p>
<p>Borderline</p> <p>Instability is exhibited in interpersonal behavior, where relationships are intense and unstable, marked by impulsive and unpredictable behavior; marked shifts in mood and temper inappropriate at times. Profound disturbance in identity related to self image, gender, values, and future goals.</p>	<p>Rachel was admitted to the hospital for a suicide attempt. She threatened to jump out of a six-story window. When asked how long she felt depressed, she responded "forever." On the unit, Rachel acted helpless—unable to decide what to wear and whether she should continue her medication. At other times, she would demand and threaten to leave the hospital. She was fond of Marvin, her primary nurse, and spent much of her free time with him. For his birthday she even bought him a watch, which he refused to accept. Last night Rachel tried to hang herself in her room.</p>

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4. Capacity to "get under the skin" of others. "Getting under the skin" of others refers to the uncanny ability of people with personality disorders to "merge personal boundaries" with others. This merging is manifested by the intense effect they have on others (Perry and Vaillant 1989). The process is often unconscious and the results undesirable.

Recent research in the identification of biological markers and biogenetic predispositions for many of the personality disorders has yielded important findings. Evidence that genetic factors contribute to the development of personality disorders comes from a study of 15,000 pairs of twins. Kaplan and Sadock (1991) found that the incidence of personality disorder

Table 16-3 ■ NURSING ASSESSMENT: ("ANXIOUS AND FEARFUL") PERSONALITY DISORDERS

CHARACTERISTICS	EXAMPLES
<p>Avoidant</p> <p>Exhibits hypersensitivity to potential rejection, humiliation, or shame. Socially withdrawn with low self-esteem but desires social relations if given guarantee of uncritical acceptance.</p>	<p>Sal has worked for a public relations firm for three years. He is successful and is liked by his coworkers. His nickname in the office is "Shy Sal." He has made several attempts to date female clients but finds himself unable to ask them out. He is active in a running club and bicycles 20 miles per week. He feels lonely and imprisoned in his body. He is aware of wanting to relate to others but is unable to take the necessary steps.</p>
<p>Dependent</p> <p>Passively allows others to take responsibility for individual's own life or some major portion of it. Subordinates own needs to the needs of those whom individual is dependent on. Lacks self-confidence.</p>	<p>Mona is a mother of three children. She enjoys caring for her family. She rarely does anything without approval or permission from her husband. She thought of going back to school, but her husband thought it was a stupid idea. She agreed with him after thinking it over. Once, she bought an expensive outfit to wear to a church affair and social. She later apologized and promised not to buy clothes without his permission.</p>
<p>Obsessive-Compulsive</p> <p>Restricted in ability to express warm and tender emotions. Preoccupied with conformity, such as rules, trivial details, and procedures. Exhibits superior attitudes when working with others; work and productivity are valued more than pleasure and relationships; tends toward perfectionism.</p>	<p>Jason worked in the accounting department of a community hospital. He was punctual, neat, and meticulous about his appearance and work. At home he was the same way with his family and hobbies. He was generally in the basement working on projects, and when interrupted, he became furious. His family complained that he was not a warm and emotionally feeling man, but he was able to provide the family with financial security.</p>
<p>Passive-Aggressive</p> <p>Habitually resents and resists demands and requests to perform adequately in both occupational and social functioning. This resistance is expressed indirectly, e.g., procrastination, stubbornness, intentional inefficiency, and forgetfulness.</p>	<p>Maurice has had four jobs in two years. He works as an artist for art galleries. He has much talent and has won a few awards for his paintings in the community. He was fired because he was unable to meet deadlines. Many times while working on the paintings he would procrastinate. His employer would give him extensions, but he still failed to meet the deadlines.</p>

Data from American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders, 3rd ed. revised (DSM-III-R). Washington, DC: American Psychiatric Association, 1987.

ders in monozygotic twins was significantly higher than that in fraternal twins.

Many theorists, however, still believe that the origin of personality disorders is the failure to develop an identity compatible with society. The loss or absence of parents or parental substitutes and limited contact with adults and peers in the early stages of development deprive a child of establishing an ego identity through the process of identification. A defect in personality may also occur as a result of frustration when the child is unable to achieve satisfaction of fundamental needs such as love, security, recognition, respect, and success.

Personality disorders are characterized by their long term nature and repetitive, maladaptive, and often self-defeating behaviors. These behaviors are not experienced as uncomfortable or disorganized by the individual, as are the symptoms experienced by a client with a neurotic disorder. It is important to note that with personality disorders, other areas of personal functioning may be very adequate. The predominant maladaptive behaviors may affect only one aspect of the person's life. Therefore, many individuals with personality disorders do not seek treatment unless a severe crisis or trauma precipitates other symptoms. Nurses and other health professionals