According to the *DSM-5,* personality disorders are defined as enduring patterns of perceiving, relating to and thinking about the environment and oneself that are exhibited in a wide range of social and personal contexts. These enduring patterns must differ markedly from the expectations of the individual's cultural group and cause significant personal distress and impairment in functioning. Personality functioning is highly complex and it is not uncommon for a person's behaviour to be quite disturbed in one area (such as family life and close relationships) while other domains (such as work and study) remain unaffected. Longitudinal studies indicate that, although core personality traits are quite stable in adults aged more than 30 years, personality disorder diagnoses, at best, show only moderate stability (Nestadt et al., 2010). One likely explanation of this is that behaviours and symptoms associated with particular traits tend to come and go over time. For example, impulsive and risky behaviours such as deliberate self-injury or binge drinking are more common manifestations of impulsivity in young people than in older adults (Steinberg, 2010).

The *DSM-5* includes 10 distinct personality disorders, which are further categorised into one of three clusters:

- Cluster A comprises paranoid, schizoid and schizotypal personality disorders, which are characterised by odd or eccentric traits and behaviours.
- Cluster B comprises antisocial, borderline, histrionic and narcissistic personality disorders, which are defined by dramatic, emotional or erratic traits and behaviours.
- Cluster C comprises avoidant, dependent and obsessive-compulsive personality disorders, which are defined in terms of anxious and fearful traits and behaviours.

As shown in Table 9.1, *ICD-10* identifies nine specific personality disorders that approximate the DSM system but does not group them into clusters. The present chapter focuses on the personality disorders defined by the *DSM-5* given that this is the most widely used classification system in Australian mental health settings.

TABLE 9.1 Comparison of the DSM and ICD classification systems for personality disorders

	DSM	ICD
Diagnostic criteria	Diagnostic criteria refer to behaviours or traits that are characteristic of the person's recent and long-term functioning since adolescence or early adulthood. Personality disorder describes a constellation of behaviours or traits that cause either significant impairment in social or occupational functioning or subjective distress.	Diagnostic criteria include a variety of conditions that indicate a person's characteristic and enduring patterns of inner experience (cognition and affect) and behaviour that differ markedly from a culturally expected and accepted range.
CLASSIFICATION	**THREE MAIN CLUSTERS**	**NINE MAIN TYPES**
	Cluster A: Paranoid Schizoid Schizotypal	 Paranoid Schizoid
	Cluster B: Antisocial Borderline Histrionic Narcissistic	 Dissocial Emotionally unstable: Impulsive type Borderline type Histrionic
	Cluster C: Avoidant Dependent Obsessive-compulsive	 Anxious (avoidant) Dependent Anankastic

UNDERSTANDING PSYCHOPATHY

psychopathy Set of personality traits including superficial charm, a grandiose sense of self-worth, a tendency towards boredom and need for stimulation, pathological lying, an ability to deceive others and be manipulative, and a lack of remorse; similar to antisocial personality disorder but with less emphasis on behaviour.

Psychopathy is not listed as a disorder in the *DSM-5* (APA, 2013) but is closely related to antisocial personality disorder. It is currently understood as a cluster of behaviours and personality traits that describe callous individuals who are aware of their antisocial behaviour but lack remorse. They fail to accept responsibility for their actions and pride themselves on having the skill to avoid capture by the authorities (Cleckley, 1982). Psychopathy was first described in the nineteenth century by the French psychiatrist Philippe Pinel (1745–1826) who used the term 'madness without delirium' to describe behaviour that was marked by remorselessness. Yet it was not until the twentieth century contribution of Hervey Cleckley in his 1941 book *The Mask of Sanity* that the interpersonal, affective and behavioural features of psychopathy were described in detail. These features (as exemplified in the description of Travis in the case study) include a desire for dominance, manipulation, callousness and a lack of empathy and remorse. However, psychopathy is not restricted to individuals showing criminal or deviant behaviour, it can also be found in seemingly socially well-adjusted and successful individuals.

The *DSM-5* criteria for antisocial personality disorder are mostly restricted to the description of criminal and socially deviant behaviour. The difference between antisocial personality disorder and psychopathy is best illustrated by the pattern of scores on the Psychopathy Checklist-Revised (PCL-R; Hare, 1991). The PCL-R is a standardised, semi-structured interview that currently constitutes the most widely accepted instrument for diagnosing psychopathy. The PCL-R comprises two factors: 'emotional detachment' (which includes items that describe the core personality traits of psychopathy such as callousness, manipulativeness and remorselessness) and 'antisocial behaviour' (which includes a history of antisocial behaviour, impulsiveness and violence). A psychopath may score highly on both factors of the PCL-R, but particularly in terms of the emotional detachment factor, whereas someone with antisocial personality disorder will score highly on the antisocial behaviour factor alone. The diagnosis of antisocial personality disorder can therefore be applied to the majority of the prison population, with nearly 75 per cent of such individuals meeting the *DSM-5* criteria for this disorder, while the prevalence of psychopathy is much lower, namely about one-quarter of the 75 per cent of prison inmates with antisocial personality disorder (Hare, 1998). Since the concept of psychopathy does not require a history of criminality, many of those with psychopathy would not have been included in this research. Moreover, because many psychopaths are endowed with higher socioeconomic status, are socially skilled, and may possess high intelligence, they may not come to the attention of the authorities (unlike those with antisocial personality disorder). Indeed, psychopaths may be part of the establishment, found in the legal system, business, politics, the military and academia (Blackburn, 2007; Millon & Davis, 1996). This group has escaped systematic attention by researchers and, as such, it is premature to conclude that they are accurately identified through the criteria for antisocial personality disorder.

THE CLUSTER C PERSONALITY DISORDERS

dependent personality disorder Pervasive need to be cared for and fear of rejection, which lead to total dependence on and submission to others.

Cluster C includes dependent, avoidant and obsessive–compulsive personality disorder. People with **dependent personality disorder** have a strong need to be taken care of, including maintaining physical closeness to others, needing others to do things and make decisions for them and help them initiate projects/tasks. They often experience intense anxiety when alone and are constantly fearful of being abandoned or losing the support of others. Due to their fear of losing others, they engage in clingy and self-sacrificing behaviours such as volunteering to do things that are unpleasant and avoiding expressing any disagreement with others so as to maintain the relationship.

Individuals with **avoidant personality disorder** are preoccupied with and fearful of being negatively evaluated, criticised and rejected by others, tending to avoid social and intimate situations, particularly if they are not certain they will be liked. This behaviour arises from core beliefs of the self as inadequate, inferior, socially inept and unappealing. Hence, those with the disorder tend to engage in solitary work roles and leisure activities and shun new activities in order to avoid criticism, disapproval or embarrassment, even if this means forgoing desired opportunities.

Individuals with **obsessive-compulsive personality disorder** are rigid, moralistic and perfectionistic to the point where their preoccupation with minor details, rigidly abiding by the rules and getting things perfect results in them losing the point of the activity at hand and interferes with their ability to complete tasks on time. They are rigid and stubborn and like things to be done their way. These individuals are often viewed as 'workaholics' because they have difficulty delegating tasks and have little time for leisure and social pursuits. They also tend to hoard worn-out or useless objects and are miserly with money, preferring to save it in case of a future catastrophe. Summary descriptions of each personality disorder are presented in Table 9.2.

avoidant personality disorder Pervasive anxiety, sense of inadequacy and fear of being criticised that lead to the avoidance of most social interactions with others and to restraint and nervousness in social situations.

obsessive-compulsive personality disorder Pervasive rigidity in one's activities and interpersonal relationships; includes characteristics such as emotional constriction, extreme perfectionism and anxiety resulting from even slight disruptions to one's routine.

TABLE 9.2 Summary of the 10 personality disorders contained in the *DSM-5*

PERSONALITY DISORDER	DESCRIPTION
1 Paranoid	A pattern of distrust and suspiciousness such that others' motives are interpreted as malevolent
2 Schizoid	A pattern of detachment from social relationships and a restricted range of emotional expression
3 Schizotypal	A pattern of acute discomfort in close relationships, cognitive or perceptual distortions and eccentricities of behaviour
4 Antisocial	A pattern of disregard for, and violation of, the rights of others.
5 Borderline	A pattern of instability in interpersonal relationships, self-image and affect, and marked impulsivity
6 Histrionic	A pattern of excessive emotionality and attention seeking
7 Narcissistic	A pattern of grandiosity, need for admiration and lack of empathy
8 Avoidant	A pattern of social inhibition, feelings of inadequacy and hypersensitivity to negative evaluation
9 Dependent	A pattern of submissive and clinging behaviour related to an excessive need to be taken care of
10 Obsessive-compulsive	A pattern of preoccupation with orderliness, perfectionism and control

Source: Adapted from the *Diagnostic and Statistical Manual of Mental Disorders* (5th ed.). Copyright 2013, American Psychiatric Association.

CASE STUDY: OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

The case of Karen, a 43-year-old systems analyst, exemplifies many of the features of obsessive-compulsive personality disorder. Karen presents as controlled and guarded, with a restricted range of affect and, notably, little warmth in her manner. She reports she is single, never having had a long-term relationship, and the few short-term relationships she has had were unsatisfying because she found it difficult not always 'being in control'. She acknowledges she is 'a perfectionist and workaholic', working long hours during the week and taking work home on weekends. She rarely

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