

Paranoid personality disorder

Jake: research victim

Jake grew-up in a middle-class neighbourhood, and although he never got in serious trouble, he had a reputation in high school for arguing with teachers and class mates. After high school he enrolled in the local community college, but flunked out after the first year. Jake's lack of success in school was part attributable to his failure to take responsibility for his poor grades. He began to develop conspiracy theories about fellow students and professors, believing they worked together to see him fail. Jake bounced from job to job, each time complaining that his employer was spying on him while at work and at home.

At age 25 – and against his parents' wishes- he moved out of his parents' home to a small town. Unfortunately, the letters Jake wrote home on a daily basis confirmed his parents' worst fears. He was becoming increasingly preoccupied with theories that people were out to harm him. Jake spent enormous amounts of time exploring Web sites, and he developed an elaborate theory about how research had been performed on him in childhood. His letters home described his belief that the CIA drugged him as a child and implanted something in his ear that emitted microwaves. These microwaves, he believed, were being used to cause him to develop cancer. Over a period of 2 years he became increasingly preoccupied with this theory, writing letters to various authorities trying to convince them he was being slowly killed. After threatening harm to some local college administrators, his parent were contacted and they brought him to a practitioner, who diagnosed him with paranoid personality disorder and major depression.

Schizoid personality disorder

Mr Z: All on his own

A 39-year-old scientist was referred after his return from a tour of duty in Antarctica where he had stopped cooperating with others, had withdrawn to his room, and begun drinking on his own. Mr Z was orphaned at 4 years, raised by an aunt until he was 9, and subsequently looked after by an aloof housekeeper. At university he excelled at physics, but chess was his only contact with others. Throughout his subsequent life he made no close friends and engaged primarily in solitary activities. Until the tour of duty in Antarctica he had been quite successful in his research work in physics. He was now, some months after his return, drinking at least a bottle of Schnapps each day and his work had continued to deteriorate. He presented as self-contained and unobtrusive, and was difficult to engage effectively. He was at a loss to explain his colleagues' anger at his aloofness in Antarctica and appeared indifferent to their opinions of him. He did not appear to require any interpersonal relations, although he did complain of some tedium in his life and at one point during the interview became sad, expressing longing to see his uncle in Germany, his only living relative.

Schizotypal personality disorder

Mr S: Man with a mission

Mr S was a 35-year-old chronically unemployed man who had been referred by a physician because of a vitamin deficiency. This was thought to have eventuated because Mr S avoided foods that “could have been contaminated by machine.” He had begun to develop alternative ideas about diet in his twenties, and soon left his family and begun to study an eastern religion. “It opened my third eye, corruption is all about,” he said. He now lived by himself on a small farm, attempting to grow his own food, bartering for items he could not grow himself. He spent his days and evenings researching the origins and mechanisms of food contamination and, because of this knowledge, had developed a small band who followed his ideas. He had never married and maintained little contact with his family: “I’ve never been close to my father. I’m a vegetarian.”

He said he intended to do a herbalism course to improve his diet before returning to his life on the farm. He had refused medication from the physician and became uneasy when the facts of his deficiency were discussed.

Histrionic personality disorder

Pat: Always Onstage

When we first met, Pat seemed to radiate enjoyment of life. She was single, in her mid-30s and was going to night school for her master’s degree. She often dressed very flamboyantly. During the day she taught children with disabilities, and when she didn’t have class she was often out late on a date. When I first spoke with her, she enthusiastically told me how impressed she was with my work in the field of developmental disabilities and that she had been extremely successful using some of my techniques with her students. She was clearly overdoing the praise but who wouldn’t appreciate such flattering comments?

Because some of our research included children in her classroom, I saw Pat frequently. Over a period of weeks, however, our interactions grew strained. She frequently complained of various illnesses (falling in the parking lot, twisting her neck looking out a window) that interfered with her work. She was very disorganized, often leaving to the last minute tasks that required considerable planning. Pat made promises to other people that were impossible to keep but seemed to be aimed at winning their approval; when she broke the promise, she usually made up a story designed to elicit sympathy and compassion. For example, she promised the mother of one of her students that she would put on a “massive and unique” birthday party for her daughter, but completely forgot about it until the mother showed up with cake and juice. Upon seeing her Pat flew into a rage and blamed the principal for keeping her late after school, although there was no truth in tis accusation.

Pat often interrupted meeting about research to talk about her latest boyfriend. The boyfriends changed almost weekly, but her enthusiasm (“Like no other man I have ever met!”) and optimism

about the future (“He’s the man I want to spend the rest of my life with!”) remained high for each of them. Wedding plans were seriously discussed with almost every one, despite their brief acquaintance. Pat was very ingratiating, especially to male teachers, who often helped her out of trouble she got into because of her disorganization.

When it became clear that she would probably lose her teaching job because of poor performance, Pat managed to manipulate several of the male teachers and assistant principal into recommending her for a new job in a nearby school district. A year later she was still at the new school, but had been moved twice to different classrooms. According to teachers she worked with, Pat still lacked close interpersonal relationships, although she described her current relationship as “deeply involved.” After a rather long period of depression, Pat sought help from a psychologist who diagnosed her with histrionic personality disorder.

Narcissistic personality disorder

David: Taking care of number one

David was an attorney in his early 40s when he sought treatment for a depressed mood. He appeared to be an outgoing man who paid meticulous attention to his appearance. He made a point of asking for the therapist’s admiration of his new designer suit, his winter tan, and his new foreign convertible. He also asked the therapist what car he drove and how many VIP clients he dealt with. David wanted to make sure he was dealing with someone who was the best in the business. David spoke of being an “ace” student and a “super” athlete, but could not provide any details that would validate a superior performance in these areas. During law school, David became a workaholic, fuelled by fantasies of brilliant work and international recognition. He spent minimal time with his wife, and after his son was born, even less time with either of them. He waited until he felt reasonably secure in his first job so that he could let go of her financial support, and then sought a divorce.

After his divorce, David decided he was totally free to just please himself. He loved spending all his money on himself, and lavishly decorated his condominium and bought an attention getting wardrobe. He constantly sought the companionship of different, attractive women.

David felt better when someone flattered him; when he was in a social situation where he could easily grab the centre of attention; and when he could fantasize about obtaining a high-level position, being honoured for his great talent, or just being fabulously wealthy.

Avoidant personality disorder

Jane: Not worth noticing

Jane was raised by an alcoholic mother who had borderline personality disorder and who abused her verbally and physically. As a child she made sense of her mother's abusive treatment by believing that she (Jane) must be an intrinsically unworthy person to be treated so badly. As an adult in her late 20s, Jane still expected to be rejected when others found out she was inherently unworthy and bad.

Jane was highly self-critical and predicted that she would not be accepted. She thought that people would not like her, that they would see she is a loser, and that she would not have anything to say. She became upset if she perceived that someone in even the most fleeting encounter was reacting negatively or neutrally. If a newspaper vendor failed to smile at her, or a sales clerk was slightly curt, Jane automatically thought it must be because she (Jane) was somehow unworthy or unlikeable. She then felt quite sad. Even when she was receiving positive feedback from a friend, she discounted it. As a result Jane had few friends and certainly no close ones.

Dependant personality disorder

Karen: whatever you say

Karen was a 45-year-old woman who was referred for treatment by her physician for problems with panic attacks. During the evaluation, she appeared to be very worried sensitive, and naïve. She was easily overcome with emotion and cried on and off throughout the evaluation. For example, when asked how she got along with other people, she reported that "others think I'm dumb and inadequate," although she could give no evidence of what made her think that. She reported that she didn't like school because "I was dumb," and that she always felt that she was not good enough. Karen described staying in her first marriage for 10 years even though "it was hell." Her husband had affairs with many other women and was verbally abusive. She tried to leave him many times, but gave in to his repeated requests to come return. She was finally able to divorce him, and shortly afterwards she met and married her current husband, whom she described as kind, sensitive and supportive. Karen stated that she preferred to have others make important decisions, and agreed with other people to avoid conflict. She worries about being left alone without anyone to take care of her, and reported feeling lost without other people's reassurance. She also reported that her feelings were easily hurt, so she worked hard not to do anything that might lead to criticism.

Obsessive-compulsive personality disorder

Daniel: Getting it exactly right

Each day at exactly 8am, Daniel arrived at his office at the university where he was a graduate student in psychology. On his way he always stopped at the 7-11 for coffee and *the New York Times*.

From 8 to 9:15 am he drank his coffee and read his paper. At 9:15 he reorganized the files that held the hundreds of papers related to his doctoral dissertation, now several years overdue. From 10 am until noon he read one of these papers, highlighting several relevant passages. Then he took the paper bag that held his lunch (always a peanut butter and jelly sandwich and an apple) and went to the cafeteria to purchase a soda and eat by himself. From 1pm until 5pm he held meetings, organized his desk, made lists of things to do, and entered his references into a new data-base program on his computer. At home, Daniel had dinner with his wife, then worked on his dissertation until after 11pm, although much of his time was spent trying out new features of his home computer. Daniel was no closer to completing his dissertation than he had been 4 ½ years ago. His wife was threatening to leave him because he was equally rigid at home and she didn't want to remain in this limbo of graduate school forever. When Daniel eventually sought help from a therapist for his anxiety over his deteriorating marriage, he was diagnosed as having obsessive-compulsive personality disorder.

From: Barlow and Durand (2002), *Abnormal Psychology* 3rd edition