Web-based Radio Program

How to Prevent and Overcome the Most Common Mental Health Disorders

Personality Disorders

Stanley I. Greenspan, M.D.

September 21, 2006

Good morning. This is Dr. Greenspan coming to you via our web-based radio show. As you know, we've been talking about different mental health disorders, taking a developmental, common sense approach. We've covered topics like anxiety, depression, and ADHD; this morning we're going to talk about personality disorders. Personality disorders are a confusing topic to many individuals – professionals and non-professionals, alike – so family members or those who've been told they have a personality disorder shouldn't be surprised if it's confusing. The term often gets thrown around as a derogatorily, sometimes to label someone, as in, "Oh, you must have a personality disorder" or "Something must be wrong with you." In the mental health literature, personality disorders are different from many of the other disorders, like anxiety and depression, which have clear symptoms. For example, people know when someone is depressed – they have a depressed mood and they have ideas that are fairly pessimistic and negative. When someone's anxious, he's scared and worried – apprehensive. But if someone has a personality disorder, by definition he is often unaware of his own tendencies. It's a way of relating to the world – a way of engaging the world – but it's a limited way. I tend to use the term a "constricted way," or a better term would be a "narrow way" of engaging the world.

So let's take an example of a passive-dependent personality, which is one type of personality disorder. This is a person who approaches the world in a passive and dependent way and has a hard time – or finds it impossible – to assert himself and to take initiative; and he expects things done for him and is just basically very passive and depends a great deal on others. Unless somebody takes care of such a person and spoon-feeds him and nurtures him along, he finds it hard to cope. The narrowness of his style of relating to the world in a very passive way and a very needy or dependent way eliminates many horizons having to do with assertiveness and initiative and creativity and adventure, and it often means that age-appropriate relationships are not within reach unless a partner can carry him along.

Let's take another example – the sociopathic or antisocial personality. We already talked about people with impulse control problems, but the antisocial personality disorder is a person whose whole life is organized around not obeying the rules; around treating people as things; around being exploitative.

Consider what we often call the "schizoid" personality – that's not a term that's well understood, but that's an individual who, in common-sense terms, operates like a hermit; isn't comfortable in relationships; isn't comfortable being intimate with others; and isolates himself, spending huge amounts of time alone. This person finds relating to others very, very difficult and often anxiety provoking, so he elects what's called a "schizoid pattern."

Let's take the paranoid personality disorder. Such a person is very suspicious; always thinks there are hidden agendas and reasons why people are doing things; and may worry that

people are "out to get" him. The difference between a paranoid personality and an all-out distortion in reality is the degree. A person who believes the FBI is chasing him when there's no basis in reality for that or that people are out to do something to him and therefore operates his life accordingly, that may reach the proportion where his thinking is distorted – very unrealistic – and he may be out of touch with reality. With a paranoid personality, he has all kinds of beliefs and may operate in a very cautious, suspicious way, but he doesn't quite live in that belief system to the degree that the person who's "delusional" might, but he's always thinking of hidden motives, always thinking people are out to do him no good, or that some harm is around the corner and it leads, often, to a very cautious, restricted, suspicious lifestyle.

So, these are ways of engaging the world. A very common one and a term that gets bandied around, also, in a negative way is narcissistic personality disorder, "Oh, he or she is very narcissistic." That usually, in a technical sense, refers to an individual who is very caught up in himself. Like Narcissus, who was doomed to fall in love with his own reflection in the pond, the narcissistic personality is preoccupied with a "me-me-me-me-first" attitude. It may take many forms – people who just talk about themselves or people who can't empathize easily with others, but can only see the world from how it affects themselves. Often people with narcisstic personality disorders can be very entertaining, very engaging, initially, because their goal is to get you to see them in a certain way or enjoy them or like them in a certain way, and the goal of being center-stage makes them very entertaining and engaging. So they can be charming, entertaining, and engaging.

I like to tell the story of when I was in my practice in my early years how I found certain children very, very likeable. I could engage them very readily; I felt they liked the playroom and they liked me and I liked them, and this is after I'd known them for a few minutes. As I got to know them better I came to realize that many of them had problems in the narcissistic realm, where they were very, very self-centered and then I realized that they were very good at charming me. Then I began using that quick sense of being charmed as an antenna to wonder whether that was part of their make-up. They may not yet have been so severe as to have this one limited way of engaging the world; often, in childhood we don't have a fixed personality disorder, we have emerging personality patterns, which are very flexible and ones we can favorably influence. Many adults, too, have mixtures of many different personality patterns with maybe some tendencies headed towards one or another personality disorder that can still be easily influenced with therapy, or with good relationships with peers or colleagues, or family relationships, which we're going to talk about in just a minute. It's always been interesting to me how you can develop a sixth sense, sometimes, that feels counterintuitive – people you like very much but actually they're charming you, just like a someone who's a con man or woman may be great at getting you to like him or her, and that may be the tip-off – the ease with which you like this person. Sometimes this impacts young people involved in dating relationships – they say beware of the person you like too quickly because there may be more beneath the surface then you realize. Sometimes the slow-to-develop relationship is the one that has more holding power.

There are also other personality disorders that are very similar to the symptom patterns that we talked about, like those with depression and anxiety, including the depressive personality, who just has a gloomy outlook as a chronic way of embracing the world. There is also the anxious person, who's just generally fearful all the time, as opposed to being in an acute disorder. The obsessive-compulsive personality disorder is where there's a preoccupation with control, neatness, orderliness, and detail. Such personality patterns or disorders will be more likely to

develop symptoms, so you can have an anxious personality who develops anxiety reactions or a depressive personality who develops frank depression. That's where the pattern of engaging the world in this depressed way becomes accentuated where there's an outbreak of acute symptoms.

Each of these personality disorders that we're talking about – and there are others I haven't mentioned – exist on a continuum from a pattern that's part of your make-up and might be considered in the normative range – because we can all have a little bit of depressive or a little bit of obsessive or a little bit of anxious patterns in our make-up – to mild or moderate or severe disorders. Many of us have moderate tendencies in one direction or another. Again, certain characteristics, like a moderate tendency towards being obsessive, may be very good for certain careers. The moderate tendency toward narcissism may be very good for those in the acting profession – they love entertaining, they love being admired, and love getting up on stage.

The key is to understand how these different personality patterns to disorders emerge from early life and what to do when you want to help someone, or you want to help yourself, become more flexible and to overcome the mild to severe elements of the disorder, as well as how to help children over their tendencies so they become more flexibility in their personalities and can adapt to a wider range of situations. The challenge with personality disorders – whether mild or severe – is that they limit one's way of engaging the world, whether they limit the intimacy, empathy toward others, assertiveness, creativity, or flexibility to take on and enjoy new situations, such as with a phobic personality who's very avoidant. Many people would love to be less limited in the way they engage the world.

We won't go into each of these separately because that would be a whole course and a textbook unto itself. We have a publication for which I was honored to chair the group where we have what we call the "Psychodynamic Diagnostic Manual," put together with representatives from all the major organizations that represent psychodynamic and psychoanalytic approaches to understanding human functioning and it's available now through its own website, www.PDM1.org, and you can see a reference to it on our www.icdl.com website, as well, that has a full description of each of these personality types, as well as a little bit about the development of them. I'm going to cover some broad principles of how these personality patterns and disorders develop and provide some general principles of how we can help individuals make corrections.

We always start off these discussions with a discussion of the sensory processing and motor planning patterns – the physical or constitutional factors that contribute to all the disorders we've been talking about. Here, each of these has a somewhat different pattern. I'll give just a few illustrative examples. The anxious personality disorder, like the anxious person with anxiety symptoms, tends to be over responsive or over reactive to ordinary sensations, like touch and sound, and that leads to the cautious, anxious patterns.

Similarly, though, paranoid patterns tend to be associated more with hyper responsivity to the environment, so you're picking up cues all the time, except they're overwhelming you and you don't know quite what to do with them and you're interpreting them in a fixed way, rather than saying to yourself, "I'm just sensitive," or "I'm getting overloaded," or "I'm a little frightened." Instead, you're developing a theory, almost, and a way of life to try to cope with your sensory over responsivity.

The schizoid personality disorder tends to be a little bit more on the under reactive side – hard to rouse into relationships, really off in their own fantasy world and solitary.

Also, these different types may differ in their relative strengths, including verbally versus visual-spatial processing, as well as in motor planning and sequencing abilities. Phobic individuals don't have a great deal of confidence in their bodies and I find they often have motor planning and sequencing and visual-spatial processing challenges, along with a lot of sensory over responsivity. So without going into too much detail about each one, the important thing is when you're trying to help someone or help yourself with a personality that's limiting, look at the sensory processing pattern. Are sensations overwhelming? Are there some you seek out? Do you tend to be under reactive and require others to rouse you? Are you better verbally or better with things you see? Can you plan and sequence many actions in a row, or is that hard? So whether you're asking these questions of a spouse, or a child in your care, or yourself, follow up with that.

Then we find the developmental pathway involved for the personality patterns and disorders is a relatively successful mastery of our core milestones – paying attention, engaging with others, exchanging simple gestures, doing some shared social problem solving, using ideas to some degree a little bit creatively, and reaching some stage of logical thinking. Where we find development going awry is in two ways: One, at each of these stages, the experience that's embraced tends to be very constricted or narrow. So when the individual is learning to gesture and express emotions and read other people's emotions, even before he's using lots of ideas, he's often doing it in a narrower realm of experience. So the passive-dependent person, we'll often find, has a history going back where assertiveness and curiosity and creativity were not part of his agenda, so that wasn't part of their shared social problem solving – he wasn't taking Mommy and Daddy by the hand and exploring the house, but he was a little more passive and a little more dependent, even then.

In terms of the anxious personality, that child, again, was cautious and lacking assertiveness and maybe shied away from competitive activities and "rough and tumble" kinds of peers, going back early in life.

The depressive person, who's got a negative or pessimistic outlook on life, we'll find had a hard time embracing optimism, adventure, and a "can-do" attitude.

Going back to gesturing and the early use of using ideas creatively and then using ideas logically, we often see a narrowing of the emotional range the child can bring to the table, so to speak. Obviously, the correction – whether in childhood or adulthood for this – is to broaden that range. So if one senses this tendency in a young child, you try to create challenges for the dependent, passive child to be more assertive. You might tempt him to be more assertive, saying he can have the toy he wants, but he has to come find it or search for it or race you to get it; then you let him win 70 to 80 percent of the time so that he enjoys the thrill of mastery, as opposed to just letting him be passive because he's quiet and sweet and doesn't bother you, and you can work on your computer or read the newspaper. With the older child – for the older boy – it may mean spending a lot of time with Daddy and doing the same basic thing at age nine or ten through sports or through a shared art activity or a hobby, like astronomy or cartooning or learning magic together, for assertiveness. It's got to be a challenge – not, "You've got to be assertive" because then the person's just following directions. Rather, you set up situations where he enjoys being assertive or he enjoys beating Daddy and then he'll try that out with peers. So you're always expanding.

For a little girl, she may need more time with Mommy – special outings, searching for something – whether it's new clothes or doing activities together, like gymnastics, dancing,

drama, or sports, too. Girls are equally into sports these days. So whatever the situation, we want to broaden that range of experience gradually and systematically in a way that's enjoyable for the individual. But when doing that we want to take into account the person's physical differences. If he's over reactive, we have to be soothing and do it very gradually and help him be confident in his body. If he's under reactive and more of a couch potato, we have to put a lot of energy into our interactions and can't take his under reactivity as rejection or disinterest, but we have to be more energetic in the way we engage and be even more enticing in the way we entice the child into the activity. A lot of the problems with obesity and being overweight these days has to do with over passivity and modern technology – with computers – which has led to more couch potatoes and, in a sense, more passivity because you're entertained a little bit with the computer, but not nearly as much as you were in the old days when you were out running around the block with your peers. So we can change some of that by our overall approach to children, as well as by each parent changing how he or she works with each child.

If you see a child beginning to get more suspicious and more cautious – the seeds of a later paranoid pattern – wonder about trust, wonder about confidence and ask yourself what the relationships are like with Mom and Dad. Where is that anxiety and fear coming from? Do the same thing with fearful or anxious individuals. We do all we can do to broaden the range of experience, taking into account his sensory processing and motor planning, and we also work directly on strengthening those capacities. Many children will need special programs on motor planning and sequencing that include obstacle courses, athletics or dance, or music that involve doing things in many steps. Many will need gradual exposure to the sensations that are overwhelming, but very slowly and gradually where they can do activities that help them regulate themselves. So, bear hugs and deep pressure and learning different movement patterns can help an individual overcome being in an environment where there is a lot of noise or a lot of touching going on. So help the individual gradually expand and adapt.

Strengthening visual-spatial thinking capacities is important. There's a wonderful book by Harry Wachs, called *Thinking Goes to School*, that contains a series of exercises to strengthen visual-spatial thinking that can be made into games for kids – common sense games like treasure hunts and search games and experiments with conservation, where you fill up short glasses and tall glasses with water and see that they contain the same amount of water, despite the difference in glass size. Things like that that help with visual-spatial thinking.

Having the child explain games to you helps with verbal strengthening. We can strengthen all these capacities through fun activities with kids and on the physical side. There's a book that I'm working on now that will be out soon on different learning patterns in children that will have lots of games and exercises to strengthen these underlying processing differences that you might be looking for, but it will probably be a year or a year and a half before it's out and available. The key is to get in there and gradually help the individual broaden his patterns, taking into account his sensory and motor differences and his narrow experiential realm and gradually broadening it. Now, with a teenager or an adult or even a middle-aged adult, it's never too late. So, people in relationships with such individuals, and such individuals themselves, can help if they have an awareness of the narrowness of the pattern. It's always the same – gradually broaden. If you're doing it to yourself, create situations where you have to try to do things outside your ordinary range. If you're the spouse or the friend or the therapist, create experiences for the person. I find that in the therapeutic relationship the therapist can work in two ways: one, directly in therapy, trying to help bring to the fore feelings that are avoided or have been put

outside this narrow band of emotion and experiences the individual brings. So perhaps the individual won't talk about competition or anger because he's fearful and anxious all the time. You may have to inquire about that – you may look for situations in the therapeutic situation where you sense the person's angry and help him get in touch with those feelings, like when you're a little late or have to be away or miss an appointment with the person.

A second way you can get at these feelings is to help the individual try new experiences in which his feelings are likely to be stirred up and then talk about it with the support of the therapist, not in a directive way so much as a challenging way, like, "Gee, I notice that you never get involved in a competitive sports activity." "Well, it's too scary for me." "Well, what made you decide to give into that fear? Did you ever consider doing something you find a little bit scary, but not too scary?" The person might say, "I could try bowling; that's not so scary. That's not as scary as blah blah blah," and then he might actually get involved in a bowling league. He might try dancing or a dance situation where there's actually some competitive dancing going on, so it's fun but there's also that competitive edge built in.

Whatever it is, the therapist can challenge the person to broaden his range of experiences. It's the same thing for a person who avoids relationships or intimacy – challenge him when he's out to be a little more patient and give relationships a little more time before deciding it's not for him, at the same time he's exploring the scary feelings associated with intimacy.

So the gradual solution to the personality disorder is to understand the two dimensions of it: What is the person's predominant way of engaging the world – whether mild, moderate, or severe; and, two, what experiences are avoided to maintain that narrow way of engaging the world? The second part is the part that often is missing – we're readily able to see in ourselves, but certainly in others – that the predominant way of engaging the world is suspicious or anxious or depressive, but we often don't look at the other side of the equation, which is what are we missing? What aspects of experiences are not being embraced? Is it assertiveness? Is it curiosity? Is it intimacy? Is it vulnerability? Are we what we call a "counter phobic personality," where we're daredevils and we want to embrace the experience of vulnerability and we challenge ourselves or we challenge our friends or spouses or patients to begin embracing those realms of experience? The real solution is broadening the realm and embracing a wide range of experiences, taking into account the person's physical make-up in the doing, and strengthening the physical patterns, particularly in childhood where they're more flexible, but even in adulthood, doing exercises that strengthen visual-spatial or motor planning or sensory modulation – the ability to regulate the over reactivity or under reactivity.

So, overall, that's how we like to approach the personality disorders. Now some of the more severe disorders, like the paranoid personality or the schizoid personality, border into unrealistic perceptions of the world, at times, and those are more difficult and those require, often, long-term therapeutic relationships to effect a gradual change. Others may respond more quickly. A mild depressive or obsessive personality pattern may respond very quickly to either treatment or just life experiences that offer these same ingredients. So, growth, in a sense, whether it's through therapy or through life experiences, involves relationships which help us master each of our levels of emotional and flexible development and help them broaden the range of experience and help them master sensory and motor processing capacities that may be limited.

Now another characteristic, when we look developmentally at these different personality patterns, is the more severe the pattern, the more the individual is unlikely to progress in a broad

way much beyond the first level of causal or logical thinking. If you remember our developmental sequence, we first learn to attend; then we engage; then we gesture and express emotions and read others; then we get into shared social problem solving, with many gestures and emotional expressions in a row; then we learn to create new ideas that can express emotions and feelings and read and understand others; and then we connect ideas together and learn to think logically and causally. But then we progress to multi-causal thinking, where we can think of many reasons for something; then to comparative and gray-area thinking where we compare A and B, but also are able to talk in shades of gray; for example, "I like Johnny better than Harry because he's funnier by this much or that much" or "I'm angrier today than yesterday." Then we get into reflective thinking, "Gee, I'm angrier than I ordinarily am in this situation" or "I agree with this author, but not that author for the following reason: this one's more like I was when I was growing up."

Individuals who get stuck at that first level of causal thinking and just get into a little bit of multi-causal thinking and don't really see shades of gray or degrees or nuances and subtleties, tend to be more rigid – more polarized – and see the world as all one way or all another way; in other words, it's an "all or nothing" view of the world. So, certainly, a severe paranoid disorder or a schizoid disorder would tend to be a fixed worldview. Obsessive-compulsive or anxious patterns have that same characteristic – that the world is dangerous – so they, too, have a fixed all-or-nothing quality to them and there isn't a lot of gray-area thinking. Once you get into gray-area thinking you're not going to be as severe. So the more severe your personality pattern – assuming you don't have a major problem with testing reality – the more likely you are to be locked into these more polarized patterns. Even though you may be in a certain academic area or a certain intellectual area and able to do gray-area thinking and even reflective thinking, in the emotional and social areas of life, you may tend to be locked into many of the more polarized patterns. Almost by definition, that's part of your constriction or part of your restriction in thinking. At the more mild and normative end, you tend to progress into gray-area thinking, and even reflective thinking, but tend to color the world with your views and tend to have a little bit of constriction or restriction – you're not as broad based as you could be, but it's much easier for you to reflect on change, itself.

So we should also think about this in terms of our levels of social and emotional and intellectual – or thinking – development. To what degree am I able to be (or is the person I'm wanting to help able to be) a gray-area thinker and to look at the different emotional realms of life, including dependency, nurturance, assertiveness, curiosity, aggression, vulnerability, fear, intimacy, and empathy? We have to look at all the different emotional realms and see to what degree there is gray-area thinking, and even reflective thinking, which builds on gray-area thinking, where you're able to judge and assess yourself. Help the individual, therefore, broaden his range of experience, progress to higher levels – to gray-area and reflective levels – and take into account his individual processing differences.

So that's our approach to the personality disorders, in broad strokes. Granted, we didn't consider each disorder, but it gives a broad sense of how to think about this in a common sense way that hopefully will be helpful as you see these emerging in children and as you also try to be helpful to yourselves and your spouses or friends or colleagues.

Thank you for joining us today. Next time we'll consider bipolar disorders.