

CHAPTER 12: PERSONALITY DISORDERS

RESEARCH QUESTIONS

- Will diagnosing personality disorders using dimensional rating scales increase or decrease the number of people who will be diagnosed with a personality disorder?
- It has been suggested that there is a link between adult schizoid personality disorder and childhood symptoms of autism. What is the evidence for this link?
- Are there any significant gender differences in the prevalence rates for personality disorders?
- How enduring are personality disorder symptoms? Are they as enduring as was originally believed or do they remit during adulthood?
- Risk factors for personality disorders include low socio-economic status, living in inner cities, being divorced, separated, or never married. Are these *causal* factors in developing personality disorders or simply *outcomes* of having a personality disorder?
- Recent studies have identified ethnicity as a factor affecting rates of diagnosis of personality disorders. How might ethnicity influence the development or diagnosis of a personality disorder?
- Can an overarching theory of the aetiology of all personality disorders ever be achieved? If so, what would such a theory look like?
- There are genetic and behavioural links between Cluster A disorders and schizophrenia. Does this make the Cluster A disorders (paranoid, schizoid, and schizotypal personality disorders) part of a broader schizophrenia spectrum disorder?
- Are antisocial personality disorder (APD) and borderline personality disorder (BPD) the same underlying disorder that manifests differently in men as APD and women as BPD?
- Conduct disorder (CD) is a significant predictor of antisocial personality disorder (APD) in later life, but this begs the question of how conduct disorders had developed in the first place.
- What is the evidence that children with hyperactivity/attention deficits (ADHD) are significantly likely to develop antisocial personality disorder (APD) in adulthood?
- The fathers of individuals with antisocial personality disorder (APD) are significantly more likely to have a diagnosis of APD themselves. Is this evidence for genetic or social learning processes in the aetiology of APD?
- There is evidence that individuals diagnosed with antisocial personality disorder (APD) have experienced inconsistent or neglectful parenting. However, is this a *cause* of APD or is inconsistent or neglectful parenting a *consequence* of having a child with APD?
- Individuals diagnosed with antisocial personality disorder (APD) appear to have dysfunctional cognitive schemas that lead them to behave either aggressively or

impulsively. Is there a link between the development of these dysfunctional schemas and early experience?

- Are the physiological and neurological factors that accompany antisocial personality disorder (APD) (such as low anxiety levels, low levels of baseline arousal, neurological impairments) causes of APD or simply correlates of the behaviour patterns associated with APD?
- Childhood abuse and neglect appears to be a risk factor in around 80% of those who develop borderline personality disorder (BPD), but what represents the important risk factors in the remaining 20% who do not experience childhood abuse and neglect?
- Individuals with borderline personality disorder (BPD) appear to possess relatively low levels of the brain neurotransmitter serotonin and dysfunctions in brain dopamine activity. Are these important causal factors in the behaviour patterns associated with BPD?
- Do individuals with borderline personality disorder have unusual ways of judging the valency and intensity of their moods?
- Childhood abuse, conflict and neglect are experiences common to many of the personality disorders. How do such experiences get translated into the development of one particular personality disorder rather than another?
- Conflicting theories suggest that narcissistic personality disorder is caused either by childhood neglect or by 'doting' parents who treat their children too positively. Which theory is correct?
- Psychodynamic accounts suggest that negative childhood experiences and childhood underachievement may contribute to avoidant personality disorder. But are these experiences a *cause* of the disorder or simply *consequences* of the disorder?
- Different forms of psychodynamic theory argue that dependent personality disorder is fostered by childhood neglect or, alternatively, by overprotective parenting. Which is correct?
- Can drug treatments be used to effectively target the symptoms of personality disorders?
- Obsessive-compulsive personality disorder (OCPD) and obsessive-compulsive disorder (OCD) have a relatively low comorbidity rate of 22%. Why do some people go on to develop OCPD and others develop OCD?