

PERSONALITY DISORDERS

1. Uwagi ogólne

Zestaw materiałów opatrzony wspólnym tytułem *Personality disorders* jest adresowany do studentów uzupełniających studiów magisterskich studiujących kierunki humanistyczne/jednolitych studiów magisterskich. Przedstawione ćwiczenia mogą być wykorzystane przede wszystkim do pracy z grupami studentów psychologii ze względu na tematykę.

2. Poziom zaawansowania: B2+ (z pomocą nauczyciela) oraz C1, C1+

3. Czas trwania opisanych ćwiczeń

Ćwiczenia zaprezentowane w tym artykule są przeznaczone na dwie-trzy jednostki lekcyjne (do 270 minut). Czas trwania został ustalony na podstawie doświadczenia wynikającego z pracy nad poniższymi ćwiczeniami w grupach na poziomie B2+ i (słabsze) C1. W przypadku słabszego B2+ materiału starcza na 270 minut (trzy zajęcia).

4. Cele dydaktyczne

W swoim założeniu artykuł ma rozwijać podstawowe umiejętności językowe, takie jak: mówienie, słuchanie, czytanie oraz pisanie.

5. Uwagi i sugestie

W zbiorze przewidziane są ćwiczenia na interakcję student–nauczyciel, student–student oraz na pracę indywidualną. Ćwiczenia w zależności od poziomu grupy, stopnia zaangażowania studentów w zajęcia i kierunku mogą być odpowiednio zmodyfikowane. Zadania tu zamieszczone możemy omawiać na zajęciach lub część przedstawionych ćwiczeń zadać jako pracę domową, jeżeli nie chcemy poświęcać na nie zbyt dużo czasu na zajęciach. Wybór należy do nauczyciela. Należy zachęcić słabszych studentów do ponownego obejrzenia materiałów z YouTube w domu (nawet kilkukrotnego, jeśli jest taka potrzeba, ponieważ druga część jest bardzo trudna dla studentów na poziomie B2+). Materiały obejmują: pytania, informacje i zadania na znajomość zaburzeń osobowości i niektórych chorób psychicznych (np. schizofrenii), odcinek *Cartoon Conspiracy* o zaburzeniach psychicznych w *Kubusiu Puchatku* wraz z zadaniami, odcinek *Crash Course Psychology* wraz z pytaniami na zrozumienie, a także artykuł na temat zaburzeń osobowości i przyczyn ich powstawania oraz badań, których są przedmiotem wraz z pytaniami na zrozumienie. Rozpoczynamy od *Cartoon Conspiracy* i pytania o wspomnienia studentów z lektury *Kubusia Puchatka* w dzieciństwie (raczej nie są to skojarzenia z zaburzeniami osobowości). Zadanie ma na celu nauczenie studentów nazw zaburzeń oraz opisywania ich objawów w języku angielskim. W dalszej części studenci oglądają trudny pod względem tempa mówienia prowadzącego odcinek *Crash Course Psychology* i uzupełniają luki w tekście. Odcinek wprowadza podstawowy podział zaburzeń, sposoby diagnozowania i różne do niego podejścia, a główny temat to zaburzenia osobowości typu borderline oraz osobowość społeczna. W przypadku bardzo dobrych grup można wykorzystać sam dźwięk bez obrazu, natomiast w grupach słabszych bardzo pomocny jest właśnie obraz, ponieważ większość informacji, które należy wpisać, znajduje się na slajdach, zatem słabsi studenci również są w stanie wykonać zadanie (choć może to zająć nawet 50 minut, gdyż konieczne jest kilkukrotne słuchanie poszczególnych fragmentów). Ostatni etap zajęć to przeczytanie artykułu wraz z udzieleniem odpowiedzi na pytania do tekstu oraz pisanie przez studentów w trzech grupach własnych pytań do pozostałych trzech fragmentów tekstu.

PERSONALITY DISORDERS

I. You're about to watch a video from a YouTube channel called Cartoon Conspiracy about Winnie the Pooh.

You can find the video here: <https://www.youtube.com/watch?v=FNxOD-V3rDo>

1. Answer the questions: Did you read Winnie the Pooh as a child? What are your memories associated with it?

2. The topic of the episode of Cartoon Conspiracy revolves around psychological disorders in Winnie the Pooh. What problems trouble the characters beloved by so many of us? (0:00-1:46)

- A. The disorders which Winnie the Pooh seems to be saddled with are,, and
- B. Piglet suffers from
- C. Eeyore suffers from
- D. Tigger has
- E. Rabbit suffers from
- F. Owl has
- G. Christopher Robin has

3. What are the symptoms of these disorders and illnesses? Describe them briefly, naming at least 3-4 symptoms:

- ADHD –
-
- Impulsivity with Obsessive Fixation –
-
- OCD –
-
- GAD –
-
- depression –
-

dyslexia –

 schizophrenia –

4. Can this theory be proved in each of these cases? Watch the rest of the video and write down what the girls say about the behaviour of the characters. (2:02-4:45)

- A. Owl
- B. Rabbit
- C. Winnie the Pooh has some serious conditions;
- Still, Pooh is a bear and they're not exactly known for their impulse control.
- D. Piglet
- E. Tigger
- F. On the other side of the spectrum, we have Eeyore

5. What do you think about analysing one of your favourite books in this way? Try to think of one more film character/a character from a book which could be diagnosed in a similar fashion.

II. You're going to watch a video from a YouTube channel Crash Course Psychology. Before you do, answer the questions below:

1. How are personality disorders formed? What other personality disorders do you know (besides the ones which were mentioned in the material about mental disorders in Winnie the Pooh)? What are they characterised by?

.....

2. Now watch the video and answer questions A-D (0:00-1:30).

You can find the video here: <https://www.youtube.com/watch?v=4E1JiDFxFGk>

- A. When you know something’s wrong with you, your disorder is-.....
.....
- B. When you don’t realise something’s wrong, your disorder is-.....
.....
- C. What are personality disorders marked by?,
....., behaviour patterns.
- D. What is another adjective Hank uses?

3. Kurt Schneider and the 3 clusters. Do you know what they are?

After having answered the question, read the definitions of various disorders, then watch the next part (2:00-3:31) and fill in the gaps.

What are the two main features of the disorders from Cluster A?

Cluster A is labelled by and cha-
racteristics.

Cluster A

- paranoid:** overly distrusting of others,, suspicious
- schizoid:** overly, indifferent, no interest in relationships, few emotional responses
- schizotypal:** discomfort in social situations, inappropriate displays of feelings, no close friends, odd behaviour or appearance, odd beliefs, fantasies, or preoccupations, odd speech

Cluster B encompasses dramatic, emotional, or impulsive personality characteristics

- narcissistic:** selfish sense of self-importance and
- histrionic:** acting a part to get attention,,
....., with dramatic and suicidal gestures
- antisocial:** characterized by a pervasive pattern of disregard for, or violation of the rights of others
- borderline:** fear of abandonment, unstable relationships, unstable self-image, self-destructive behaviours, self-harm, extreme emotional swings, chronic feelings of emptiness, explosive anger

Cluster C fearful, anxious, avoidant

- avoidant:** lack of confidence, an excessive need to be
....., fear of

dependent: difficulty making decisions, extreme passivity, problems expressing disagreements with others, avoiding personal responsibility and being alone, devastation or helplessness when relationships end, unable to meet the ordinary demands of life

obsessive-compulsive: concern with orderliness, perfectionism, excessive attention to details, mental and interpersonal control and a need for control over one’s environment, at the expense of flexibility, openness to experience, ...

4. What may be problematic when diagnosing a PD accurately? Answer the question in pairs/small groups.

Now watch the video (3:31-4:30) and answer the questions below:

A. In what way is this division controversial? What has been the result of the controversy?

.....
.....

B. What is the dimensional model about? Each person is ranked

.....

Do you think the dimensional model is an improvement in PD diagnostics? Answer the question in pairs/small groups.

5. One of the best-studied personality disorders is borderline personality disorder. At its most severe, what is it like? How can it be treated? Answer the questions in pairs/small groups.

Now watch the next part (4:30-5:29) and answer the questions:

A. What do people with BPD learn? To use dysfunctional ways to get their basic psychological, like love and

B. What are the examples of these dysfunctional ways? E.g. or

C. How is BPD explained these days? It is a complicated set of behaviours and emotional to or, particularly in childhood.

6. The most disturbing personality disorder of all is anti-social personality disorder. Before you watch the next part of the video, try to answer the questions in pairs/small groups: What characterises antisocial personality disorder? Is it more common in women or in men?

Now listen to Hank and complete the information. (5:28-7:16)

- A. It is a personality disorder in which a person exhibits a lack of
for, even toward friends and family members.
- B. What type of behaviour in childhood or adolescence does anti-social personality disorder begin with? Excessive lying, fighting,,
....., or
- C. What happens to them in adulthood? They either are unable to
..... or

Even though those with anti-social personality disorder make up only 1% of the general population, they constitute about 16% of the incarcerated population.

The reasons for the occurrence of this disorder are, in all likelihood, a tangled combination of biological and psychological threads, both genetic and environmental.

D. What do twin and adoption studies show?

That relatives of those with psychopathic features have

7. Read the information below and try to predict the answer to the next question (7:16-10:07):

They are sometimes diagnosed at an age as young as three or four. Because of impairment in fear conditioning (lower-than-normal response to things that typically startle or frighten children, like loud and unpleasant noises) it can be challenging for them to connect the learned consequences to the act – e.g., burning their hand when touching a hot dish –

- A. they don't necessarily or care about the
- B. What is the role of genes, according to Hank?
They seem to predispose
- C. What did PET* scans of the brains of convicted and regular people show? The former had greatly in the
..... – an area associated with impulse control and keeping aggressive behaviour in check.
- D. They also have 11% less
than an average person in that area.
- E. What might the fact that people with antisocial personality disorder don't respond like others to faces expressing fear and anguish mean?

PET (Positron Emission Tomography) – Computed Tomography (PET/CT) Scanning Positron emission tomography, also called **PET imaging or a **PET scan**, is a type of nuclear medicine imaging.*

The fact that they have an overly reactive dopamine reward system suggests that the drive to act and to get reward regardless of consequences may be more intense than the average person's. There are two more problems with antisocial personality disorder – since they are ego-syntonic, the sufferers do not realise they have them and there are practically no treatment options available, at least not for adults.

F. The good news for children with such tendencies (conduct disorder) is that

.....

8. Choose your “favourite” disorder. What are the greatest challenges when working in therapy with those who display its symptoms? Discuss the question in pairs/small groups.

III. You're going to read an article on personality disorders.

1. Before you read, match the terms in bold from the article to their definitions in the box:

deviate/go wrong	to change in a positive direction	intensify	char-
acter flaw	the supporting structure	a connection	harshness/seriousness
employed/registered	without any connection to other people and events		

- | | |
|----------------------------------|-----------------------------|
| to go awry – | to amplify – |
| to turn something around – | enrolled – |
| | an association – |
| underpinnings – | the severity – |
| in a vacuum – | character pathology – |
| | |

2. Read the first 10 paragraphs of the article and answer the questions A-G. Then compare your answers to those of your partner.

You can find the link to the article here: <http://www.apa.org/monitor/mar04/awry.aspx>

- A. How much attention have personality disorders had until recently?
.....
- B. What have been the most common misconceptions about personality disorders?
.....
- C. What effect can research into personality disorders achieve?
.....
- D. How has the perspective of the researchers changed?
.....

E. What is the long-term goal of the Collaborative Longitudinal Personality Disorders Study (CLPS)?

F. What is difficult to determine in the case of those with borderline PDs?
.....

G. Has there been more evidence indicating that the reasons underlying the occurrence of PDs are environmental or genetic?
.....

3. In 3 groups, read the 3 remaining parts of the article and write 3-5 questions related to the part of the text you have read. Each group reads a different one; Group A – read paragraphs 11-13, Group B – “The parent-blame problem,” Group C – “The role of peers.” Then give your questions to the other students, read the remaining two paragraphs and answer your friends’ questions.

KEY

I.

1.

Most people have very fond memories of reading *Winnie the Pooh*/having it read to them or watching the Disney cartoon.

2.

A. He has Attention Deficit Hyperactivity Disorder (ADHD), Impulsivity with Obsessive Fixations and Obsessive Compulsive Disorder (OCD)

B. GAD (Generalised Anxiety Disorder)

C. depression

D. Attention Deficit Hyperactivity Disorder (ADHD)

E. OCD (Obsessive Compulsive Disorder)

F. dyslexia

G. schizophrenia

3.

Students can be divided into groups and work on different disorders, which will speed up the work.

ADHD (Attention Deficit Hyperactivity Disorder) – inattention, impulsivity, hyperactivity. The person might procrastinate, not complete tasks like homework or chores, or frequently move from one uncompleted activity to another.

They might also: be disorganized, lack focus, have a hard time paying attention to details and a tendency to make careless mistakes. Their work might be messy and seem careless, have trouble staying on topic while talking, not listening to others, and not following social rules, be forgetful about daily activities (for example, missing appointments, forgetting to bring their lunch), easily distracted by things like trivial noises or events that are usually ignored by others.

Impulsivity with Obsessive Fixation – disorders in which people initiate certain behaviors to obtain some element of pleasure, arousal, or gratification; however, over time a compulsively-driven component keeps these behaviors going. Within the impulse-control disorders, there are two groups: the first consists of the impulse-control disorders that currently exist in the DSM, including kleptomania, pyromania, intermittent explosive disorder, pathological gambling, and trichotillomania. In addition to that, there will probably be four newer disorders in the

DSM-V, which we have started to call the impulsive-compulsive disorders. These are impulsive-compulsive shopping, impulsive-compulsive sexual behavior, impulsive-compulsive Internet use, and impulsive-compulsive psychogenic excoriation or skin picking.

OCD (Obsessive Compulsive Disorder) – compulsive behaviour, compulsive hoarding, tics, intrusive thoughts, anxiety, trichotillomania, sexual obsessions

GAD (Generalised Anxiety Disorder) – excessive, ongoing worry and tension, an unrealistic view of problems, restlessness or a feeling of being “edgy,” irritability, muscle tension, headaches, sweating, difficulty concentrating, nausea, the need to go to the bathroom frequently, tiredness, trouble falling or staying asleep, trembling, being easily startled

depression – difficulty concentrating, remembering details, and making decisions, fatigue and decreased energy, feelings of guilt, worthlessness, and/or helplessness, feelings of hopelessness and/or pessimism, insomnia, early-morning wakefulness, or excessive sleeping, irritability, restlessness, loss of interest in activities or hobbies once pleasurable, including sex, overeating or appetite loss, persistent aches or pains, headaches, cramps, or digestive problems that do not ease even with treatment, persistent sad, anxious, or “empty” feelings, thought of suicide, suicide attempts

dyslexia – difficulty reading, including reading aloud, trouble understanding jokes or expressions that have a meaning not easily understood from the specific words (idioms), such as “piece of cake” meaning “easy”, difficulty with time management.

schizophrenia – starts between the ages of 16-30. Symptoms: hallucinations, delusions, confused speech, repetitive movements, being emotionless (flat voice, lack of facial expressions, withdrawal, cognitive symptoms (thinking problem), trouble staying on schedule, trouble with basic everyday activities

Source: <http://www.webmd.com>

4.

- A. Owl gets the gang in trouble by misreading several signs – he reads “skull” as “school,” but since he is the oldest character, he might just need glasses.
- B. Rabbit’s neurotic obsession with keeping everything in order and completely “losing it” when Tigger messes it up are pretty closely associated with OCD.
- C. Winnie the Pooh has some serious conditions – ADHD, OCD, impulsivity with obsessive fixations, his obsession with honey drives him to the point of carelessness with his and his friends’ lives, is often forgetful, doesn’t listen to what his friends say. Still, Pooh is a bear and they’re not exactly known for their impulse control.
- D. Piglet must have GAD – he’s constantly shaking and has an unrealistic fear of everything, e.g. he compares his falling out of bed to falling 10,000 feet onto jagged rocks. He could use some Xanax.

- E. Tigger's constant bouncing and jumping can obviously be seen as consistent with ADHD. He has all this pent-up energy and is unable to focus, so he's literally bouncing off the walls.
- F. Eeyore is on the other side of the spectrum. His poor outlook on life can be due to his depression. The poor guy has thistles for food and lives in a pile of sticks.

5.

My suggestions:

Sherlock Holmes – Asperger's syndrome (very poor social skills in spite of obvious intelligence, fondness of fixed routines, dislike of change)

Ariel – disposophobia (hoarding)

Belle from *Beauty and the Beast* – Stockholm syndrome (a relationship with her captor), social anxiety disorder (no friends, no relationships with other human beings)

Snow White – PTSD (Post-Traumatic Stress Disorder)

Cinderella – dependent personality disorder (DPD), characterized by being emotionally dependent on others and making a tremendous effort in trying to please them

II.

1.

Personality disorders occur when there is a genetic predisposition and in response to trauma and abuse.

(Also answers to task 3 in this part)

paranoid: overly distrusting of others, guarded, suspicious

schizoid: overly aloof, indifferent, no interest in relationships, few emotional responses

schizotypal: discomfort in social situations, inappropriate displays of feelings, no close friends, odd behaviour or appearance, odd beliefs, fantasies, or preoccupations, odd speech

narcissistic: a selfish grandiose sense of self-importance and entitlement

histrionic: acting a part to get attention, putting themselves at risk, with dramatic and suicidal gestures

antisocial: characterized by a pervasive pattern of disregard for, or violation of the rights of others

borderline: fear of abandonment, unstable relationships, unclear or unstable self-image, impulsive, self-destructive behaviours, self-harm, extreme emotional swings, chronic feelings of emptiness, explosive anger

avoidant: lack of confidence, an excessive need to be taken care of, fear of being abandoned

dependent: difficulty making decisions, extreme passivity, problems expressing disagreements with others, avoiding personal responsibility and being alone,

devastation or helplessness when relationships end, unable to meet the ordinary demands of life

obsessive-compulsive: concern with orderliness, perfectionism, excessive attention to details, mental and interpersonal control and a need for control over one's environment, at the expense of flexibility, openness to experience

2.

A. ego-dystonic

B. ego-syntonic

C. inflexible, disruptive, enduring

D. chronic

3.

odd, eccentric

Cluster A

paranoid: guarded

schizoid: aloof

Cluster B

narcissistic: grandiose, entitlement

histrionic: putting themselves at risk

Cluster C

avoidant: taken care of, fear of being abandoned

4.

A. There is a grey area, as e.g., narcissistic disorder in many respects resembles histrionic disorder, etc., and, because of that, it is difficult to tease them apart. For this reason, personality disorders are now diagnosed as PERSONALITY DISORDER not otherwise SPECIFIED, or PDNOS.

B. on each dimension (trait) without diagnosing any specific disorder.

The dimensional model may be an improvement because the patient knows what he/she should work on without having to live with a specific label.

5.

Symptoms:

fear of abandonment – people with BPD are often terrified of being abandoned or left alone, unstable relationships, unclear or unstable self-image, impulsive, self-destructive behaviours, self-harm, extreme emotional swings, chronic feelings of emptiness, explosive anger).

The link to a website with the description of the most common therapies used to treat BPD: <http://www.mayoclinic.org/diseases-conditions/borderline-personality-disorder/basics/treatment/con-20023204>

- A. To use unhealthy and dysfunctional ways to get their basic psychological needs met, like love and validation.
- B. What are the examples of these dysfunctional ways? E.g., outbursts of rage or self-injury.
- C. It is a complicated set of learned behaviours and emotional responses to traumatic or neglectful environments, particularly in childhood.

6.

- A. conscience for wrong doing
- B. excessive lying, fighting, stealing, violence or manipulation
- C. They either are unable to keep a job and become criminals or become clever, charming cons and ruthless CEOs.
- D. That the relatives of those with psychopathic features have a higher likelihood of engaging in psychopathic behaviour themselves.

7.

- A. connect or care about the learned consequences.
- B. They seem to predispose some people to be more sensitive to abuse and trauma.
- C. reduced activity in the frontal lobe – an area associated with impulse control and keeping aggressive behaviour in check.
- D. frontal lobe tissue
- E. That they don't or can't register other people's feelings.
- F. The good news for children with such tendencies (conduct disorder) is that their minds are more plastic and adaptable and you can correct their behaviour by having them use their impulse fearlessness in other fields, e.g., athletics or adventure.

8. Students come up with their own answers as each of them may answer differently.

III.

1.

go awry	deviate/go wrong	amplify	intensify
to turn around	to change in a positive direction	enrolled	employed/registered
underpinnings	the supporting structure	an association	a connection
in a vacuum	without any connection to other people and events	severity	harshness/ seriousness
		character pathology	character flaw

2.

- A.** They've attracted little attention – Para. 1 – ...few large-scale prospective studies have targeted the causes of personality disorders (PDs).
- B.** That one's personality cannot be changed and that those with PDs are evil – Para. 2 – “‘It's just personality-you can't do anything about it,' she explains. ‘There's also been moralism [that people with such disorders] are evil, that they are lazy,' adds Judd, ...”
- C.** It can help dispel the myths around PDS and shed some light on how they are formed – Para. 3 – “...research is helping to turn such misconceptions around. Genetics researchers, for example, are closer to identifying some of the biological underpinnings that may influence PDs.”
- D.** It is not genetics vs environment anymore, as researchers are looking at their relationship in creating PDs – Para. 5 – researchers increasingly observe a back-and-forth interplay between genetic and environmental influences. ...a shift taking place in the field now toward a more interactionist perspective,” “I think the field is getting away from genetics versus environment– it's a major change.”)
- E.** To collect as much information which could be useful in the coming years as possible – Para. 7 – “...it's collecting historical information that may one day provide some insights,” says Tracie Shea, PhD, ... “I like to think of it as generating hypotheses that can be tested,”
- F.** Whether the reason for the occurrence of a PD was the trauma or a character pathology – Para. 7 – “...high rates of childhood sexual trauma – 55 percent detailing physically forced, unwanted sexual contact. ... however, that the type of analysis couldn't determine if the personality adaptations occurred in response to the trauma or whether the individuals' underlying character pathology predisposed them.”
- G.** Genetic – Para. 9 and 10 – “The study found that the identical twins were more similar in personality traits than the fraternal twins. Para 10. Thus, although both genetics and environment contributed to the association between normal and abnormal personality, genetics appeared to play the greater role overall, Krueger says.”

3.

My suggestions for paragraphs **11-13**:

1. What is the reason underlying most personality disorders?
2. How much more likely are abuse sufferers to develop PDs?
3. According to the 2001 study, what is the result of experiencing verbal abuse at a young age?
4. How accurate are the findings of the studies?

My suggestions for **the parent-blame problem**:

1. What effect could blaming the parents have?
2. What does Porr suggest about the family reactions and the children's behaviour?

3. What is often noticed in the first months of life of those who later develop PDs?
4. What does the difference in numbers between highly reactive infants (20%) and the number of those who actually develop PDs (10%) suggest?
5. What is the ultimate goal of the research?

My suggestions for **the role of peers:**

1. What may save a child from developing a PD, even in a toxic environment?
2. What does Beck suggest about the relationship between your tendencies and life events?
3. What are researchers hoping for?