

# Overextended Personality Disorder is Epidemic in Academic Medical Centers: Proposed Criteria and Preliminary Treatment Suggestions

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This paper proposes diagnostic criteria for Overextended Personality Disorder, a condition frequently encountered in academic medical settings, considers its major and associated features, pathogenesis, and clinical course, and discusses potential ameliorative interventions.

Personality disorders are defined by enduring character traits that result in chronically maladaptive behaviors, resulting in ongoing subjective distress and/or impairments that negatively impact social and vocational roles and interpersonal relationships. Personality stems from both temperament (largely genetic) and character (enduring psychological and behavioral reaction patterns shaped by early experience). The Diagnostic and Statistical Manual of the American Psychiatric Association (DSM-5) categorizes the major disorders into clusters: A for “odd, eccentric” types such as schizotypal, schizoid, and paranoid personality disorders; B for “dramatic-emotional” disorders such as histrionic, borderline, and narcissistic personality disorders; and C for “anxious-fearful” such as avoidant and obsessive compulsive personality disorders [1]. The new, alternative system defines personality disorders based on impairments in personality functioning and the presence of pathological personality traits (organized into the five trait domains of negative affectivity, detachment, antagonism, disinhibition, and psychoticism, each further comprised of specific trait facets) [2].

We have identified a new personality disorder hidden in plain sight, that affects large numbers of individuals in academic medical centers, but is also prevalent in other arenas in which energetic professionals operate. Here, we propose diagnostic criteria and begin to further delineate this potentially debilitating condition, Overextended Personality Disorder.

## Diagnostic Criteria

Major criteria:

- The individual habitually overcommits to taking on a variety of time-sensitive projects without adequately assessing the amount of time and effort they will require.
- New projects initially provide the individual with rewarding affirmations and sense of importance to others, but these responses fail to sustain due to overcommitting.
- Overcommitments are primarily self-imposed rather than externally imposed projects and responsibilities.
- The individual habitually faces seemingly impossible deadlines, resulting in periods of frantic urgency followed by feelings of futility, failure, shame, and demoralization as tasks are either completed in sub-standard fashion or left undone.
- Interpersonal relationships at work and/or home-life suffer as a result of poor task performance with regard to commitments and/or poor role performance due to unavailability.

Minor Criteria: requires one or more of the following:

- Significant others (co-workers, family, friends) habitually warn the individual against taking on too much, citing past

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occurrences and their negative consequences, and then revert to “I told you so...” responses when the distressed sufferer complains or stumbles.

- Significant others attempt to take charge of the person’s calendar.
- The individual habitually makes ineffective promises to self to “just say no” to additional opportunities and offers, and also ineffectively promises “I’ll never do this to myself again”.
- Overcommitment related to tensions, exhaustion, and work inefficiencies may result in decreasing sense of humor, social withdrawal, and professional role burnout.

Clinical sub-types:

- Primarily self-imposed
- Mixed type: demands of self-imposed projects are superimposed on those of inescapable externally imposed tasks (see over-obligated role lifestyle disorder below) to create “perfect storms” that overwhelm the individual’s capacity to adequately meet all obligations competently or on time.
- Specifiers:
  - a. Remorseful (internalizing)
  - b. Non-remorseful (externalizing)

## Diagnostic Features

The essential features of Overextended Personality Disorder are a habitual overabundance of enthusiastic exuberance and a strong desire to participate in important, highly socially sanctioned projects, together with poor future planning skills regarding allocation of time and effort (criterion A), resulting in quasi-impulsive volitional commitments to an excessive number of projects (criterion B) made without regard for time and effort likely to be required for these tasks. Affected individuals are likely to employ suppression, dissociation, and rationalization as mechanisms to adapt to these considerations. The additional projects which prove to be excessive are ordinarily added to already full schedules of ongoing time-sensitive commitments, without adequate regard for the strong likelihood that additional, unavoidable, time and effort demanding activities are likely to erupt in the near future. Individuals with Overextended Personality Disorder attempt to stuff more “really” important projects and activities into their week than can be humanly accomplished.

For academic medical faculty, for example, demands ordinarily include administration, clinical care, teaching, scholarly research, and family life, that, if properly attended to would require 96 h per day. Adding some personal time for exercise and the bathroom, for example, requires further

extending these estimates by 10 to 90 min per day (depending on individual efficiencies). Individuals often display chronic distress, and almost always feel that something important is not being attended to. Gender-neutral quantitative features include incoming phone calls/personal text messages per hour, and numbers returned per minute of free time. Males with Overextended Personality Disorder may exhibit the pathognomonic “Young’s sign” (named for the academic internist administrator at UCLA who first identified it), in which the height of the daily stack of one’s incoming daily paperwork requiring immediate processing exceeds the height of the erect male member, revealing some sufferers to be terribly overloaded even if very well endowed (Roy T. Young, personal communication). These individuals are particularly vulnerable to becoming overextended when beset by unexpected new, unavoidable deadline-sensitive external demands, at which times general distress and multiple negative emotions heighten, as the individual feels trapped by insurmountable deadlines (Criterion C). In severe cases, individuals may leave important tasks unfinished and/or drop out of projects, leaving co-workers and family in the lurch, resulting in negative interpersonal consequences ranging from shaming to shunning (Criterion D).

Remorseful (internalizing) types recognize their own contributions to over-commitment, even when they seem incapable of learning with repeated episodes. Non-remorseful (externalizing) types always seem able to find others to blame for their predicaments.

## Associated Features Supporting Diagnosis

Individuals with overextended personality who disappoint colleagues due to incomplete or poor performance may feel failure, shame, or ostracism, and suffer loss of professional reputation. Family relationships may suffer as well (resulting in absent spouse/partner and absent parent syndromes). Chronic symptoms can include never-abating feelings of tension, apprehension, worry, irritability, moodiness, and frustration, which may affect sleep and other physiological functions. Repeated bouts of frustrating overextension may contribute to professional role burnout. In severe cases, chronic work-related distress due to overextension may negatively impact physical health and well-being.

## Prevalence

Although epidemiological studies have not yet been conducted, clinical observation suggests a point prevalence of one or more cases per academic department. In addition to full-blown disorder, sub-clinical cases appear to be widespread.

## Development and Course

For individuals with risk factors (see below) early manifestations of overextended personality disorder may be seen as early as middle school or high school, sometimes in college, and certainly by the time individuals enter early career academic positions. If situated in environments that heavily reinforce ambitious undertaking and maximum productivity, individuals with proclivities might experience marked aggravation of these tendencies, which, if unchecked, may persist for decades. Seasonal exacerbations of distress are predictable, as mandatory evaluations, reports, social events and other regularly scheduled activities recur like clockwork on annual calendars. Severity may shift over time, depending on changes in personal energy, ambitions, stages of career, and family life cycles and their associated demands, and the individual's capacity to learn from past experience. Ordinarily most prominent in early and mid-career, cases can persist into late career, but often dwindle thereafter.

## Risk and Prognostic Factors

Several personality trait characteristics increase vulnerability to the development of Overextended Personality Disorder. From the DSM-5 alternative model, these include impulsivity (and variably irresponsibility, distractibility, and risk-taking) from the Disinhibition (vs conscientiousness) domain; alternatively, rigid perfectionism, associated with over-conscientiousness, may result in inability to delegate and tendencies to micromanage. Grandiosity (for example feeling indispensable and irreplaceable) and attention-seeking traits associated with the Antagonism (vs agreeableness) domain may contribute to risk. Such individuals may be prone to the "I alone syndrome," as in believing that "I alone can..." Combinations of the aforementioned qualities may increase "project infatuation proneness," in which vulnerable individuals, seduced by whatever new opportunities present at a given moment, tend to become passionately preoccupied with new ideas (although, perhaps only fleetingly, as in shipboard romances), but have much more difficulty maintaining longer-term attachment to the task. Being "other-directed" and finding it hard to say "no" to others' requests (traits also associated with "agreeableness") increase vulnerability to overextended personality disorder. Such individuals would rather self-sacrifice than disappoint others and fear being judged as incapable, uninterested, disloyal to the group, not being team players, and/or too weak to accept the proffered offers or challenges. Predisposing factors also include being novelty-seeking and highly ambitious if accompanied by compelling needs for affirmative recognition and inability to decline new experiences. Academic reward-seeking

tendencies may be inculcated during early development by excessive praise by parents and teachers for excellent school performance. Poor time-planning deficits, which are quite common, may lie along a continuum and possibly reflect specific cognitive executive function difficulties. When analyzing new projects from the perspective of SWOT analyses, these individuals are cognitively biased to focus on strengths and opportunities but fail to adequately appreciate weaknesses and threats. At times of maximal stress, individuals may become uncharacteristically vulnerable to behaving unethically (e.g., fudging reports or data, plagiarism).

Good prognostic factors include ability to learn from experience; potential damages can be mitigated by level-headed significant others capable of injecting powerful reality checks, positioned to help the individual exercise better self-control.

## Culture-Related Diagnostic Issues

Cultural environments more likely to evoke these conditions are those that highly reward ambitious and productive individuals who are prone to enthusiastically agree to taking on projects without adequately considering their ongoing responsibilities. Increasing institutional financial challenges may encourage overextension, resulting in ineffective efforts to address salary support and funding research.

## Gender-Related Diagnostic Issues

Primary forms are evident in both genders, but mixed types and the secondary form (over-obligated role lifestyle disorder) are more common in women.

### *Differential Diagnosis and Comorbid Conditions*

- *Over-obligated role lifestyle disorder*: this condition meets only major criteria D and E of overextended personality disorder. It is considered secondary in that the individual's overextended status results not from primary impulsive enthusiastic choices but because the individual's roles in professional and personal life confer numerous simultaneous role expectations and obligations more than can be fitted into a reasonable schedule. As a result, sufferers always feel stretched thin and exhausted, but due to conscientiousness often find it difficult to give up any of the important obligated activities. The condition is far more common in women, who tend to have many more concurrent work-family roles than men. Clinical observations suggest that over-obligated lifestyle disorder increases not only with work-related obligations but also with the number and ages of soccer-playing, music-lesson taking, after-school activity-laden children and early adolescents, medically ill and declining relatives, and other family

obligations and complexities of household management, always more likely to fall on women.

- *Bipolar spectrum considerations*: individuals with manic, hypomanic, and cyclothymic episodes may demonstrate episodic enthusiastic over-commitment behaviors, but these may seem out of character. Differentiating over-extended personality disorder from what has been called the “hyperthymic” personality [3] may prove difficult, and the two conditions frequently overlap and co-occur.
- *Attention Deficit Hyperactivity Disorder (ADHD)*: individuals with ADHD may demonstrate many features of overextended personality disorder. Compared to most individuals with this personality disorder, individuals with ADHD alone are more stimulus bound and less capable of sustaining interest in new projects.
- *Narcissistic Personality Disorder*: Although grandiosity and need for affirmation is common to both disorders and reflect inability to modulate self-esteem or sense of self, NPD can be distinguished by the more obvious presence of entitlement, lack of empathy, and exploitation of others.
- *Uncomplicated altruism and generosity*: when no impairments result, participation seemingly furthers the profession’s noble goals and is compatible with normal personality functioning. However, the cumulative burdens of personality features and obligations imposed by excessive commitments lead to the pathological states characteristic of overextended personality disorder.

## Management and Treatment

Although clinical trials for evidence-based treatments are unavailable, clinical recommendations for individuals with overextended personality disorder can be suggested. Basic time management books can help, if the individual can find time to read one. Zero-based time-budgets should be constructed and reviewed at least yearly, while realizing that they are just “guestimates,” that most early career academics severely underestimate the amount of time projects will take (often by factors of three to four), and that unforeseen white and black swans (unanticipated life events) are likely to intercede. Time and effort expenditure budget reviews should take place with someone else in the room, such as realistic, non-nonsense but supportive spouse/partners, personal assistants, or therapists who are capable of directly and honestly confronting the individual regarding time commitments.

Ongoing management plans include use of specific cognitive and behavioral techniques, all designed to build inhibitory delays between initial enthusiasms and more deliberated decisions to take on projects. One technique employs big signs indicating “NO!”, “Just Say NO,” and “Less Curriculum, More Vitae,” prominently posted on computer screens,

telephones, and elsewhere in the work environment where they are hard to ignore. Another cognitive technique is to always ask the question “if I accept this new project, where will it get me in five years.” Both authors have found it helpful to conceptualize attractive new offers as representing “narcissistic bait”.

Formal scripts can be prepared and utilized whenever new inviting projects are pitched by others or occur to the self. Whenever she is approached by others to take on irresistibly worthy projects for which she has been touted as the “best person to do that job,” a successful academic pediatrician, active and outstanding mother and wife, who concurrently engages in clinical work, teaching, community volunteer work, and self-care, calls on the following “script” she has carefully polished over the years: “Say, that’s a great idea. I might have some time to get involved in about six months. If you’re still interested then please let me know. But, if you’re in a rush perhaps I can assist you in finding someone else to help out now.” (Eileen Yager, M.D., Personal communication). Works every time.

In more severe cases, external policing or monitoring may be necessary, where others are authorized to control and take responsibility for the individual’s schedule.

Ultimately, the task for each individual to find their “just right” spot like Goldilocks, perfectly balancing too much versus too little in the way of activities and respite. Here personal **Goals, Opportunities, Longings, Deadlines, Invitations, Leanings, Obligations, Commitments, Knowledge of self, and Satisfactions** come together harmoniously. Good luck.

We have identified and offer preliminary diagnostic criteria for Overextended Personality Disorder, a condition prominently represented in academic medical settings. In addition to full-blown cases, sub-clinical cases are much more prevalent. We anticipate that many readers will recognize colleagues suffering from this condition or will sympathetically resonate with their own subjective familiarity. Since this potentially debilitating condition might be ameliorated by proper treatments, we plan to undertake additional studies as soon as we find the time.

## Compliance with Ethical Standards

**Disclosure** The authors have no conflicts to disclose.

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