

Disclosures:
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Nothing to Disclose.

**DSM-V Criteria for 301.4
Obsessive-Compulsive Personality Disorder**

A pervasive pattern of preoccupation with orderliness, perfectionism, and mental and interpersonal control, at the expense of flexibility, openness, and efficiency, beginning by early adulthood and present in a variety of contexts, as indicated by at least four of the following:

**DSM-V Criteria for 301.4
Obsessive-Compulsive Personality Disorder**
(cont.)

- (1) Preoccupation with details, rules, lists, order, organization, or schedules to the extent that the major point of the activity is lost
- (2) Perfectionism that interferes with task completion (e.g., inability to complete a project because one's own overly strict standards are not met)

**DSM-V Criteria for 301.4
Obsessive-Compulsive Personality Disorder**
(cont.)

- (3) Excessive devotion to work and productivity to the exclusion of leisure activities and friendships (not accounted for by obvious economic necessity)
- (4) Overconscientiousness, scrupulousness, and inflexibility about matters of morality, ethics, or values (not accounted for by cultural or religious identification)

DSM-V Criteria for 301.4 Obsessive-Compulsive Personality Disorder *(cont.)*

- (5) Inability to discard worn-out or worthless objects even when they have no sentimental value
- (6) Reluctant to delegate tasks or to work with others unless they submit to exactly his or her way of doing things
- (7) Adopts a miserly spending style toward both self and others; money is viewed as something to be hoarded for future catastrophes
- (8) Rigidity and stubbornness

Prevalence of OCPD

- The most prevalent personality disorder in the general population at 7.88%

Grant et al 2004

OCPD vs. OCD

- Historical confusion of obsessive-compulsive neurosis and obsessive-compulsive character neurosis.
- Obsessive-compulsive neurosis has disappeared and been replaced by obsessive-compulsive disorder.

OCPD vs. OCD *(cont.)*

- OCD is characterized by intrusive, unwanted thoughts and a need to perform ego-dystonic rituals.
- OCPD is characterized by ego-syntonic personality traits.

OCD

- Compulsive sex addiction is not a symptom of OCD
- "If it feels good, it's not OCD."
- Intrusive, obsessional thoughts are experienced as distressing and unwanted

OCPD vs. OCD *(cont.)*

- Most studies report a relatively high frequency of personality disorders in OCD patients.
- Rate varies from 52% to 83%.
- Different studies show high percentages of different clusters of PDs.

OCPD vs. OCD

- Pinto et al compared 100 patients:
- 25 with OCD alone
- 25 with OCPD alone
- 25 with both
- 25 healthy controls

-Pinto et al, Biological Psychiatry 2014

OCPD vs OCD

- Both had impairments in psychosocial functioning and quality of life compared with controls
- OCPD patients did NOT report intrusive thoughts or images, but did report methodical behaviors like list-making, organizing belongings, and editing written work repeatedly.

OCPD vs OCD

- OCPD patients were better at delaying reward than OCD patients
This ability to delay was linked to perfectionism and rigidity. OCD patients were more likely to have washing rituals.

OCPD vs OCD

- Conclusion: the two disorders are related, but not the same thing.
- Only OCD patients have the characteristic intrusive, distressing, and unwanted thoughts
- OCPD patients are much better at delaying reward

Treatment of OCD

- Behavior therapy – exposure in vivo plus response prevention
- Serotonin-reuptake inhibitors – fluoxetine, clomipramine, sertraline, fluvoxamine, paroxetine, citalopram, escitalopram

Treatment of OCD (*cont.*)

- Obsessive-compulsive ritualizers have maintained their improvement after exposure in vivo for up to 3 years follow-up
- Psychodynamic therapy alone may help patients with medication compliance and relationships, but it does not alleviate obsessions or compulsions

Themes in OCPD

- Focus on anal phase has given way to self-esteem issues, affect phobia, perfectionism, interpersonal elements, absence of fun/pleasure, and balancing work and love relationships.
- Most feel that they could not please their parents or were only valued for what they did not who they are.

(Gabbard 2014)

Psychodynamic understanding of OCPD *(cont.)*

- Expressing feelings carries with it the potential to become "out of control," one of the fundamental fears of OCPD individuals.
- Need to control others stems from the fear that others may behave in unpredictable ways.

(Gabbard 2014)

Psychodynamic understanding of OCPD *(cont.)*

- Low self-esteem is often connected with a childhood sense of not being valued.
- Basic fear that anger and destructiveness will drive others away.

(Gabbard 2014)

Affect Phobia

- Any type of affect state risks driving people away, "losing control", and humiliating oneself
Pride is taken in "self-control" and always keeping emotions in check

IMPACT ON FAMILY AND LOVED ONES

Perfectionism

- **Despite cultural sanctions, perfectionism is not adaptive.**
- **Perfectionism is a vulnerability factor for depression, burnout, suicide, and anxiety.**
- **The desire to excel must be differentiated from the desire to be perfect.**



Dr. Jonathan Drummond-Webb, renowned pediatric heart surgeon, commits suicide at the age of 45.

Dr. Jonathan Bates, Chief Executive Officer of Arkansas Children's Hospital, said Drummond-Webb worked tirelessly to save his patients: "Some would say they saved 98 out of 100. He looked at it and said I lost 2 out of 100."

"The perfect is the enemy of the good."

- Voltaire

Perfectionism *(cont.)*

- **Believing that others will value you only if you are perfect is associated with both depression and suicide.**
- **It contains an element of pressure associated with a sense of helplessness and hopelessness.**
- **"The better I do, the better I'm expected to do."**

- Flett & Hewitt, 2002

Perfectionism in OCPD

(cont.)

- OCPD persons rarely seem satisfied with any of their achievements.
- They are driven more by a wish to gain relief from a tormenting superego than by a genuine wish for pleasure.
- They feel enslaved to an imaginary audience

(Gabbard 2014)

Perfectionism in OCPD

(cont.)

- Childhood conviction that they simply did not try hard enough, leading to an adult feeling that they are chronically "not doing enough."

(Gabbard 2014)

Perfectionism in OCPD

(cont.)

- Workaholic tendencies are related to an unconscious conviction that love and approval can be obtained only through heroic efforts to achieve extraordinary heights in their chosen profession.

(Gabbard 2014)

Typical defenses of OCPD patients

- Intellectualization.
- Isolation of affect.
- Undoing.
- Reaction formation.
- Displacement.

OCPD cognitive style

- Thoroughly rational and logical.
- Tendency to be mechanistic and totally without affect.

(Shapiro 1965)

OCPD cognitive style *(cont.)*

- Careful attention to detail.
- Almost complete lack of spontaneity or flexibility.

TREATMENT

Dynamic therapy of Cluster C personality disorders

(Winston et al. 1994)

- Controlled trial of 25 patients with Cluster C disorders who were treated in dynamic therapy, the mean length of which was 40.3 sessions.
- This sample improved significantly by all measures compared with others on a waiting list.

Dynamic therapy of Cluster C personality disorders

(Winston et al. 1994 cont.)

- Follow-up at an average of 1.5 years demonstrated continued benefit.

Dynamic Psychotherapy of Cluster C Personality Disorders

- 50 patients who met criteria for Cluster C PD were randomly assigned to 40 sessions of dynamic psychotherapy or cognitive therapy.

Svartberg et al (2004)

Dynamic Psychotherapy of Cluster C Personality Disorders *(cont.)*

- Therapists were experienced clinicians in manual guided supervision.
- Outcomes were assessed in terms of symptom distress, interpersonal problems, and core personality pathology

Svartberg et al (2004)

Dynamic Psychotherapy of Cluster C Personality Disorders *(cont.)*

- Full sample of patients showed statistically significant improvements on all measures during treatment and during 2-year follow up.
- Cognitive therapy patients did not change significantly in symptom distress after treatment, whereas dynamic therapy treatment patients did so.
- 40% of patients had recovered 2 years after treatment.

Svartberg et al (2004)

Dynamic Psychotherapy of Cluster C Personality Disorders *(cont.)*

Conclusions

- Both dynamic therapy and cognitive therapy have a place in treatment of patients with Cluster C personality disorders.
- There is reason to think that improvement persists after treatment with dynamic psychotherapy.

Svartberg et al (2004)

Affect Phobia

- Psychodynamic psychotherapy addresses conflicts surrounding feelings: guilt over anger, embarrassment about crying, pain over closeness, shame about one's shortcomings.
- Exposure to and expression of feelings
- Restructure sense of self and others by reducing shame associated with self-image, lowering expectations, and by exposure to positive feelings.

-McCullough and Magill 2009

Affect Phobia *(cont.)*

- Track the patient's affect verbally and nonverbally.
- Note defenses marshalled against affect and point them out as you see them.
- Help patient to experience feelings in the here-and-now

Interpersonal impact of OCPD

- People with OCPD come across as domineering, hypercritical, and controlling to those who are subordinate.
- To those who are superiors, they may seem ingratiating and obsequious.
- In either case, they tend to undermine the approval and love that they seek by alienating and irritating others.

(Josephs 1992; Gabbard 2005)

Challenges in dynamic psychotherapy of OCPD

- Patient will correct, revise, and pick apart therapist's interventions.
- Patient is threatened by loss of control.

Challenges in dynamic psychotherapy of OCPD *(cont.)*

- Patients hear feedback as criticism and exposure of their imperfections.
- Patients often speak mechanically, focus on small details, and control the therapeutic exchange.

Challenges in dynamic psychotherapy of OCPD *(cont.)*

- Sessions tend to become ritualized.
- Patient tries to fence the therapist in by never coming late, paying the fee immediately, and becoming a "good patient."

Challenges in dynamic psychotherapy of OCPD *(cont.)*

- Patients are prone to "thought crimes"—to think or feel something is the same as to do it.
- Hostile or erotic material in the transference makes the patient fearful, so intellectualization and isolation are used as defenses.

Challenges in dynamic psychotherapy of OCPD *(cont.)*

- Patient projects harsh superego onto therapist.
- Therapist must clarify and interpret distortions of the therapist's attitude.
- Goal is modification of patient's self-expectations.

Shame/Humiliation

- Empathize with the patient's fear of shame and humiliation when he is less than perfect and senses that you are standing in judgment
- Fear of having inadequacies exposed
- Corrective emotional experience

Countertransference difficulties with OCPD patients

- Many therapists rely on the same defensive repertoire as the patient.
- The patient's moral superiority may become irritating.

Countertransference difficulties with OCPD patients *(cont.)*

- Narcissistically vulnerable therapists may engage in power struggles and feel chronically devalued.
- Ritualization of sessions and obsessional overinclusiveness may produce boredom in therapist.

Termination

- Therapy ends imperfectly
- No one "completes" therapy
- The patient must accept being imperfect when therapy stops
- A process is begun that the patient will continue
- The door is always open for return