

Obsessive- compulsive personality disorder essay



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The fourth edition of the Diagnostic and Statistical Manual of Mental Disorders or DSM-IV-TR categorizes obsessive-compulsive personality disorder (OCPD) under Cluster C, code 301. 4 along with avoidant and dependent personality disorders (Fitzgerald, 2003). Termed “ anankastic personality disorder” by the ICD-10 (code F60. 5), the corresponding European manual of mental disorders, OCPD is characterized by inflexibility, excessive need to control, extreme quest for perfectionism and productivity, neatness and organization, and pervasive preoccupation with work, sacrificing openness, efficiency, interpersonal relationships, and time for relaxation in the process (Fitzgerald, 2003; Mindsite, 2008; Reid & Wise, 1995; DSM-IV-TR, 2000 cited in Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004; Ekleberry, 2000).

Diagnostic Criteria

According to the DSM-IV-TR, for an individual to be diagnosed with OCPD, he or she must be chronically exhibiting at least four of the following symptoms since the onset of adulthood in various contexts (DSM-IV-TR, 2000 cited in Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004, p. 6):

1. dwelling too much on “ details, rules, lists, order, organization, or schedules,” losing the main purpose of the activity as a result;
2. striving to be perfect in everything which become a hindrance to complete the task;
3. excessively devoting oneself to working and producing more output at the expense of recreational activities;

4. being overly meticulous, prudent, and rigid as to matters of “ morality, ethics, or values;”
5. being unable to dispose of worn out and useless items even though they do not hold any sentimental implication;
6. hesitating to entrust tasks or work with other except when they agree to exactly follow his or her preferred way of doing things;
7. being too stingy to oneself and to others; and
8. being too stiff and obstinate.

Demographics

OCPD affects approximately 1 percent of the population. However, there between three and 10 percent are reported as outpatients. In the United States, there are twice more men with OCPD than women. Some studies suggest that this disproportional rate may be attributed to male stereotypes imbedded in the Western culture, which allow men to adopt obstinate, controlling, and reserved ways (Fitzgerald, 2003; Long, 2008)

The Impact of OCPD

On the Patient's Lifestyle

The need to constantly have a sense of control is very evident in every aspect of the patient's life, as he or she sees to it that every rule, trifling detail, and devised schedule is followed (Abraham, 1921 cited in Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004;

Fitzgerald, 2003; Long, 2008; Mindsite, 2008). In addition, his or her severe strictness, stubbornness, and uncooperativeness result in unfeasible personal standards that always get in the way of effectively accomplishing the task (Reid & Wise, 1995). For instance, due to their condition, individuals with OCPD always become extremely engrossed with ensuring that the instructions and rules in accomplishing a certain project is perfectly followed to the detail, or “by the book” (Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004; Fitzgerald, 2004).

They also devise meticulous plans in advance and are indisposed to adapt their plan to the changes that may take place (Mindsite, 2008). To make sure that they abide by the rules and details flawlessly, they proceed with extreme prudence by rechecking their work over and over again so as to be sure that they are not committing any mistake. As a result, they never complete the project, or the main purpose of the activity is lost (Horney, 1950 cited in Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004; Fitzgerald, 2003; Long, 2008; Mindsite, 2008). This is caused by their inability to view “the larger picture” (Fitzgerald, 2003).

The quest for perfection by individuals with OCPD consumes most of their time and effort, causing them to set only a few or no time at all for rest and recreational activities. They are not comfortable with the thought of having a vacation as they do not like wasting time. Thus, at the few times they take part in leisurely activities, they bring some work with them. In their pursuit for perfection, they also treat hobbies and other pleasant activities as a serious task that needs to be mastered through painstaking organization and diligence (Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004; <https://assignbuster.com/obsessive-compulsive-personality-disorder-essay/>

Fitzgerald, 2003; Ekleberry, 2000; Long, 2008; Mindsite, 2008). For instance, for an individual diagnosed with OCPD, a tennis game may very well be his or her chance to hone to perfection his or her techniques, instead of an opportunity to relax and enjoy him- or herself and the companion of others (Fitzgerald, 2003).

The same desire for perfect performance also causes people with OCPD to do everything their own way and disregard what may be acceptable exceptions for most people (DSM-IV-TR, 2000 cited in Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004; Fitzgerald, 2003; Long, 2008; Mindsite, 2008). As they believe their way is the only right way, they feel uncomfortable to agree with and follow the ideas and ways of others. Their preoccupation with perfectionism also makes them hesitant to entrust their work to others (DSM-IV-TR, 2000 cited in Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004; Fitzgerald, 2003; Long, 2008; Mindsite, 2008). Even at times when the processing of a certain project is already behind schedule, their insistence for a perfect output still makes them reluctant to delegate tasks to others (Fitzgerald, 2003; Mindsite, 2008). Under the rare circumstances that they must delegate, they leave very detailed directions wherein the exact way to do the entrusted task is stated (Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004; Fitzgerald, 2003; Mindsite, 2008).

In consequence of seeking perfection and establishing overly high standards for themselves, OCPD patients are ruthless when it comes to criticizing themselves. They tend to have a distorted thinking style, characterized by “dichotomous thinking, magnification, and catastrophizing” (Bailey, 1998 <https://assignbuster.com/obsessive-compulsive-personality-disorder-essay/>

cited in Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004, p. 7). Hence, they exaggerate petty mistakes to a great extent and regard imperfect output as a failure. They are also marked by an overwhelming vacillation and they always doubt if their performance or output is flawless (Pollack, 1987 cited in Houston & Mathias, 2004; Mindsite, 2008; Beck, Freeman & Davis, 2004). This results in poor time management. For instance, they concentrate too much on revising the “imperfect” details of a written report that they miss the deadline, while the other areas of the patient’s life become a mess (Mindsite, 2008).

This preoccupation on the perfection of their performance springs from a chronic fear of making a mistake and being judged, which causes individuals with OCPD to be indecisive and to procrastinate (Beck, Freeman & Davis, 2004; Mindsite, 2008; Ekleberry, 2000). At times when their compulsiveness severely clashes with outside pressures, their anxiety may increase to the extent of panic disorder (Beck, Freeman & Davis, 2004). For example, their anxiety level may rise as the deadline approaches, while their desire for perfection delays the processing of the project. This may result in “a vicious cycle often seen in patients with panic disorder” wherein their anxiety intensifies physical symptoms that are characteristic of panic disorder (e. g., fast heartbeat rate and difficulty in breathing) which further intensifies their anxiety (Beck, Freeman & Davis, 2004, p. 321)

In addition to this, due to their inflexibility, OCPD patients are not spontaneous and imaginative (Fitzgerald, 2003). Thus, in situations which require urgent action, and no clearly defined rules or instructions that lead to the right answer is at hand, they feel overwhelmed and lost as to what to do.

As such instances demand for adaptability at the expense of compromising quality or some rules, OCPD patients do a poor job and experience extreme difficulty in making decisions (DSM-IV-TR, 2000; Ingram, 1982; cited in Houston & Mathias, 2004; Fitzgerald, 2003; Mindsite, 2008). The absence of specific guidelines increases their anxiety level which result from their fear of committing a mistake and receiving punishment for it (Fitzgerald, 2003).

OCPD patients are also stingy and miserly with themselves and with other people, so much so that they adopt a lifestyle that is considerably lower than what they can manage to pay for (Fitzgerald, 2003; Mindsite, 2008). They believe that they must strictly control their expenses, as they may need money for future misfortunes (Mindsite, 2008). This extreme thriftiness is complemented by their unwillingness to dispose of items that most people would consider as junk, even if they do not have a sentimental value. These items include broken tools and machine, old newspapers and/or magazines, and the like. Some labeled this attribute as the “ pack rat behavior” (Fitzgerald, 2003, n. p.; Mindsite, 2008). People with OCPD always think that the things they keep may come in handy in the future. They seem to be protective of these items that they feel affronted when significant others or the people they live with attempt to discard the items they are keeping, as these items usually take up a lot space (Mindsite, 2008)

On the Patient's Self-Image and View of Others

OCPD patients perceive themselves as reliable and independent (Ekleberry, 2000). They stress adherence to rules, faithfulness, honesty, and determination (McWilliams, 1994 cited in Ekleberry, 2000). They always have

to be perfect, but they tend to doubt themselves and their capacity to perform up to high standards, resulting in guilty feelings (Millon, 1981 cited in Ekleberry, 2000).

In contrast to their view of themselves, people diagnosed with OCPD perceive others to be too relaxed, negligent and careless, decadent, and unskilled (Beck & Freeman, 1990 cited in Ekleberry, 2000). They despise frivolousness, impulsiveness, and highly emotional people (Millon, 1981 cited in Ekleberry, 2000).

On the People Around the Patient

OCPD patients expect their significant others to adopt the principles and rules adhered by the former (Houston & Mathias, 2004; Fitzgerald, 2003). Hence, individuals with OCPD demand that their family and friends exhibit high levels of skillfulness and performance, consistent observance of authority, and rigidity in terms of ethics, moral code, or values (DSM-IV-TR, 2000 cited in Villemarette-Pittman, Standford, Greve, Houston, & Mathias, 2004; Mindsite, 2008; Fitzgerald, 2003). These extremely high expectations of others arise from the patients' difficulty in accepting the points of view and perspective of others (Horney, 1950 cited in Houston & Mathias, 2004; Mindsite, 2008).

People who are diagnosed with OCPD are also domineering and extremely controlling of others, especially of their subordinates at work. OCPD patients will also force to others their way of completing a certain task as they believe it is the only correct method, from trivial matters such as folding clothes and trimming the grass, to more complex things such as drafting a

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report (Fitzgerald, 2003; Mindsite, 2008). Because of this, most people perceive individuals with OCPD as overly obstinate, extremely demanding, and difficult to deal with (Fitzgerald, 2003; Mindsite, 2008). Meanwhile, OCPD patients seem to be oblivious of this fact and unaware that their behavior, which causes inconveniences, annoys or infuriates others (Mindsite, 2008; Turkat, 1990 cited in Ekleberry, 2000). To illustrate, an OCPD patient who lost his shopping list may insist on locating it, which is a waste of time, instead of making a new one based on what he can recall. Consequently, this could be very exasperating for the people who will accompany him to shop (Mindsite, 2008; Fitzgerald, 2003).

At work, their respect for their superiors stands as the basis of the kind of attitude they have towards them. For instance, they show unusual politeness toward authorities that they revere, while they are defiant or scornful toward the people they do not admire (Fitzgerald, 2003; Mindsite, 2008; Ekleberry, 2000).