

Research Journal of Pharmaceutical, Biological and Chemical Sciences

A Review on Personality Disorders; Narcissistic and Cluster C.

Touraj Kazemi^{1*}.

Student Research Committee, Hormozgan University of Medical Sciences, Bandar Abbas, Iran.

ABSTRACT

This article reviews four types of personality disorders. Narcissistic, avoidant, dependent, obsessive compulsive personality disorders. Here is a brief introduction to these four personality disorders: The avoidant personality disorder is defined by a constant feeling of inadequacy. Patients with this disorder are hypersensitive to negative situations and they fear of being criticized or rejected. Thus, they avoid social and cultural interactions. They have limited themselves into a small line of close friends. The narcissistic personality disorder can cause great difficulties in interpersonal relationships, especially marriage. This is because narcissists are always self-righteousness and the world should revolve around them. Narcissistic people are not able to love others. They do not understand love (they constantly ridicule others and humiliate their subordinates). However, they take advantage of concept of love in order to deceive and trap others but it is all theatrics and role-playing. People with dependent personality disorder typically rely on others for their needs. They expect that others accept responsibility for most important issues in life. They lack self-confidence. They feel intense dissatisfaction whenever they feel lonely, even for a short time. Obsessive-compulsive personality disorder is presented by discipline-oriented perfectionism and psychological control. The individuals with this disorder try to be in control of everything through careful attention to norms, details, lists and programs. They are extremely careful, repeat every task for several times, and pay special attention to details and frequently resolve probable mistakes. They do not pay attention to the fact that other people feel upset in case of delays and discomfort that arises from their excessive behavior.

Keywords: dependent personality disorder, Obsessive-compulsive personality disorder, narcissistic personality disorder

**Corresponding author*

Narcissistic Personality Disorder

This disorder can cause great difficulties in interpersonal relationships, especially marriage. This is because narcissists are always self-righteousness and the world should revolve around him. Clouds and wind, moon and the sun should work for the sake of narcissist, so that Prince Mirza Dohol Khan¹ live in comfort?! He always talks about himself [1-3]. He even admires whatever ordinary possessions he possesses. He is even arrogant to his close relatives [4]. He thinks he has fallen out of an elephant's nose. He thinks he is very beautiful, intelligent and lovely. He believes that he can treat others as dirt because he is superior to them. He treats his loved ones as dirt too. In early relationships, the narcissists behave warm and lovely [3-7]. After marriage, they gradually become cold and indifferent. They often display snobbish, disdainful, or patronizing attitudes. They believe that they know everything and they are perfect bereft of mistakes. They expect that others should obey them unquestionably [5, 7].

This disorder is more common in men than women and usually associated with other personality disorders such as histrionic personality disorders [8].

Narcissistic people are not able to love others. They do not understand love (they constantly ridicule others and humiliate their subordinates). However, they take advantage of concept of love in order to deceive and trap others but it is all theatrics and role-playing. It should be noted that narcissists seem flamboyant and attract others at first impression. They seem to have high pseudo-self-confidence. They even lie to be portrayed as a successful individual [9, 10]. They are characterized by deep sense of self-importance, grandiosity and uniqueness. They believe that they are better than others. They have vain ideas about their power, success and attractiveness. They exaggerate about their achievements and talents. They expect to be admired by others. They do not respect others' feelings and emotions [11-13].

Various Types of Narcissistic [14, 15]

- 1- **The Elite Narcissist:** They feel proud and powerful. They show off their success and escalated position. Elitists are often progressing and extremely busy promoting their degree. They try to use every opportunity to become famous.
- 2- **Amorist Narcissistic:** tend to be seductive. However, they avoid actual intimacy. They often like to tempt naive and emotional needy individuals and intrigue them to the extent that the naïve believe that the amorist want to establish a close relationship with them. However, amorist narcissistic is really interested in exploiting others temporarily.
- 3- **Immoral Narcissistic:** They are unscrupulous, manipulative, selfish and exploiter. They show a defiant attitude even when they are clearly guilty for doing something illegal. They act as if the victim should be blamed because the latter had not paid attention to what was happening!
- 4- **Compensating Narcissistic:** they are pessimists and headstrong. They want to neutralize their deep humiliating feelings. As a result, they attempt to portray themselves as superior and exceptional.

DSM-IV-TR Diagnostic Criteria for Narcissistic Personality Disorder

Grandiosity (in imagination or behavior), need for acceptance, and lack of empathy begins by early adulthood as a pervasive pattern and is represented in a variety of forms. The symptoms include at least five of the following items [16-23]:

1. An exaggerated sense of self-importance (e.g., exaggerates achievements and talents, expects to be recognized as superior without commensurate achievements)

¹ Narcissist king in Persian Literature

2. Preoccupation with fantasies of unlimited success, power, brilliance, beauty, or ideal love
3. Believes he is “special” and can only be understood by, or should associate with, other special or high-status people (or institutions)
4. Requires excessive admiration
5. Has a sense of entitlement, unreasonably expects automatic compliance with his wishes or especially favorable treatment or others should automatically surrender to his demands.
6. Is exploiter in interpersonal relationships, selfishly takes advantage of others to achieve his own ends.
7. Lacks empathy, unwilling to recognize or sympathize with other people's feelings and needs
8. Is often envious of others or believes that others are envious of him
9. Shows arrogant, haughty, patronizing, or contemptuous behaviors or attitudes

Narcissistic Personality Disorder Treatment

Following therapies can be used to treat this disorder [17]:

1- Psychotherapy

Narcissistic personality disorder is extremely difficult to treat because the patients should refrain from narcissism for the success of treatment. Such psychologists as “Otto Kernberg” and “Heinz Kohat” favor psychoanalysis and psychodynamic approaches.

Cognitive therapy is also suggested for treating narcissistic patients [24].

2- Pharmacotherapy

Specific medication is prescribed in patients with minor mood disorder and particular clinical representation.

Antidepressants may also be prescribed because patients with this type of narcissistic personality disorder do not properly tolerate rejection and are prone to depression [25].

The Third Type of Personality Disorders

These patients experience anxiety and have scary thoughts and behaviors:

Avoidant Personality Disorder

The main characteristics of this personality disorder are highly sensitive to rejection, humiliation or shyness. Despite the intense desire for love and acceptance, they are afraid of establishing social and emotional relationships with others since they feel inferior to others unless they realize that they are admired and accepted unconditionally [26].

These individuals are very sensitive to rejection, which is the core symptom of this disorder. These patients are not shy and unsociable. In contrast, they strongly desire to establish social relationships. Nevertheless, fear of rejection is the main obstacle to avoid social relations. Any relationships with others make them extremely uneasy. They always wonder would others accept them [27, 28].

Lack of self-esteem, lack of confidence and underestimating themselves, humble tone, fear of criticism and rejection are manifested in their behaviors and relationships. They usually select marginal jobs and remain in their jobs for years without progress and success. These patients establish relationships with those individuals who strongly guarantee acceptance without criticism. These patients are generally timid [29-31].

Diagnostic Criteria

Characterized by at least four of the following characteristics [32-35]:

- 1- Are easily upset if others criticize and reject them

- 2- Have no close or intimate friends except the first degree relatives
- 3- Do not socialize unless they are ensured that someone will talk to them
- 4- Avoid those jobs and social activities, which require interpersonal contact. For example, they avoid the promotion that raises social expectations.
- 5- Remain silent in social situations because they are afraid of saying inappropriate and stupid things or failing to answer any question
- 6- Fear of shame due to blushing, crying or showing anxiety in presence of others
- 7- Overestimate physical problems and physical threats or risks related to a normal task inconsistent with everyday activities. For example, they may refuse social interactions for fear of wearing out when reaching the desired place

Treatment

Mental health specialist considers an appropriate therapy to treat avoidant personality disorder like other personality disorders. Different therapies are considered for treating this disorder but mostly talk therapy is used. If the patients were diagnosed with such symptoms as anxiety and depression, an appropriate pharmacotherapy may be used [36]. Avoidant personality disorder may be associated with other mood disorders and other mental illnesses. In such cases, appropriate treatment should be applied to any specific case. Some cases are as follows [37]:

Social phobia in which people are extremely worried and self-conscious in social situations.

Dependent personality disorder in which people are excessively dependent on others in making decisions

Borderline personality disorder in which the patient has problems in many fields such as social relationships, behavior, mood and self-imagination.

Many symptoms of this disorder are similar to those symptoms in other disorders, especially social anxiety disorder. For this purpose, the disorders may be so confusing. The specialist may require a long time for correct diagnosis and selecting the appropriate treatment [38].

Psychotherapy of these patients requires a strong alliance with them. As a trusting relationship is established, the therapist adopts a confirming and accepting strategy to counteract the patients' fears, especially fears of rejection. The therapist should encourage the patient to come out of his shell and overcome whatever he deemed as humiliation, rejection and failure. The therapist should give the patient new social skill task in a real environment with great caution because if the patient fails to do this task, his already broken confidence will shatter. With group therapy, the patients realize that how their sensitivity to rejection will affect themselves and others. Assertive training is also a form of therapy. The patients learn to express their needs clearly and enhance their self-esteem [39-42].

Pharmacotherapy

Pharmacotherapy is used to treat anxiety and depression often associated with this disorder. In some cases, blocking drugs (B beta-blockers) such as atenolol were effective in treating autonomic nervous system hyperactivity. It seems that autonomic nervous system is hyperactive in patients with avoidant personality disorder, especially in case of fear [32, 36].

Serotonergic drugs can reduce the patients' sensitivity to rejection. Theoretically, dopaminergic drugs can motivate the patients to search for newness; however, the patient should be psychologically prepared for any new experience [43].

Dependent Personality Disorder

People with this disorder typically rely on others for their needs. They expect that others accept responsibility for most important issues in life. They lack self-confidence. They feel intense dissatisfaction whenever they feel lonely, even for a short time [44].

Different people have different personalities. Therefore, having some personality characteristics different from the others does not represent a disease or disorder. Dependent personality disorder arises when the individual suffers from a specific disorder and shows abnormal reactions in different aspects of thinking, feeling and behavior. For example, they are not flexible. In other words, they cannot think, feel and behave in accordance with certain situations. Such behavior would cause uneasiness for both the patient and others and impair his occupational, academic, social, familial performance [34, 45].

It should be noted that human beings is social and has bilateral relationship with others. In other words, human beings have a logical and mutual independence on others during their lives. They give and take services to each other [22].

Unilateral dependence is the characteristic of dependent personality disorder. The individuals with this disorder just want to satisfy their physical and emotional needs by others. If their demands are not met, they feel anxious and insecure and lose their confidence. Accordingly, they represent certain behaviors [22, 31].

This disorder is more common among women than men. Recently, studies conducted in Western countries showed the youngest children in a family are more likely at risk of this disorder. The individuals with mental and physical illness in childhood may be more susceptible to this disorder than others [46]. The characteristics of this disorder include dependence and submission to others a pervasive pattern in all aspects of life [47]. The individuals with this disorder fail to make decision, unless they have considerably consulted with others and were completely ensure of their decisions. They avoid responsibilities. If they are asked to be a leader, they will be extremely anxious and prefer to be submissive [48]. They do not persist to carry out their own tasks. However, they persist to do others' tasks. These patients do not like to be alone and want to depend on someone. The need to depend on someone ruins relationships [49]. They are also afraid of expressing their aggressive feelings. Therefore, these patients may tolerate unfaithful or abusive spouse for a long time, so that their dependence on their spouse would not be broken [21].

Diagnosis [50-53]

- 1) They cannot make decisions. They also need others in order to make decisions for them, even daily decisions. They seek help from those they are dependent on.
- 2) They will not accept responsibility of their lives. They expect others to accept responsibility of their lives.
- 3) They are afraid of being rejected by others and try not to express their opinions. This may cause rejection and the dependent relationship may be broken.
- 4) They have low self-esteem and are often unable to start something new. They are strongly afraid of an incomplete task and be negatively judged by others.
- 5) Loneliness for them is like death. They cannot take care of themselves. After cutting a relationship, they immediately force themselves to establish a new relationship. Sometimes, they handle multiple relationships simultaneously, so that they can have someone beside themselves in any situation and overcome the fear of being rejected by the other party.
- 6) Sometimes, they do some task not entirely consistent with their feelings, so that others may admire them. They do so to have support and consent of others.

Treatment

Fortunately, treatment of dependent personality disorder was associated with satisfactory results. Psychotherapeutic approaches were basically used to treat this disorder among which insight-based treatment can be cited. In this treatment, the patients would recognize their initial behaviors. With support of the therapist, the

patient converts to a more independent, more daring, and more self-reliant individual. Naturally, these changes take time. Thus, patience and tolerance help the patient to be cured. Behavior therapy, assertiveness training, family therapy and group therapy are also cited as other psychotherapeutic approaches associated with satisfactory results [35, 38].

Although psychotherapeutic approaches were also used to treat this disorder, non-psychotherapeutic approaches had enduring and lasting effects. Thereby, the group of patients treated with non-psychotherapeutic approaches could enjoy a normal life for years to come [54].

Obsessive-compulsive Personality Disorder

Obsessive-compulsive personality disorder is presented by discipline-oriented perfectionism and psychological control. The individuals with this disorder try to be in control of everything through careful attention to norms, details, lists and programs [55]. They are extremely careful, repeat every task for several times, and pay special attention to details and frequently resolve probable mistakes. They do not pay attention to the fact that other people feel upset in case of delays and discomfort that arises from their excessive behavior. When such individuals lose the list of tasks that should be undertaken, they spend lots of time to find that list instead of dedicating some moments to rewrite the list and do the tasks. They do not allocate enough time to do their tasks and leave the most important tasks to the last minute [34, 56]. The individuals with this disorder excessively succumb to do their job on the pretext of giving up leisure activities [43]. They may have an increased focus on domestic chores (e.g. excessive and repeated house cleaning). They are extremely dutiful, serious and are inflexible in case of moral issues or values. They may force themselves and others to adhere to strict moral principles and criteria. They cruelly criticize their own mistakes [18]. These people are extremely careful, which casts a shadow over relations. They cannot leave behind worn out or worthless objects because they believe that these objects will be used in the future [56].

Diagnostic Criteria

This disorder is diagnosed by at least 5 of the following characteristics [22, 36, 56-58]:

- 1- Perfectionism that interferes with completion of the work, such as inability to complete a project since extremely personal criteria was not met.
- 2- Preoccupation with details, rules, lists, order, organization or program, so that main point of activity will no longer be considered.
- 3- Irrational urge to compel others to follow his way in doing tasks or illogical hesitation to allow others to do the tasks because they believe that others cannot do the tasks correctly.
- 4- Interest in work with the expense of eliminating leisure activities and socializing with friends (no obvious economic necessity)
- 5- Indecisive: they avoid or postpone and lengthen taking decisions. For example, a task would not be appointed due to rumination about priorities including indecision due to consultation or being ensured of.
- 6- They are extremely serious and conscientious, thorough and inflexible in moral issues and observing ethical values (no relation to cultural or religious identification)
- 7- Restriction in expressing emotions
- 8- Lack of generosity in giving time, money, or gifts when no personal gain is acquired
- 9- Inability to discard worn-out objects even if no sensational value was attributed to those objects

Treatment

Behavioral therapy and pharmacotherapy are often used. In behavioral therapy, the therapist attempts to reduce the patients' obsessive behaviors to strengthen the patients' positive responses and eliminate the patients' negative responses. However, if the patient was aware of his behavior toward illness, the therapist will work easier and more satisfactory results will be achieved. "Group therapy" is also among useful psychotherapeutic

treatments. Mental health specialists prescribe different doses of sedatives to relieve symptoms of anxiety, depression and obsessive thoughts in medical therapy [51, 58].

CONCLUSION

Personality disorder is one of the most common mental disorders, which affect 13 to 14 percent of people. Obsessive-compulsive personality disorder has the highest prevalence while paranoid personality disorder has the lowest prevalence. Societal culture and ethnicity should also be considered in diagnosis of this disease [43].

Causes: The common factor in all of this disorder includes a set of highly strong and persistent behavior that stems back to childhood or early adolescence. Therefore, it can be stated that hereditary may be involved in these disorders [59].

Diagnosis and treatment of personality disorders is specialized and complicated, which is only done by the psychiatrists. In most cases, people with personality disorders do not have symptoms of one type of personality disorder but several types of personality disorders. Personality disorder changes presentation of other psychiatric disorders and is difficult to diagnose. Infection with other psychiatric disorders or taking drugs may also affect the personality disorder [60-61]. Thus, personality tests presented in some books and magazines do not accurately diagnose this disorder; however, interview by the psychiatrist is an effective approach to diagnose this disease [23].

Personality disorder is a chronic and durable disorder, which is difficult to treat. Although pharmacotherapy is used to treat other disorders simultaneously with personality disorders, psychotherapy is mainly used. Nevertheless, both methods of treatment (pharmacotherapy and psychotherapy) are used in most cases. Personality disorder treatment usually lasts several years [54-61].

REFERENCES

- [1] Perugi G, Nassini S, Socci C, Lenzi M, Toni C, Simonini E, et al. *Journal of affective disorders*. 1999; 54(3): 277-82 .
- [2] Dreesen L, Arntz A, Hendriks T, Keune N, van den Hout M. *Behaviour research and therapy*. 1999; 37(7): 619-32 .
- [3] Boone ML, McNeil DW, Masia CL, Turk CL, Carter LE, Ries BJ, et al. *Journal of anxiety disorders*. 1999; 13(3): 271-92 .
- [4] Miliora MT. *Bulletin of the Menninger Clinic*. 1998; 62(3): 378-94 .
- [5] Baillie AJ, Lampe LA. *Journal of personality disorders*. 1998; 12(1): 23-30 .
- [6] Decruyenaere M, Evers-Kiebooms G , Boogaerts A, Cloostermans T, Cassiman JJ, Demyttenaere K, et al. *European journal of human genetics : EJHG*. 1997; 5(6): 351-63.
- [7] Alpert JE, Uebelacker LA, McLean NE, Nierenberg AA, Pava JA, Worthington JJ, 3rd, et al. *Psychological medicine*. 1997; 27(3): 627-33.
- [8] Reich J. *Psychiatry research*. 1990; 34(3): 281-92 .
- [9] Alden L. *Journal of consulting and clinical psychology*. 1989; 57(6): 756-64 .
- [10] Trull TJ, Widiger TA, Frances A. *The American journal of psychiatry*. 1987; 144(6): 767-71 .
- [11] Turner SM, Beidel DC, Dancu CV, Keys DJ. *Journal of abnormal psychology*. 1986; 95(4): 389-94 .
- [12] Stravynski A, Lamontagne Y, Lavallee YJ. *Canadian journal of psychiatry Revue canadienne de psychiatrie*. 1986; 31(8): 714-9 .
- [13] Millon T. *Canadian journal of psychiatry Revue canadienne de psychiatrie*. 1986; 31(7): 699-700 .
- [14] Millon T. *The American journal of psychiatry*. 1986; 143(10): 1321-3 .
- [15] Cummings JA, Hayes AM, Cardaciotto L, Newman CF. *Cognitive therapy and research*. 2012; 36(4): 272-81 .
- [16] Rosenthal MZ, Kim K, Herr NR, Smoski MJ, Cheavens JS, Lynch TR, et al. *Personality disorders*. 2011; 2(4): 327-34 .
- [17] Olsson I, Dahl AA. *Comprehensive psychiatry*. 2012; 53(6): 813-21 .

- [18] Daga GA, Gramaglia C, Bailer U, Bergese S, Marzola E, Fassino S. *Psychotherapy and psychosomatics*. 2011; 80(5): 319-20 .
- [19] Cox BJ, Turnbull DL, Robinson JA, Grant BF, Stein MB. *Depression and anxiety*. 2011; 28(3): 250-5 .
- [20] van Alphen SP. *International psychogeriatrics*. 2011; 23(4): 662-5 .
- [21] Becker DF, Masheb RM, White MA, Grilo CM. *Comprehensive psychiatry*. 2010; 51(5): 531-7 .
- [22] Vrabel KR, Hoffart A, Ro O, Martinsen EW, Rosenvinge JH. *Journal of abnormal psychology*. 2010; 119(3): 623-9 .
- [23] Presniak MD, Olson TR, Porcerelli JH, Dauphin VB. *Psychotherapy*. 2010; 47(1): 134-9 .
- [24] Carter SA, Wu KD. *Behavior therapy*. 2010; 41(1): 2-13.
- [25] Fogelson DL, Asarnow RA, Sugar CA, Subotnik KL, Jacobson KC, Neale MC, et al. *Schizophrenia research*. 2010; 120(1-3): 113-20 .
- [26] Grant JE, Flynn M, Odlaug BL, Schreiber LR. *The American journal on addictions / American Academy of Psychiatrists in Alcoholism and Addictions*. 2011; 20(5): 405-11 .
- [27] Martinez Gonzalez JM, Grana Gomez JL, Trujillo Mendoza H. *Adicciones*. 2011; 23(3): 227-35 .
- [28] Kallergis G. *Journal of BUON : official journal of the Balkan Union of Oncology*. 2011; 16(2): 366-71 .
- [29] Hedborg K, Anderberg UM, Muhr C. *Upsala journal of medical sciences*. 2011; 116(3): 187-99 .
- [30] Saiz J, Alvaro JL, Martinez I. *Adicciones*. 2011; 23(2): 125-32 .
- [31] Luminet O, Grynberg D, Ruzette N, Mikolajczak M. *Biological psychology*. 2011; 87(3): 401-6 .
- [32] Landgren S, Berglund K, Jerlhag E, Fahlke C, Balldin J, Berggren U, et al. *Neuropsychobiology*. 2011; 64(1): 38-46 .
- [33] Bornstein RF. *Journal of personality disorders*. 2011; 25(2): 235-47 .
- [34] Baron D, Abolmagd S, Erfan S, El Rakhawy M. *Journal of multidisciplinary healthcare*. 2010; 3: 29-32 .
- [35] Verrocchio MC, Conti C, Fulcheri M. *Journal of biological regulators and homeostatic agents*. 2010; 24(4): 461-9 .
- [36] Cote J, Clobert J, Brodin T, Fogarty S, Sih A. *Biological sciences*. 2010; 365(1560): 4065-76 .
- [37] Walter M, Degen B, Treugut C, Albrich J, Oppel M, Schulz A, et al. *Psychiatry research*. 2011; 187(1-2): 210-3 .
- [38] Cote J, Fogarty S, Brodin T, Weinersmith K, Sih A. *Proceedings Biological sciences The Royal Society*. 2011; 278 (1712): 1670-8 .
- [39] Bravo de Medina R, Echeburua E, Aizpiri J. *Adicciones*. 2010; 22(3): 245-51 .
- [40] Loas G, Cormier J, Perez-Diaz F. *Psychiatry research*. 2011; 185(1-2): 167-70 .
- [41] Loas G, Monestes JL, Wallier J, Berthoz S, Corcos M. *L'Encephale*. 2010; 36(2): 111-5 .
- [42] Smoski MJ, Salsman N, Wang L, Smith V, Lynch TR, Dager SR, et al. *Personality disorders*. 2011; 2(3): 230-41 .
- [43] Solomon TM, Kiang MV, Halkitis PN, Moeller RW, Pappas MK. *Addictive behaviors*. 2010; 35(2): 161-3
- [44] Tull MT, Gratz KL, Weiss NH. *Personality disorders*. 2011; 2(3): 209-19 .
- [45] Johansen PO, Krebs TS, Svartberg M, Stiles TC, Holen A. *The Journal of nervous and mental disease*. 2011; 199(9): 712-5 .
- [46] Birgenheir DG, Pepper CM. *Cognitive behaviour therapy*. 2011; 40(3): 190-205 .
- [47] Arntz A, Weertman A, Salet S. *Behaviour research and therapy*. 2011; 49(8): 472-81 .
- [48] Schanche E, Stiles TC, McCullough L, Svartberg M, Nielsen GH. *Psychotherapy*. 2011; 48(3): 293-303 .
- [49] Ryum T, Stiles TC, Svartberg M, McCullough L. *Psychotherapy*. 2010; 47(4): 442-53 .
- [50] Bartak A, Andrea H, Spreeuwenberg MD, Thunnissen M, Ziegler UM, Dekker J, et al. *Psychotherapy and psychosomatics*. 2011; 80(2): 88-99 .
- [51] Soeteman DI, Verheul R, Meerman AM, Ziegler U, Rossum BV, Delimon J, et al. *The Journal of clinical psychiatry*. 2011; 72(1): 51-9 .
- [52] Bartak A, Andrea H, Spreeuwenberg MD, Ziegler UM, Dekker J, Rossum BV, et al. *Psychotherapy and psychosomatics*. 2011; 80(1): 28-38 .
- [53] Kallestad H, Valen J, McCullough L, Svartberg M, Hoglend P, Stiles TC. *Journal of the Society for Psychotherapy Research*. 2010; 20(5): 526-34 .
- [54] Poythress NG, Edens JF, Skeem JL, Lilienfeld SO, Douglas KS, Frick PJ, et al. *Journal of abnormal psychology*. 2010; 119(2): 389-400 .



- [55] Soeteman DI, Verheul R, Delimon J, Meerman AM, van den Eijnden E, Rossum BV, et al. The British journal of psychiatry : the journal of mental science. 2010; 196(5): 396-403 .
- [56] Filho GM, Jackowski AP, Lin K, Silva I, M SBG, Guilhoto LM, et al. Progress in neuro-psychopharmacology & biological psychiatry. 2010; 34(3): 516-21 .
- [57] Schoenleber M, Berenbaum H. Journal of abnormal psychology. 2010; 119(1): 197-205 .
- [58] Velikonja D, Warriner E, Brum C.. Journal of clinical and experimental neuropsychology. 2010; 32(6): 610-21 .
- [59] Bartak A, Spreuwenberg MD, Andrea H, Holleman L, Rijnierse P, Rossum BV, et al. Psychotherapy and psychosomatics. 2010; 79(1): 20-30 .
- [60] Kendler KS, Aggen SH, Neale MC, Knudsen GP, Krueger RF, Tambs K, et al. Psychological medicine. 2015; 45(7): 8-31.
- [61] Mergui J, Raveh D, Gropp C, Golmard JL, Jaworowski S. International journal of psychiatry in clinical practice. 2015;19(1): 65-70 .