

## •> CASE 20

A 36-year-old man is referred to his employment assistance agency because he has trouble making timely decisions and is often late with important work. The patient has angrily complied with this request although he does not believe that anything is wrong with him. He describes himself as "so devoted to my work that I make others look bad," believing that this is why he has been singled out for attention. The patient says that he has worked at the company for 4 years and during that time has put in anywhere from 10 to 12 hours of work per day. He admits that he often misses deadlines but claims that "they are unreasonable deadlines for the quality of work that I provide." He states, "If more people in the country were like me, we would get a lot more done—there are too many lazy slob and people who don't follow the rules." He points out that his office is always perfectly neat, and he says, "I know where every dollar I ever spent went."

On a mental status examination, the patient does not reveal any abnormalities in mood, thought processes, or thought content. His manner is notable for its rigidity and stubbornness.

- **What is the most likely diagnosis?**
- **What other psychiatric disorder is this condition often confused with, and how does one tell them apart?**

## ANSWERS TO CASE 20: Obsessive-Compulsive Personality Disorder

*Summary:* A 36-year-old man has a lifetime preoccupation with rules, work, order, and stinginess. Even so, he is in trouble at work because he keeps missing deadlines and has difficulty making decisions. The patient does not realize that he is the cause of his problems—rather, he blames them on others. He comes across as rigid and stubborn in manner.

- **Most likely diagnosis:** Obsessive-compulsive personality disorder.
- **Differential diagnosis:** Obsessive-compulsive disorder (OCD). When recurrent obsessions or compulsions (checking rituals, washing hands repeatedly, etc.) are present, OCD should be diagnosed on axis I.

### Analysis

#### Objectives

1. Recognize obsessive-compulsive personality disorder.
2. Understand the difference between obsessive-compulsive personality disorder and OCD itself.

#### Considerations

This patient's difficulties fit a personality disorder in that he is inflexible in his thinking or behavior, which causes problems in social or work settings. This man came into the employee assistance program because of problems he was having at work: rigidity, stubbornness, and difficulty in making decisions and keeping to deadlines. Typically (as in this case) the patient's disorder is ego-syntonic; that is, he does not recognize his problems as originating from within himself but rather blames them on others in the outside world. Also, he is stingy with his money, although he works many hours a week. He seems somewhat moralistic about others and about their work habits, especially when they are compared to his own. **No obsessions (intrusive, repetitive thoughts) or compulsions (ritualistic behaviors)** are noted that are typical of **OCD**; the results of his mental status examination are otherwise normal.

## APPROACH TO OBSESSIVE-COMPULSIVE PERSONALITY DISORDER

#### Definitions

**Compulsion:** The pathologic need to act on an impulse. If the action is not performed, anxiety results. Usually, the compulsion has no true end in itself other than to prevent some imagined disaster from occurring. For

example, a patient has an obsession about being dirty, and the compulsion associated with it is ritualistic washing.

**Defense mechanisms:** A psychodynamic term that defines various means that an individual might use to psychologically cope with a difficult situation. These defense mechanisms range from relatively mature ones such as humor to quite immature ones such as often seen with borderline personality disorder. These might include mechanisms such as devaluation, idealization, projection, projective identification, and splitting. Commonly used defense mechanisms with obsessive personality disorder are intellectualization, rationalization, undoing, and isolation of affect.

**Intellectualization:** A defense mechanism by which an individual deals with emotional conflict or stressors by the excessive use of abstract thinking to control or minimize disturbing feelings. For example, a man is involved in a car accident that causes him to be paralyzed. He spends hours in the hospital brooding over the details of the accident and the treatment he has received in the hospital but does so in an emotionally barren manner.

**Isolation of affect:** A defense mechanism by which an individual deals with emotional conflict or stressors by separating ideas from the feelings originally associated with them. The individual loses touch with the feelings associated with the given idea (e.g., the traumatic event) although remaining aware of the cognitive elements of it (e.g., descriptive details). For example, a man comes home to find his wife in bed with another man. Later, describing the scene to a friend, the man can relate specific details of the scene but appears emotionally unmoved by the whole event.

**Obsession:** An intrusive, repetitive thought that comes unbidden and cannot be eliminated from consciousness by effort or logic. It is usually anxiety-producing.

**Personality disorder:** An enduring pattern of inner experience and behavior that deviates markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescent or early adulthood, is stable over time, and leads to distress or impairment.

**Rationalization:** A defense mechanism by which an individual deals with emotional conflict or stressors by concealing the true motivations for thoughts, actions, or feelings through the elaboration of reassuring or self-serving but incorrect explanations. For example, a woman steals a coat from a local department store although she can afford to pay for it. She tells herself, "It's okay—that department store has plenty of money, and they won't miss one coat!"

**Undoing:** A defense mechanism by which an individual deals with emotional conflict or stressors with words or behavior designed to negate or to symbolically make amends for unacceptable thoughts, feelings, or actions. Undoing can be realistically or magically associated with the

conflict and serves to reduce anxiety and control the underlying impulse. An example of undoing is seen in the child's game in which one avoids stepping on cracks in the sidewalk to avoid "breaking your mother's back."

## Clinical Approach

### Diagnostic Criteria

The essential feature of this condition is a pervasive pattern of perfectionism and inflexibility. Patients with this disorder are emotionally constricted. They are excessively orderly and stubborn and often have trouble making decisions because their perfectionism interferes. These patients usually lack spontaneity and appear very serious. They are often misers when it comes to spending and frequently cannot discard worn-out or worthless objects that have no sentimental value. They tend to be overdevoted to work to the exclusion of involvement in leisure activities and friendships.

### Differential Diagnosis

Patients with OCD have repetitive obsessions and compulsions, whereas those with the personality disorder tend to be rigid, stubborn, and preoccupied with details. Individuals with the personality disorder can brood over imagined insults or slights, which one could interpret as being obsessive, but they do not perform the compulsory, anxiety-reducing acts, such as ritual hand washing, that characterize people with OCD. It is also sometimes difficult to differentiate individuals with obsessive-compulsive personality traits from those with the diagnosable disorder. The occupational or social lives of patients with the personality disorder are significantly impaired as a result of this condition—the question is to what degree.

### Interviewing Tips and Treatment

Individuals with this disorder do best when treated with a scientific approach and should be provided with documentary evidence and details. They can be among the most compliant patients because their own thoroughness can be used to self-monitor whatever condition is being observed. (For example, patients with obsessive-compulsive personality disorder and insulin-dependent diabetes can be asked to self-monitor their blood glucose level at exact times during the day, and physicians can be sure this will be done.)

The definitive treatment for obsessive-compulsive personality disorder is long-term, insight-oriented psychodynamic psychotherapy, but as in all patients with personality disorders, insight and motivation are usually lacking, rendering the treatment impossible to carry out. At times, cognitive interventions

can be very well received, leading to a lessening of some maladaptive behavior. For example, a patient can be confronted with a key assumption such as "I must be perfectly in control at all times," and this assumption can then be discussed and ways created to refute it.

### Comprehension Questions

- [20.1] A 24-year-old woman is called into the head office of the agency where she works and told that her chronic lateness in completing her assignments will result in her dismissal if she does not change her behavior. The patient really loves her job, and the news comes as a major blow. That night at home, she tells her boyfriend in great detail about each and every step of the meeting and spends the entire night thinking about her job. The boyfriend tells her that she does not "look" particularly upset. Which of the following defense mechanisms is being used by this woman?
- A. Undoing
  - B. Displacement
  - C. Intellectualization
  - D. Rationalization
  - E. Splitting
- [20.2] A 23-year-old medical student makes lists of all the tasks that he must accomplish each day. He spends hours studying and refuses to go out with his colleagues even when there are no tests on the immediate horizon, preferring to spend his time looking at specimens in the laboratory. He keeps meticulous notes during all his classes and prefers to attend every lecture, not trusting his colleagues to take notes for him. He is doing well in school and has a girlfriend who is also a medical student. Which of the following disorders does this student most likely have?
- A. OCD
  - B. Obsessive-compulsive personality disorder
  - C. Obsessive-compulsive traits
  - D. Schizoid personality disorder
  - E. Paranoid personality disorder

- [20.3] A 26-year-old woman comes to see a psychiatrist because she has been taking showers for 6 to 7 hours every day. She explains, "It all starts when I wake up. I am sure I am covered in germs, and if I don't wash, I will get sick. If I don't wash, I get paralyzed with anxiety. Once I'm in the shower, I have to shower in a particular order. If I mess up, I have to start over, and this takes hours and hours. My skin is cracking and bleeding because I spend so much time in the water." Which of the following disorders does this patient most likely have?
- A. Obsessive-compulsive disorder
  - B. Obsessive-compulsive personality disorder
  - C. Obsessive-compulsive traits
  - D. Paranoid personality disorder
  - E. Schizoid personality disorder
- [20.4] For the patient described in question [20.3], which of the following treatments might best be used by the psychiatrist?
- A. Lithium
  - B. Interpersonal psychotherapy
  - C. Buspirone
  - D. Cognitive behavioral therapy (CBT)-evoked response prevention
  - E. Parent assertiveness training

### Answers

- [20.1] C. Intellectualization is a defense mechanism by which an individual deals with emotional conflict or stressors with an excessive use of abstract thinking to control or minimize disturbing feelings. Because the stressors have been successfully defended against in this instance, the patient does not appear particularly distressed.
- [20.2] C. Although this student clearly demonstrates some traits of obsessive-compulsive behavior, his social and occupational functioning are both good, which rules out the personality disorder.
- [20.3] A. This patient demonstrates the classic obsessions, followed by compulsions, of OCD.
- [20.4] D. The standard pharmacologic approach to the treatment of OCD is to prescribe a selective serotonin reuptake inhibitor (SSRI) or clomipramine, although these are not answer choices. The best psychotherapeutic choice would involve gradually exposing the patient to the anxiety-provoking circumstance and teaching her how to manage that anxiety through CBT techniques.

## CLINICAL PEARLS

Patients with obsessive-compulsive personality disorder are characterized by their rigidity, stubbornness, and perfectionism so that they often have trouble meeting deadlines at work or making choices. They tend to be work-centered to the exclusion of enjoying social activities and leisure time. They are often miserly with money and hoard possessions excessively.

Physicians can use the preoccupation with rules and order shown by these patients to teach them to self-monitor their own conditions. These individuals can be extremely compliant. They need to know the details of their condition in scientific language.

Patients with OCD have prominent obsessions and compulsions that alternately create anxiety and reduce it (through the compulsive behavior).

Patients with obsessive-compulsive personality disorder have pervasive patterns of behavior that include rigidity and perfectionism but not true obsessions and compulsions.

Patients with obsessive-compulsive personality traits often resemble patients with the personality disorder. The difference is one of degree and impairment of function. Individuals who are significantly impaired can exhibit symptoms that meet the requirements for the personality disorder.

Defense mechanisms include rationalization, intellectualization, undoing, isolation of affect, and displacement.

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