



Personality Disorders

Information for Patients and Families

Covenant Health

Mental Health Programs

Grey Nuns Community Hospital & Misericordia Community Hospital

What is a Personality Disorder?

A personality disorder can be described as a collection of personality features expressed as a pattern of behavior and reacting that is maladaptive; that is, it creates problems for the individual because it causes conflict between that person and others or creates conflict within them.

There are criteria for diagnosing various personality disorders. The diagnosis depends upon the degree of distress within the individual because of conflict, or the degree of distress created for others by that individual. In other words, one individual may have a personality style that is adaptive. That is, it fits in with the environment in which they live and work, whereas another individual with the same personality style may be in conflict and thus be maladaptive. Personality disorder is reserved for those personality styles that almost always create problems in some way for the individual.

What causes a Personality Disorder?

Normal personality is the result of multiple factors that interact and some of the more important factors that shape personality are listed. These same factors to a greater or lesser degree can lead to a Personality Disorder as well.

Heredity

An individual's genetic makeup provides the template or pattern upon which personality is developed. An individual inherits biological characteristics of both parents and this includes certain personality traits. Genetics form the basis for temperament or constitution. Temperament is often obvious from a very early age. Infants can be easy going, complacent, fussy, overactive, and resistant to change, or respond to lots of stimulation. Although these features often change, as an infant becomes a child, many temperamental features are enduring and crystallize into a personality pattern by young adulthood.

Parenting

When we are children, the experiences we have help to mold and develop personality, which adds to and modifies the genetic template. We can acquire features such as the capacity to love, to be responsible, to be honest, to have high ideals, and to be ambitious, or we can acquire opposite features. We learn from our parents through direct teaching, reinforcement of behavior (positive or negative), and imitation. Through this, we develop habits or patterns of behavior.

Life Experiences

Our personalities are constantly being shaped and changed. As children and adolescents, life experiences play a profound effect on personality development. This includes school, friends, loves, hates, successes, failures, and so on. A series of failures can have a profound negative effect on self-concept and self-confidence. Unusually traumatic experiences such as sexual, physical, or emotional abuse as young children can have a profound negative lifetime effect on personality.

Life experiences can also include events that have a direct physical effect on the brain. Encephalitis, head injury, drug or alcohol abuse can lead to brain changes which, in turn, affects personality, particularly if this occurs at a young age. Brain injury in young and old alike can lead to profound personality changes. Personality continues to be shaped and changed throughout adult life.

Personality then, is the sum total of all the above - heredity, parenting, and life experiences. It shapes and makes us the way we are - each unique and different, although sharing many features in common.

Personality is the lifelong and enduring manner in which an individual greets, interacts, and deals with the world around them.

Personality disorders evolve much the same way as normal personality develops, however, in some it may be a major effect of heredity, in others the influence of negative parenting and negative early life experiences may play a major role.

It is non-productive to think of one's personality as "disordered". Rather, one should be aware that aspects of one's personality can create conflict and may need to be changed. As with all personalities, there are strengths and weaknesses, good points and bad. We need to search for and recognize our strengths while we seek to change our weaknesses.

How are Personality Disorders diagnosed?

Many of the specific features that characterize Personality Disorders (e.g. suspiciousness, dependency, or insensitivity) are also characteristic of other primary mental disorders. A Personality Disorder should only be diagnosed when the defining characteristics appeared before adulthood, are typical of the individual's long term functioning, and do not occur exclusively during an episode of a primary mental disorder.

Generally, Personality Disorders are diagnosed when the following characteristics are seen:

- A consistent and enduring pattern of emotion and behavior that is significantly different from the expectations of the individual's culture in the way they think, feel, function interpersonally, and control their impulses.

What is the treatment for Personality Disorder?

There is treatment, however, unlike other psychiatric conditions, these are not very specific. Psychiatric medications are helpful only when there are associated conditions such as anxiety or depression that require treatment.

Treatment for Personality Disorders is slow and requires a lot of work and patience. There are a number of prerequisites or conditions that must be present beforehand:

- the individual must first recognize that they have a problem that pertains to their personality. For example, someone with a histrionic personality may be aware that they have few friends or only superficial relationships (because they are so attention seeking and demanding). An individual with an obsessional personality may be painfully aware within themselves of their rigidity and incapacity to enjoy life to the fullest. Full awareness of one's personality style may come about only with treatment. What is important is the recognition that there is a problem.
- the individual must be psychologically minded, that is, have the capacity to look at their psychological make-up so as to be able to discover recurring patterns that are maladaptive. They must be able to benefit from what is referred to as psychotherapy or talk therapy.
- the individual must be willing to spend time in psychotherapy, either in a group program or in one to one counseling.
- the individual must be willing to take a critical look at him/herself, to be able to receive constructive feedback or criticism without reacting in a negative way to the source of the feedback. They must be willing to seek out this feedback as a way of learning about themselves.
- the individual must be able to try out new ways of dealing with situations and new ways of behaving.

The process of change can be very painful and frustrating. There will be many setbacks, however, with the right treatment and commitment on the part of the individual, change can be accomplished, although this may be slow.

Treatment for Personality Disorders

Psychotherapy: It can come in many forms. Psychotherapy is usually given in one to one situations or in a group program. A group program is probably the best way to begin therapy and to make the fastest gains. For some individuals, one -to-one therapy is more appropriate. With time, feedback, gentle coaching, support and reassurance, changes can gradually be made. It should also be noted that an individual might not be ready to change at this particular time in their life. In this case, if a co-existing psychiatric disorder such as a depressive illness is present, this should be treated first. Problems such as a need to change accommodation or divorce proceedings may be so preoccupying that they need to be resolved before proceeding with treatment.

Group Psychotherapy is a method by which the way one appears, communicates and relates to others is reflected back by other participants and is much like looking in a mirror to see one's physical appearance. There are many different types of groups. Some groups are designed to create interpersonal interaction such as a small discussion group or insight group. Some groups have a focus such as assertiveness training, which can help an individual deal with anxiety provoking situations in a positive way. Gestalt groups can assist a person to understand and resolve an emotional conflict that is the result of past experience. Some groups are designed to help with general problems of lifestyle or designed to be educational. Some group programs have a socialization experience, which is all part of the therapy. Like going to school, one learns from specific classes but the learning also continues on the playground. A group program is also like school in that if one works hard and attends to the purpose at hand, they come away with greater knowledge and self-awareness.

Individual psychotherapy: Some individuals with personality problems may do better in individual psychotherapy to gain a personal understanding. This process is better if an individual has internal conflicts rather than conflicts with others.

Progress for each individual, in terms of self-awareness or insight, proceeds at a different rate. Changing aspects of personality style are like habits that are difficult to extinguish. Personality characteristics may also work against therapy and change. For example, someone with a histrionic personality may automatically over-react to constructive feedback whereas someone with an avoidant personality may be reluctant to ask for feedback.

The good news is that virtually everyone who has a personality disorder or conflict can be helped to change, provided the individual has an open mind, is willing to work, and is willing to try new things

What are the different types of Personality “Disorders”?

It is seldom that an individual has all the characteristics of a particular Personality Disorder. Rather, they may have features of several disorders with one being more prevalent than the others. The Diagnostic and Statistical Manual for Psychiatry (DSM-IV) groups personality disorders into three clusters, A, B and C. Each cluster consists of Personalities that have similar features. A very brief description of the most common characteristics for each of the personality disorders follows.

Cluster A:

Personality types in this cluster may be viewed by others as odd or eccentric.

Paranoid Personality Disorder

A pattern of distrust and suspiciousness of others is the main feature of this disorder. Individuals with this disorder assume that other people will exploit, harm, or deceive them, even if no evidence exists to support this expectation. These individuals are reluctant to confide in or become close to others for fear that the information they share may be used against them. They bear grudges and are unwilling to forgive insults, injuries or slights.

Schizoid Personality Disorder

A pattern of detachment from social relationships and minimal expression of emotions is typical of this disorder. These individuals appear to lack a desire for intimacy, and seem indifferent to develop close relationships within a family or other social group. They often appear to be “loners” and almost always choose solitary activities or hobbies. They often seem indifferent to criticism and do not appear to be bothered by what others may think of them. They may be oblivious to the normal subtleties of social interaction, often are socially inept and appear self-absorbed.

Schizotypal Personality Disorder

A pattern of discomfort and difficulty in interpersonal relationships, these individuals are often very uncomfortable relating to other people. Usually they have no close friends, and will avoid social situations because they feel that they are different and do not “fit in.” They have difficulty with social cues and may be inappropriately stiff and constricted in social situations. They are often superstitious and believe they have special powers such as clairvoyance and mind control. Often they appear odd and eccentric to others, and may have unusual mannerisms of speech and dress.

Cluster B

Personality types in this cluster may be viewed by others as behaving in overly dramatic ways or having emotional disorders.

Antisocial Personality Disorder

The individuals with this disorder have a pattern of irresponsible and antisocial behavior which begins in childhood. There is a pattern of lying, stealing, vandalism, fighting, truancy, and running away from home. Fire starting and cruelty to animals is common.

These individuals disregard the wishes, rights, or feelings of others, and are often deceitful and manipulative in order to gain personal profit or pleasure. They often have a poor work record, are fired, or quit for no apparent reason. They often act on impulsive decisions and engage in reckless activities without regard for the consequences. Little remorse for behavior which has hurt others is evident.

Histrionic Personality Disorder

This disorder is characterized by a pattern of excessive emotionality and attention seeking. These individuals constantly seek or demand reassurance, approval, praise; they may inappropriately be sexually seductive in appearance and behavior. In general they are overly concerned with physical attractiveness. They need to be centre of attention. Emotional reaction is exaggerated, and emotions are shallow and frequently shift. They may speak in a flowery and superficial way. They tend to be self-centered, and have a poor frustration tolerance.

Narcissistic Personality Disorder

This disorder is characterized by a pattern of grandiose self-importance, a need for admiration and a lack of empathy to others. These individuals often believe they are superior, special or unique, and expect others to recognize them as such. They may overvalue their abilities and appear boastful and pretentious, and assume that others value their efforts equally. They may react to criticism with rage, shame and humiliation. They often display snobbish, disdainful or patronizing attitudes.

Borderline Personality Disorder

This disorder is characterized by a pattern of unstable mood, interpersonal relationships, self-image, and impulsivity that begins in early adulthood. These individuals tend to over-idealize potential caregivers, friends and lovers, then quickly become disillusioned as their intense demands are unmet. Their perceptions shift dramatically to view others as cruel and unfeeling. They behave in impulsive ways that is potentially self-damaging such as in areas of sex, bingeing, shoplifting, and reckless driving. Moods can shift from depression to anxiety to irritability to normal over the space of a few hours. Anger is experienced as intense. Recurrent suicide threats or gestures, self-mutilating behavior is seen. Feelings of emptiness or boredom are often experienced. These individuals make frantic efforts to avoid being abandoned.

Cluster C

Personality disorders of this type are often seen by others as anxious and fearful.

Obsessive Compulsive Personality Disorder

This disorder is characterized by a pattern of preoccupation with orderliness, perfectionism, mental and interpersonal control, at the expense of flexibility, openness and efficiency. They attempt to maintain control by painstaking attention to rules, trivial details, procedures, and lists. The

perfectionism and self-imposed high standards cause significant dysfunction and distress for these individuals, and may interfere with activities and completion of tasks. They are often reluctant to delegate tasks or work with others. They may demonstrate excessive devotion to work and productivity to the exclusion of leisure activities and friendships. They often are overconscientious, overscrupulous, inflexible about matters of morality

Avoidant Personality Disorder

The characterizing pattern of this disorder is social inhibition, feelings of inadequacy, and excessive sensitivity of negative feedback from others. They will often avoid work or school due to fear of criticism, disapproval or rejection. They tend to avoid making new friends unless they are assured of being liked and accepted without criticism. They tend to be shy, quiet, inhibited, and invisible because the fear that any attention would be degrading or rejecting. These individuals believe themselves to be socially inept, personally unappealing, or inferior to others. They are unusually reluctant to take personal risks or engage in new activities because they may prove to be embarrassing. They tend to live a restricted lifestyle from a need for certainty and security.

- The enduring pattern of emotion and experience is inflexible and is seen in a broad range of personal and social situations
- The pattern of behavior and emotion leads to significant distress or impairment in social, job related, or other important areas of functioning
- The enduring pattern of behavior and emotion is stable and of long duration traceable back to adolescence or early adulthood
- The behaviors and emotions are not better accounted for by another mental disorder or the result of the effects of drug abuse or medication, or a medical condition such as head trauma.

Dependent Personality Disorder

This disorder is characterized by an excessive need to be taken care of that leads to submissive and clinging behavior and fears of separation. These behaviors are designed to elicit caregiving from others and arise from a self perception of being unable to function adequately without the help of others. They have a difficulty making everyday decisions without excessive advice and reassurance from others. For fear of losing support or approval from others, they have difficulty disagreeing with others even if they feel they are wrong. These individuals have difficulty initiating projects or doing things independently, and believe they need excessive help to complete tasks. They may feel devastated and helpless when a close relationship ends, and tend to be easily hurt by criticism.

Personality Disorders and Substance Use

In the event that you consume alcohol or use street drugs, it is important to share this information with your Doctor and Health Team. This is an important consideration when planning treatment. Any of these substances (alcohol and or street drugs) effect the central nervous system (primarily depress or certain drugs stimulate the CNS) and they also utilize the same organs that pharmaceutical medications are metabolized by in the body. If possible, it is therefore advisable to refrain from use. If you are dependent on these substances, a plan can be made to help you address this issue as well as providing other treatment options. The first step is speaking openly about your needs.

Where can I get more information?

Ask your doctor, nurse or therapist Call Health Link at 780-408-5465

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