

## **D(II)H Paper III-Psychopathology**

### **Topic: Personality Disorders**

#### **Personality Disorders**

Personality is the way of thinking, feeling and behaving that makes a person different from other people. An individual's personality is influenced by experiences, environment (surroundings, life situations) and inherited characteristics. A person's personality typically stays the same over time. A personality disorder is a way of thinking, feeling and behaving that deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time.<sup>1</sup>

There are 10 specific types of personality disorders. Personality disorders are long-term patterns of behavior and inner experiences that differs significantly from what is expected. The pattern of experience and behavior begins by late adolescence or early adulthood and causes distress or problems in functioning. Without treatment, personality disorders can be long-lasting. Personality disorders affect at least two of these areas:

- Way of thinking about oneself and others
- Way of responding emotionally
- Way of relating to other people
- Way of controlling one's behavior

Types of Personality Disorders

- Antisocial personality disorder: a pattern of disregarding or violating the rights of others. A person with antisocial personality disorder may not conform to social norms, may repeatedly lie or deceive others, or may act impulsively.
- Avoidant personality disorder: a pattern of extreme shyness, feelings of inadequacy and extreme sensitivity to criticism. People with avoidant personality disorder may be unwilling to get involved with people unless they are certain of being liked, be preoccupied with being criticized or rejected, or may view themselves as not being good enough or socially inept.
- Borderline personality disorder: a pattern of instability in personal relationships, intense emotions, poor self-image and impulsivity. A person with borderline personality disorder may go to great lengths to avoid being abandoned, have repeated suicide attempts, display inappropriate intense anger or have ongoing feelings of emptiness.
- Dependent personality disorder: a pattern of needing to be taken care of and submissive and clingy behavior. People with dependent personality disorder may have difficulty making daily decisions without reassurance from others or may feel uncomfortable or helpless when alone because of fear of inability to take care of themselves.
- Histrionic personality disorder: a pattern of excessive emotion and attention seeking. People with histrionic personality disorder may be uncomfortable when they are not the center of attention, may use physical appearance to draw attention to themselves or have rapidly shifting or exaggerated emotions.
- Narcissistic personality disorder: a pattern of need for admiration and lack of empathy for others. A person with narcissistic personality disorder may have a grandiose sense of self-importance, a sense of entitlement, take advantage of others or lack empathy.

- Obsessive-compulsive personality disorder: a pattern of preoccupation with orderliness, perfection and control. A person with obsessive-compulsive personality disorder may be overly focused on details or schedules, may work excessively not allowing time for leisure or friends, or may be inflexible in their morality and values. (*This is NOT the same as obsessive compulsive disorder.*)
- Paranoid personality disorder: a pattern of being suspicious of others and seeing them as mean or spiteful. People with paranoid personality disorder often assume people will harm or deceive them and don't confide in others or become close to them.
- Schizoid personality disorder: being detached from social relationships and expressing little emotion. A person with schizoid personality disorder typically does not seek close relationships, chooses to be alone and seems to not care about praise or criticism from others.
- Schizotypal personality disorder: a pattern of being very uncomfortable in close relationships, having distorted thinking and eccentric behavior. A person with schizotypal personality disorder may have odd beliefs or odd or peculiar behavior or speech or may have excessive social anxiety.

## References

1. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). American Psychiatric Association. (2013).
2. Lenzenweger MF, Lane MC, Loranger AW, Kessler RC. 2007. DSM-IV personality disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 62(6), 553-564.

**Department of Psychology  
K.S.College, Lehariasarai, Darbhanga.  
D(II)H Paper III-Psychopathology**

**Topic: Personality Disorders**

Diagnosis of a personality disorder requires a mental health professional looking at long-term patterns of functioning and symptoms. Diagnosis is typically made in individuals 18 or older. People under 18 are typically not diagnosed with personality disorders because their personalities are still developing. Some people with personality disorders may not recognize a problem. Also, people may have more than one personality disorder. An estimated 9 percent of U.S. adults have at least one personality disorder.<sup>2</sup>

**Treatment**

Certain types of psychotherapy are effective for treating personality disorders. During psychotherapy, an individual can gain insight and knowledge about the disorder and what is contributing to symptoms, and can talk about thoughts, feelings and behaviors. Psychotherapy can help a person understand the effects of their behavior on others and learn to manage or cope with symptoms and to reduce behaviors causing problems with functioning and relationships. The type of treatment will depend on the specific personality disorder, how severe it is, and the individual's circumstances.

Commonly used types of psychotherapy include:

- Psychoanalytic/psychodynamic therapy
- Dialectical behavior therapy

- Cognitive behavioral therapy
- Group therapy
- Psychoeducation (teaching the individual and family members about the illness, treatment and ways of coping)

There are no medications specifically to treat personality disorders. However, medication, such as antidepressants, anti-anxiety medication or mood stabilizing medication, may be helpful in treating some symptoms. More severe or long lasting symptoms may require a team approach involving a primary care doctor, a psychiatrist, a psychologist, social worker and family members.

In addition to actively participating in a treatment plan, some self-care and coping strategies can be helpful for people with personality disorders.

- Learn about the condition. Knowledge and understanding can help empower and motivate.
- Get active. Physical activity and exercise can help manage many symptoms, such as depression, stress and anxiety.
- Avoid drugs and alcohol. Alcohol and illegal drugs can worsen symptoms or interact with medications.
- Get routine medical care. Don't neglect checkups or regular care from your family doctor.
- Join a support group of others with personality disorders.
- Write in a journal to express your emotions.
- Try relaxation and stress management techniques such as yoga and meditation.
- Stay connected with family and friends; avoid becoming isolated.

*Source: Adapted from Mayo Clinic, Personality Disorders*

Family members can be important in an individual's recovery and can work with the individual's health care provider on the most effective ways to help and support. But having a family member with a personality disorder can also be distressing and stressful. Family members may benefit from talking with a mental health provider who can provide help coping with difficulties.

---

## References

3. *Diagnostic and Statistical Manual of Mental Disorders, Fifth Edition* (DSM-5). American Psychiatric Association. (2013).
4. Lenzenweger MF, Lane MC, Loranger AW, Kessler RC. 2007. DSM-IV personality disorders in the National Comorbidity Survey Replication. *Biological Psychiatry*, 62(6), 553-564.