Personality and personality disorder

Personality

- The term personality refers to those enduring qualities of an individual that are shown in their ways of behaving in a wide variety of circumstances, and which we use to distinguish between people.

The importance of personality

- Gaining an understanding of and familiarity with a patient's personality is important in psychiatry. Different personalities predispose to some psychiatric disorders, and they may account for unusual features or colour the presentation of a psychiatric disorder ('pathoplastic' factors). They may also explain how a patient approaches treatment, and dictate different strategies for establishing and maintaining a successful therapeutic relationship.

The origins of personality

- **Genetic influences**
- Everyday observation suggests that children often resemble their parents in personality. Such similarities could be either inherited or acquired through social learning. More direct evidence has been obtained from personality tests of identical twins reared together or reared apart. These suggest that the heritability for many personality traits is 35-50 % .

- **Childhood temperament and adult personality**
- Young infants differ in patterns of sleeping and waking, approach or withdrawal from new situations, intensity of emotional responses, and span of attention. These differences, could form the basis for personality development. Although they do persist into later childhood, they have not been shown to be related to adult personality.
- **Childhood experience and personality development**
- Everyday experience suggests that childhood experience shapes personality (society is built on this premise), but it is not easy to demonstrate it.

Personality disorder

- All personality disorder (PD) diagnoses must meet the basic

  criteria for personality as follows:
- • The characteristic and enduring patterns of behaviour

  differ markedly from the cultural norm and in more than one of the following areas: cognition, affectivity, control of impulses and gratification, and ways of relating to others.
- • The behaviour is inflexible, and maladaptive or dysfunctional in a broad range of situations.
- • Personal distress is caused to others and/or to self.
- • The presentation is stable and long-lasting, usually

  beginning by late childhood or adolescence.
- • The behaviour is not caused by another mental disorder,

  or by brain injury, disease, or dysfunction.

Personality change

- In some circumstances during adult life there may be a profound and enduring change in personality that is distinct from the temporary changes that may accompany stressful events or illness. This lasting change may result from:
- • injury to or organic disease of the brain
- • severe mental disorder, especially schizophrenia
- • exceptionally severe stressful experiences (e.g. those experienced by hostages or by prisoners undergoing torture).

The classification & types of abnormal personalities

Cluster A personality disorders

- **Paranoid personality disorder**
- Such people are suspicious and sensitive They have a marked sense of self-importance, but easily feel shame and humiliation. They are suspicious and constantly on the lookout for attempts by others to deceive or exploit them, which makes them difficult for other people to get on with. They are usually mistrustful and often jealous. They have difficulty making friends and avoid involvement in groups. Paranoid individuals can be resentful and bear grudges, with a strong sense of their rights.

- **Schizoid personality disorder**
- The term 'schizoid' was suggested because previously there was a belief that this type of personality is related to schizophrenia, although this idea has not been confirmed.
- People with this disorder are emotionally cold, *detached and aloof,* introspective, and prone to engage in excessive fantasy. They are unable to express either tender feelings or anger, and show little interest in sexual relationships. They do not form intimate relationships, and show little family feeling. They follow a solitary course through life, and often remain unmarried. They show little sense of enjoyment or pleasure in the activities that most people enjoy, which contributes to their separation from others.

- **Schizotypal personality disorder**
- Schizotypal individuals are socially anxious and behave eccentrically. They have oddities of speech and inappropriate affective responses. This personality disorder appears to be related to schizophrenia.
- Schizotypal individuals experience *social anxiety* in company, so have difficulty in forming relationships and lack friends and confidants. They feel different from other people and do not fit in. (This is in contrast to schizoid individuals, who are quite content with this

  situation.) Their *cognitive and perceptual distortions* include,ideas of reference (but not delusions), suspicious ideas, odd beliefs, and magical thinking (e.g. belief in mind reading, and telepathy), and unusual perceptual experiences (e.g. awareness of a 'presence', or experiences bordering on hallucinations). They also show *oddities of speech,* such as unusual constructions, words, and phrasing.

Cluster B personality disorders

- **Antisocial (dissocial) personality disorder**
- People with this disorder show a callous lack of concern for the feelings of others. They disregard the rights of others, act impulsively, lack guilt, and fail to learn from adverse experiences . Often their abnormal behaviour is made worse by the abuse of alcohol or drugs and their sexual activity lacks tenderness. They may inflict cruel or degrading acts on other people, and their partners may be physically or sexually abused. They may have a *superficial charm,* but their *relationships are shallow and short-lived.* They do not obey rules and may repeatedly break the law, often committing violent offences. Their offending typically .begins in adolescence

- Such individuals are *impulsive,* rarely plan ahead, and typically have an unstable work record. They take risks, disregarding their own safety and that of other people. They are *irritable,* and when angry sometimes assault others in a violent way. These features of personality are accompanied by a striking *lack o f guilt or remorse* and a failure to change their behaviour in response to punishment or other adverse outcomes. They *avoid responsibility,* transferring blame on to other people and rationalizing their own failures.
- The concept of 'psychopathy' overlaps with antisocial personality disorder.

- **Borderline personality disorder**
- People with borderline personality disorder strive for affection and intimacy but are regularly disappointed and may exhaust their partners with the intensity of their emotional demands. They are themselves confused by the strength and *unpredictability of their moods* as they feel anger or despair. They are often *insecure in their personal identity* and need reassurance. *Self-harm* is common (either suicidal attempts, or cutting to release tension). Such self-destructive behaviour can be extreme and may dominate the relationship with care services.

- *Alcohol and drug abuse* are also common, as the person attempts to self-medicate their distressing emotions. Clinical populations are dominated by relatively young women, although the epidemiological studies challenge this distribution. In addition they cannot control their emotions adequately, and are liable to outbursts of sudden unrestrained anger which they subsequently regret. They may use physical violence occasionally, causing serious harm.

- **Histrionic personality disorder**
- *Self-dramatization* is a striking feature, and may include angry scenes, and demonstrative suicide attempts. These individuals are *suggestible* and easily influenced by others, especially by figures of authority. They *seek attention and excitement,* are easily bored, and have short-lived enthusiasms. They have a *shallow labile affect.* They seek intimacy and can be *inappropriately seductive.* Histrionic individuals are often insecure about their value, and consequently may be *over concerned with physical attractiveness.* They can appear *self-centred* and vain.

- **Narcissistic personality disorder**
- People with this disorder have a grandiose sense of self importance. They are preoccupied with fantasies of unlimited success, power, beauty, or intellectual brilliance. They consider themselves special, and expect others to admire them and offer them special services and favors. They feel entitled to the best, and seek to associate with people of high status. They exploit others and do not empathize with or show concern for their feelings. They envy the possessions and achievements of others, and expect that those individuals will envy them in the same way. They appear arrogant, and behave in a patronizing or condescending way.

Cluster C personality disorders

- **Avoidant (anxious) personality disorder**
- People with this disorder are *persistently tense.* They feel insecure and lack self-esteem. They feel *socially inferior*, unappealing, and socially inept. They are *preoccupied with the possibility o f rejection,* disapproval, or criticism, and worry that they will be embarrassed or ridiculed. They are cautious about new experiences, *avoid risk,* and *avoid social activity.* They have few close friends, but they are

  not emotionally cold, and indeed crave the social relationships that they cannot manage to attain.

- **Dependent personality disorder**
- People with this disorder *allow others* to *take responsibility* for important decisions in their lives. They are *unduly compliant,* but are *unwilling* to *make direct demands* on other people. They *feel unable* to *care for themselves.* Lacking self-reliance, they avoid responsibility, and may need *excessive help to make decisions.* They are often protected by support from a more energetic and determined partner, and may only come to medical attention when the partner leaves or dies.

- **Obsessive-compulsive personality disorder**
- These individuals are *preoccupied with details and rules,* order and schedules. They have an *inhibiting perfectionism* that makes ordinary work a burden as they are immersed in endless detail. They may lack imagination and fail to take advantage of opportunities. However, they usually have high moral standards, are often *excessively conscientious,* and may be rather judgmental. They can appear humorless and ill at ease when others are enjoying themselves. These people lack adaptability to new situations. They are generally *rigid and inflexible,* avoiding change and preferring a familiar routine. They can be *stubborn and controlling* . They may hoard objects and money.

Treatment

- Treating personality disorder is usually a challenging task.
- As co morbidity with mental illness is very common (especially mood and anxiety disorders and substance abuse) it is useful to treat any co morbid condition as a first step. When treating PD by itself some may use drugs like antipsychotics, antidepressants & mood stabilizers but with mixed results. The use of specific types of psychotherapy like **Dialectical behavior therapy (DBT)** which is specifically designed for borderline PD patients who frequently harm themselves is showing some progress in recent years but its very expensive and time consuming.