

# ***Personality disorders***

- **Personality disorders** are diagnosed when personality traits become inflexible and maladaptive and significantly interfere with how a person functions in society or cause the person emotional distress.
- They usually are not diagnosed until adulthood, when personality is more completely formed. Nevertheless, maladaptive behavioral patterns often can be traced to early childhood or adolescence. Although there can be great variance among clients with personality disorders, many experience significant impairment in fulfilling family, academic, employment, and other functional roles.
- Personality disorders are longstanding because personality characteristics do not change easily. Thus, clients with personality disorders continue to behave in their same familiar ways even when these behaviors cause them difficulties or distress.
- No specific medication alters personality, and therapy designed to help clients make changes is often long-term with very slow progress. Some people with personality disorders believe their problems stem from others or the world in general; they do not recognize their own behavior as the source of difficulty.
- Types often overlap, and many people with personality disorders also have coexisting mental illnesses.

✚ **Diagnosis** is made when the person exhibits enduring behavioral patterns that deviate from cultural expectations in two or more of the following areas:

1. Ways of perceiving and interpreting self, other people, and events (cognition)
2. Range, intensity, lability, and appropriateness of emotional response (affect)
3. Interpersonal functioning
4. Ability to control impulses or express behavior at the appropriate time and place (impulse control) .

✚ **The *DSM-IV-TR*** classifies personality disorders into "**clusters,**" or **categories,** based on the predominant or identifying features :

- Cluster A includes people whose behavior appears odd or eccentric and includes paranoid, schizoid, and schizotypal personality disorders.
- Cluster B includes people who appear dramatic, emotional, or erratic and includes antisocial, borderline, histrionic, and narcissistic personality disorders.
- Cluster C includes people who appear anxious or fearful and includes avoidant, dependent, and obsessive compulsive personality disorders.

✚ **Cluster A: Personality Disorders :**

## **1. Paranoid personality disorder**

- Paranoid personality disorder is characterized by pervasive mistrust and suspiciousness of others. Clients with this disorder interpret others' actions as potentially harmful.
- During periods of stress, they may develop transient psychotic symptoms.

- Incidence is estimated to be 0.5% to 2.5% of the general population; the disorder is more common in men than in women.
- Mood may be labile, quickly changing from quietly suspicious to angry or hostile. Responses may become sarcastic for no apparent reason.
- Clients frequently see malevolence in the actions of others when none exists. They may spend disproportionate time examining and analyzing the behavior and motives of others to discover hidden and threatening meanings.
- These clients use the defense mechanism of *projection*.

## **2. Schizoid personality disorder**

- A pervasive pattern of detachment from social relationships and a restricted range of emotional expression in interpersonal settings.
- It occurs in approximately 0.5% to 7% of the general population and is more common in men than in women.
- Clients avoid treatment as much as they avoid other relationships, unless their life circumstances change significantly .
- Clients usually have a rich and extensive fantasy life, although they may be reluctant to reveal that information to the nurse or anyone else. Nevertheless, these clients can distinguish fantasies from reality, and no disordered or delusional thought processes are evident.
- Clients generally are accomplished intellectually and often involved with computers or electronics in hobbies or work.
- Insight might be described as impaired
- Clients have a pervasive lack of desire for involvement with others in all aspects of life. They may have some connection with a First-degree relative, often a parent.
- They have few social skills and do not engage in social conversation. They may succeed in vocational areas, provided they value their jobs and have little contact with others in work, which typically involves computers or electronics.

## **3. Schizotypal personality disorder**

- A pervasive pattern of social and interpersonal deficits marked by acute discomfort with and reduced capacity for close relationships as well as by cognitive or perceptual distortions and behavioral eccentricities.
- Incidence is about 3% to 5% of the population; the disorder is slightly more common in men than in women.
- Clients may experience transient psychotic episodes in response to extreme stress. An estimated 10% to 20% of people with schizotypal personality disorder eventually develop schizophrenia .
- Speech is coherent but may be loose, or vague. Affect is often flat and sometimes is inappropriate.
- Cognitive distortions include ideas of reference, magical thinking, odd or unfounded beliefs, and a preoccupation with parapsychology.

- Clients experience great anxiety around other people, especially those who are unfamiliar. Interpersonal relationships are troublesome; therefore, clients may have only one significant relationship, usually with a first-degree
- They may have skills that could be useful in a vocational setting, but they are not often successful in employment without support or assistance. Mistrust of others, bizarre thinking and ideas, and unkempt appearance can make it difficult for these clients to get and to keep jobs.

## **Cluster B: Personality Disorders :**

### **1- Antisocial personality disorder**

- A pervasive pattern of disregard for and violation of the rights of others and with the central characteristics of deceit and manipulation.
- It occurs in about 3% of the general population and is three to four times more common in men than in women. In prison populations, about 50% are diagnosed with antisocial personality disorder. Antisocial behaviors tend to peak in the 20s and diminish significantly after 45 years of age .

### **2- Borderline personality disorder**

- A pervasive pattern of unstable interpersonal relationships, self image, and affect as well as marked impulsivity.
- About 2% to 3% of the general population has borderline personality disorder; it is five times more common in those with a first degree relative with the diagnosis.
- It is the most common personality disorder found in clinical settings. It is three times more common in women than in men.
- Under stress, transient psychotic symptoms are common. 8-10% of people with this diagnosis commit suicide, and many more suffer permanent damage from self-mutilation injuries such as cutting or burning .
- Typically, recurrent self-mutilation is a cry for help, an expression of intense anger or helplessness, or a form of self-punishment. The resulting physical pain is also a means to block emotional pain.
- Clients who engage in self-mutilation do so to reinforce that they are still alive; they seek to experience physical pain in the face of emotional numbing .

### **3- Histrionic personality disorder**

- A pervasive pattern of excessive emotionality and attention seeking.
- It occurs in 2% to 3% of the general population and in 10% to 15% of the clinical population. It is seen more often in women than in men.
- Clients usually seek treatment for depression, unexplained physical problems, and difficulties in relationships .
- The tendency of these clients to exaggerate the closeness of relationships or to dramatize relatively minor occurrences can result in unreliable data.
- Speech is usually colorful and theatrical, full of superlative adjectives. It becomes apparent, however, that although colorful and entertaining, descriptions are vague and lack detail.

- Overall appearance is normal, although clients may overdress (e.g., wear an evening dress and high heels for a clinical interview).
- Clients are uncomfortable when they are not the center of attention and go to great lengths to gain that status. They use their physical appearance, and dress to gain attention. At times, they may fish for compliments in unsubtle ways, fabricate unbelievable stories, or create public scenes to attract attention. They may even pale, become ill, or fall to the floor.
- Clients tend to exaggerate the intimacy of relationships. They may embarrass family members or friends by inappropriate public behavior such as hugging and kissing someone who has just been introduced .

#### **4- Narcissistic personality disorder**

- A pervasive pattern of grandiosity, need for admiration, and lack of empathy.
- It occurs in 1% to 2% of the general population and in 2% to 16% of the clinical population. 50-75% of people with this diagnosis are men.
- Narcissistic traits are common in adolescence and do not necessarily indicate that a personality disorder will develop in adulthood.
- Individual psychotherapy is the most effective treatment, and hospitalization is rare .
- Clients may express their grandiosity overtly. They often are preoccupied with fantasies of unlimited success, power, brilliance, beauty; or ideal love. These fantasies reinforce their sense of superiority. Clients may compare themselves favorably with famous .
- Thought-processing is intact, but insight is limited or poor. Clients believe themselves to be superior and special and are unlikely to consider that their behavior has any relation to their problems: they view their problems as the fault of others.
- Underlying self-esteem is almost always fragile and vulnerable. These clients are hypersensitive to criticism and need constant attention and admiration.
- They may believe that only special or privileged people can appreciate their unique qualities or are worthy of their friendship. They expect special treatment from others or even angry when they do not receive it. They often form and exploit relationships to elevate their own status.
- At work, these clients may experience, some success because they are ambitious and confident. Difficulties are common, however, because they have trouble working with others (whom they consider to be inferior) and have limited ability to accept criticism or feedback.

### **• Cluster C: Personality Disorders :**

#### **1- Avoidant personality disorder**

- A pervasive pattern of social discomfort and reticence, low self-esteem, and hypersensitivity to negative evaluation.
- It occurs in 0.5% to 1% of the general population and in 10% of the clinical population. It is equally common in men and women. These clients are likely

to report being overly inhibited as children and that they often avoid unfamiliar situations and people .

- Clients are apt to be anxious and may fidget in chairs and make poor eye contact with the nurse. They may be reluctant to ask questions or to make requests. They may appear sad as well as anxious. They describe being shy, fearful, socially awkward, and easily devastated by real or perceived criticism. Their usual response to these feelings is to become more reticent.
- They are fearful and convinced they will make a mistake, be humiliated, or embarrass themselves and others. Because they are unusually fearful of rejection, criticism, shame, or disapproval, they tend to avoid situations or relationships that may result in these feelings.
- They may need excessive reassurance of guaranteed acceptance before they are willing to risk forming a relationship.
- Clients may report some success in occupational roles because they are so eager to please or to win a supervisor's approval. Shyness, awkwardness, or fear of failure, however, may prevent them from seeking jobs that might be more suitable, challenging, or rewarding.

## **2- Dependent personality disorder**

- A pervasive and excessive need to be taken care of, which leads to submissive and clinging behavior and fears of separation. These behaviors are designed to elicit caretaking from others.
- The disorder occurs in as much as 15% of the population and is seen three times more often in women than in men.
- They often seek treatment for anxious, depressed, or somatic symptoms .
- Clients are frequently anxious and may be mildly uncomfortable. They are often pessimistic and self-critical; other people hurt their feelings easily. They commonly report feeling unhappy or depressed; this is associated most likely with the actual or threatened loss of support from another.
- They are preoccupied excessively with unrealistic fears of being left alone to care for themselves. They believe they would fail on their own, so keeping or finding a relationship occupies much of their time. They have difficulty making decisions, no matter how minor. They seek advice and repeated reassurances about all types of decisions, from what to wear to what type of job to pursue.

## **3- Obsessive-compulsive personality disorder**

- A pervasive pattern of preoccupation with perfectionism, mental and interpersonal control, and orderliness at the expense of flexibility, openness, and efficiency.
- It occurs in about 1% to 2% of the population, affecting twice as many men as women. This increases to 3% to 10% in clients in mental health settings. Incidence is increased in oldest children and people in professions involving facts, figures, or methodical focus on detail.
- These people often seek treatment because they recognize that their life is pleasureless or they are experiencing problems with work or relationships. Clients frequently benefit from individual therapy .

- The behavior of these clients is formal and serious, and they answer questions with precision and much detail. They often report feeling the need to be perfect beginning in childhood. They were expected to be good and to do the right thing to win parental approval.
- Affect is also restricted: they usually appear anxious and fretful or stiff and reluctant to reveal underlying emotions.
- They strive for perfection as though it were attainable and are preoccupied with details, rules, lists, and schedules to the point of often missing "the big picture." They become absorbed in their own perspective, believe they are right, and do not listen carefully to others because they have already dismissed what is being said.
- Clients check and recheck the details of any project or activity; often, they never complete the project because of "trying to get it right." They have problems with judgment and decision making .
- Insight is limited, have low self-esteem and are always harsh, critical, and judgmental of themselves.
- These clients have much difficulty in relationships, few friends, and little social life. They do not express warm or tender feelings to others; at tempts to do so are very stiff and formal and may sound insincere.
- At work, clients may experience some success, particularly in fields when precision and attention to detail are desirable. They have difficulty working collaboratively, preferring to "do it myself" so it is done correctly.

### ***Treatment***

- Can reduce symptomatology , improve social and interpersonal functioning, reduce frequency of maladaptive behaviors and decrease hospitalizations.
- Always screen for co morbid psych dx .
- Increasing serotonin levels may reduce depression, impulsiveness, rumination and may enhance a sense of well being
- Psychotherapy also effective with some disorders .