Various Personality Disorders - A Mini Review

Mrs. Lakshita Saini¹, Dr. Kiran Maheshwari²

¹Research Scholar, Department of Psychology, Apex University, Jaipur, Rajasthan, India ²Supervisor, Department of Psychology, Apex University, Jaipur, Rajasthan, India

ABSTRACT

Currently psychiatrists tend to use a system of diagnosis which identifies ten types of personality disorder.

Suspicious:

- Paranoid personality disorder
- Schizoid personality disorder
- Schizotypal personality disorder

Emotional and impulsive:

- Antisocial personality disorder (ASPD)
- Borderline personality disorder (BPD)
- Histrionic personality disorder
- Narcissistic personality disorder

Anxious:

- Avoidant personality disorder
- Dependent personality disorder
- Obsessive compulsive personality disorder (OCPD)

Each personality disorder has its own set of diagnostic criteria. To get a specific diagnosis you must meet some of these criteria. The minimum amount you need to meet is different for different types, but it should always be more than one or two. If you meet criteria for more than one type this may be called mixed personality disorder. It is also possible to get a diagnosis without meeting the full criteria for a specific type. This is known as personality disorder not otherwise specified (PD-NOS) or personality disorder trait specified.

KEYWORDS: personality, antisocial, obsessive, paranoid, schizoid, dependent, disorder

INTRODUCTION

A personality disorder is a type of mental disorder in which you have a rigid and unhealthy pattern of thinking, functioning and behaving. A person with a personality disorder has trouble perceiving and relating to situations and people. This causes significant problems and limitations in relationships, social activities, work and school. In some cases, you may not realize that you have a personality disorder because your way of thinking and behaving seems natural to you. And you may blame others for the challenges you face. Personality disorders usually begin in the teenage years or early adulthood. There are many types of personality disorders. Some types may become less obvious throughout middle age.[1,2] Discussion

Types of personality disorders:-Paranoid personality disorder



How to cite this paper: Mrs. Lakshita Saini | Dr. Kiran Maheshwari "Various Personality Disorders - A Mini Review"

Published in International Journal of Trend in Scientific Research and Development (ijtsrd), ISSN: 2456-6470, Volume-6 | Issue-3, April 2022, pp.238-243,



URL:

www.ijtsrd.com/papers/ijtsrd49510.pdf

Copyright © 2022 by author(s) and International Journal of Trend in Scientific Research and Development

Journal. This is an Open Access article distributed under the



terms of the Creative Commons Attribution License (CC BY 4.0) (http://creativecommons.org/licenses/by/4.0) The thoughts, feelings and experiences associated with paranoia may cause you to:

- find it hard to confide in people, even your friends and family
- find it very difficult to trust other people, believing they will use you or take advantage of you
- have difficulty relaxing
- read threats and danger (which others don't see) into everyday situations, innocent remarks or casual looks from others.

Schizoid personality disorder



Many people with schizoid personality disorder are able to function fairly well. Unlike in schizophrenia or schizoaffective disorder, you would not usually have psychotic symptoms. However, as a result of the thoughts and feelings associated with this diagnosis you may:

- find difficulty forming close relationships with other people
- choose to live your life without interference from others
- > prefer to be alone with your own thoughts
- not experience pleasure from many activities
- ➤ have little interest in sex or intimacy[3,4]
- have difficulty relating to or are emotionally cold towards others.

Schizotypal personality disorder



Everyone has their own eccentricities or awkward behaviours. But if your patterns of thinking and behaving make relating to others very difficult, you may receive a diagnosis of schizotypal personality disorder.

Unlike in schizophrenia, you usually would not experience psychosis. However, you may:

- experience distorted thoughts or perceptions
- find making close relationships extremely difficult
- think and express yourself in ways that others find 'odd', using unusual words or phrases, making relating to others difficult
- believe that you can read minds or that you have special powers such as a 'sixth sense'
- feel anxious and tense with others who do not share these beliefs[5,6]
- feel very anxious and paranoid in social situations, finding it hard to relate to others.

Antisocial personality disorder



It is natural to sometimes put our own needs, pleasure or personal gain before those of others around us. However, if these actions occur very frequently and you struggle to keep stability in your life, or you regularly act impulsively out of anger or lack of consideration for others, this could lead to a diagnosis of antisocial personality disorder.

You may:

- put yourself in dangerous or risky situations, often without thinking about the consequences for yourself or other people
- behave dangerously and sometimes illegally (you may have a criminal record)
- behave in ways that are unpleasant for others
- feel very easily bored and act on impulse for example, you may find it difficult to hold down a job for long
- behave aggressively and get into fights easily
- do things even though they may hurt people to get what you want, putting your needs and desires above other people's[7,8]
- have problems with empathy for example, you may not feel or show any sense of guilt if you have mistreated others

International Journal of Trend in Scientific Research and Development @ www.ijtsrd.com eISSN: 2456-6470

have had a diagnosis of conduct disorder before \geq the age of 15.



Borderline personality disorder (BPD) is also known as emotionally unstable personality disorder (EUPD).

We can all experience difficulties with our relationships, self-image and emotions. But you might get a diagnosis of BPD/EUPD if these feel consistently unstable or intense and cause you significant problems in daily life.

You may:

- living, you might get a diagnosis of histrionic feel very worried about people abandoning you, ar and either do anything to stop that happening or log personality disorder.[11,12] push them away You may:
- have very intense emotions that can change \geq quickly (for example, from feeling very happy and confident in the morning to feeling low and sad in the afternoon)
- not have a strong sense of who you are or what \geq you want from life, with your ideas about this changing significantly depending on who you're with[9,10]
- find it very hard to make and keep stable \geq relationships or friendships
- act impulsively and do things that could harm you \geq (such as binge eating, using drugs or driving dangerously)
- have suicidal thoughts \geq
- \geq self-harm
- feel empty and lonely a lot of the time
- get very angry, and struggle to control your anger \geq
- \triangleright struggle to trust other people
- experience other mental health problems \geq alongside BPD, including anxiety, depression, eating problems and post-traumatic stress disorder.
- When very stressed, sometimes you might:
- feel paranoid \geq

- ➤ have psychotic experiences, such as seeing or hearing things that other people don't
- ▶ feel numb or 'checked out' and not remember things very well after they've happened (known as dissociation).

BPD is currently the most commonly diagnosed personality disorder. You can read more about it on our pages on borderline personality disorder (BPD).

Histrionic personality disorder

Histrionic Personality Disorder



Most people enjoy being given compliments or positive feedback about their actions. But if you depend very heavily on being noticed, or are seeking approval so much that this affects your day-to-day

feel very uncomfortable if you are not the centre

> constantly seek, or feel dependent on, the

flirt or behave/dress provocatively to ensure that

get a reputation for being dramatic and

feel that you have to entertain people

you remain the centre of attention

be easily influenced by others. \geq Narcissistic personality disorder

 \geq

 \geq

of attention

approval of others

 \blacktriangleright make rash decisions

overemotional



International Journal of Trend in Scientific Research and Development @ www.ijtsrd.com eISSN: 2456-6470

It is human nature to be aware of our own needs, to express them, and to want others to be aware of our abilities and achievements. These are not bad traits. However, if these thoughts, feelings and behaviours are very extreme and cause problems in relating to others, you may get a diagnosis of narcissistic personality disorder.

You may:

- believe that there are special reasons that make you different, better or more deserving than others
- have fragile self-esteem, so that you rely on others to recognise your worth and your needs
- feel upset if others ignore you and don't give you what you feel you deserve
- resent other people's successes
- put your own needs above other people's, and demand they do too
- be seen as selfish and dismissive or unaware of other people's needs.

Avoidant personality disorder

We all have things, places or people we don't like, or which make us anxious. But if these things cause so much anxiety that you struggle to maintain relationships in your life, you may get a diagnosis of avoidant personality disorder (sometimes also called **onal J** anxious personality disorder).



You may:

- avoid work or social activities that mean you must be with others
- expect disapproval and criticism and be very sensitive to it
- worry constantly about being 'found out' and rejected
- worry about being ridiculed or shamed by others
- avoid relationships, friendships and intimacy because you fear rejection
- feel lonely and isolated, and inferior to others
- be reluctant to try new activities in case you embarrass yourself.

Dependent personality disorder



It is natural to need other people to care for us or give us reassurance sometimes. A healthy balance involves being able to both depend on others as well as being independent from others sometimes. However, if feelings and thoughts about needing others become so overwhelming that they impact your daily life and relationships, you may get a diagnosis of dependent personality disorder.

You may:

- feel needy, 'weak' and unable to make decisions or function day-to-day without help or support from others
- allow or require others to assume responsibility for many areas of your life
- agree to things you feel are wrong or you dislike rch arto avoid being alone or losing someone's support
 - > be very afraid of being left to fend for yourself[13,14]
 - ➤ have low self-confidence
 - see other people as being much more capable than you are.

Obsessive compulsive personality disorder (OCPD)

Obsessive compulsive personality disorder (OCPD) is separate from obsessive compulsive disorder (OCD), which describes a form of behaviour rather than a type of personality.

However, similarly to OCD, OCPD involves problems with perfectionism, the need for control, and significant difficulty being flexible in how you think about things.



You may:

- need to keep everything in order and under control
- set unrealistically high standards for yourself and others
- think yours is the best way of doing things
- worry about you or others making mistakes
- ➢ feel very anxious if things aren't 'perfect'.

Results

If your doctor suspects you have a personality disorder, a diagnosis may be determined by:

- Physical exam. The doctor may do a physical exam and ask in-depth questions about your health. In some cases, your symptoms may be linked to an underlying physical health problem. Your evaluation may include lab tests and a screening test for alcohol and drugs.
- Psychiatric evaluation. This includes a discussion about your thoughts, feelings and behavior and may include a questionnaire to help pinpoint a diagnosis. With your permission, information from family members or others may be helpful.
- Diagnostic criteria in the DSM-5. Your doctor may compare your symptoms to the criteria in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), published by the American Psychiatric Association.

Each personality disorder has its own set of diagnostic criteria. However, according to the DSM-5, generally the diagnosis of a personality disorder includes long-term marked deviation from cultural expectations that leads to significant distress or impairment in at least two of these areas:

- The way you perceive and interpret yourself, other people and events
- > The appropriateness of your emotional responses
- How well you function when dealing with other people and in relationships
- ➢ Whether you can control your impulses

Sometimes it can be difficult to determine the type of personality disorder, as some personality disorders share similar symptoms and more than one type may be present. Other disorders such as depression, anxiety or substance abuse may further complicate diagnosis. But it's worth the time and effort to get an accurate diagnosis so that you get appropriate treatment.[15]

Conclusions

The treatment that's best for you depends on your particular personality disorder, its severity and your

life situation. Often, a team approach is needed to make sure all of your psychiatric, medical and social needs are met. Because personality disorders are long-standing, treatment may require months or years.

Your treatment team may include your primary doctor or other primary care provider as well as a:

- Psychiatrist
- Psychologist or other therapist
- Psychiatric nurse
- > Pharmacist
- Social worker

If you have mild symptoms that are well-controlled, you may need treatment from only your primary doctor, a psychiatrist or other therapist. If possible, find a mental health professional with experience in treating personality disorders.

Psychotherapy, also called talk therapy, is the main way to treat personality disorders. During psychotherapy with a mental health professional, you can learn about your condition and talk about your moods, feelings, thoughts and behaviors. You can learn to cope with stress and manage your disorder. Psychotherapy may be provided in individual sessions, group therapy, or sessions that include family or even friends. There are several types of psychotherapy — your mental health professional can determine which one is best for you. You may also receive social skills training. During this training you can use the insight and knowledge you gain to learn healthy ways to manage your symptoms and reduce behaviors that interfere with your functioning and relationships. Family therapy provides support and education to families dealing with a family member who has a personality disorder.

There are no **medications** specifically approved by the Food and Drug Administration (FDA) to treat personality disorders. However, several types of psychiatric medications may help with various personality disorder symptoms.

- Antidepressants. Antidepressants may be useful if you have a depressed mood, anger, impulsivity, irritability or hopelessness, which may be associated with personality disorders.
- Mood stabilizers. As their name suggests, mood stabilizers can help even out mood swings or reduce irritability, impulsivity and aggression.
- Antipsychotic medications. Also called neuroleptics, these may be helpful if your symptoms include losing touch with reality (psychosis) or in some cases if you have anxiety or anger problems.
- Anti-anxiety medications. These may help if you have anxiety, agitation or insomnia. But in some

cases, they can increase impulsive behavior, so they're avoided in certain types of personality disorders.

In some cases, a personality disorder may be so severe that you need to be admitted to a hospital for psychiatric care. This is generally recommended only when you can't care for yourself properly or when you're in immediate danger of harming yourself or someone else. After you become stable in the hospital, your doctor may recommend a day hospital program, residential program or outpatient treatment.[16]

References

- [1] Schneider K. *Die Psychopathischen Persönlichkeiten.* Berlin: Springer; 1923. [Google Scholar]
- [2] American Psychiatric Association. *Diagnostic and statistical manual of mental disorders*. 3rd revision. Washington: American Psychiatric Association; 1980.
- [3] World Health Organisation. *ICD-10: classification of mental and behavioural disorders*. Geneva: World Health Organisation; [13] 1992.
- [4] Livesley WJ. Trait and behavioural prototypes of personality disorder. Am J Psychiatry. 1986; 143: 728–732. [PubMed] [Google Scholar]
- [5] Livesley WJ. Classifying personality disorders: [15] ideal types, prototypes, or dimensions? *J Pers* 2450-07 *Disord*. 1991; 5: 52–59. [Google Scholar]
- [6] Tyrer P. Johnson T. Establishing the severity of personality disorder. *Am J Psychiatry*. 1996; 153: 1593–1597. [PubMed] [Google Scholar]
- [7] Cleckley H. *The mask of sanity*. London: Kimpton; 1941. [Google Scholar]
- [8] Monahan J. Steadman HJ. Silver E, et al. *Rethinking risk assessment: the MacArthur*

study of mental disorder and violence. Oxford: Oxford University Press; 2001. [Google Scholar]

- [9] Westen D. Divergences between clinical and research methods for assessing personality disorders: implications for research and the evolution of Axis II. Am J Psychiatry. 1997; 154: 895–903. [PubMed] [Google Scholar]
- [10] Lewin K. Principles of topographical psychology. New York: McGraw-Hill; 1936.[Google Scholar]
- [11] Benjamin J. Li L. Greenberg BD, et al. Population and familial association between the D4 dopamine receptor gene and measures of novelty seeking. *Nature Genet.* 1996; 12: 81– 84. [PubMed] [Google Scholar]
- [12] Coccaro EF. Kavoussi RJ. Sheline YL, et al. Impulsive aggression in personality disorder: correlates with 125I-LSD binding in the platelet. *Neuropsychopharmacology*. 1997; 16: 211–216. [PubMed] [Google Scholar]

Kagan J. Reznick JS. Snidman N. Biological bases of childhood shyness. *Science*. 1988; 240: 167–171. [PubMed] [Google Scholar]

Robins L. *Deviant children grown up.* Baltimore: Williams & Wilkins; 1966. [Google Scholar]

Zanarini MC. Williams AA. Lewis RE, et al. Reported pathological childhood experiences associated with the development of borderline personality disorder. *Am J Psychiatry*. 1997; 154: 1101–1106. [PubMed] [Google Scholar]

American Psychiatric Association. Practice guideline for the treatment of patients with borderline personality disorder. *Am J Psychiatry*. 2001. [PubMed]