



MOOD DISORDERS ASSOCIATION OF MANITOBA INC.

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Personality Disorders

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A **Personality Disorder** is identified by a pervasive pattern of experience and behaviour that is abnormal with respect to any of the following two: thinking, mood, personal relations, and the control of impulses.

Facts:

- Many individuals with personality disorders do not believe that they have a problem.
- 10 to 15 percent of the population are affected by personality disorders.
- Usually develop in childhood or adolescence and become apparent by adulthood.
- Women are more likely to be diagnosed as having dependent or histrionic personality disorders.
- Personality disorders tend to occur frequently with other illnesses (eg., substance use disorders, mood disorders, anxiety disorders).

The character of a person is shown through his or her personality -- by the way an individual thinks, feels, and behaves. When the behaviour is inflexible, maladaptive, and antisocial, then that individual is diagnosed with a personality disorder.

Most personality disorders begin as problems in personal development and character, which peak during adolescence and then are defined as personality disorders.

Personality disorders are not illnesses in a strict sense, as they do not disrupt emotional, intellectual, or perceptual functioning. However, those with personality disorders suffer a life that is *not* positive, proactive, or fulfilling. Not surprisingly, personality disorders are also associated with failures to reach potential.

The DSM-IV: Diagnostic and Statistical Manual of Mental Disorders (American Psychiatric Association) defines a personality disorder as an enduring pattern of inner experience and behaviour that deviates markedly from the expectation of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time, and leads to distress or impairment.

Currently, there are 10 distinct personality disorders identified in the DSM-IV, broken down into three clusters:

1.) Dramatic, Emotional, Erratic

- **Antisocial:** A common misconception is that antisocial personality disorder refers to people who have poor social skills. The opposite is often the case. Instead, antisocial personality disorder is characterized by a lack of conscience. People with this disorder are prone to criminal behaviour, believing that their victims are weak and deserving of being taken advantage of. They tend to lie and steal. Often, they are careless with money and take action without thinking about consequences. They are often aggressive and are much more concerned with their own needs than the needs of others. Sometimes called psychopaths or sociopaths.
- **Borderline:** Characterized by mood instability and poor self-image. People with this disorder are prone to constant mood swings and bouts of anger. Often, they will take their anger out on themselves, causing themselves injury. Suicidal threats and actions are not uncommon. They think in very black and white terms and often form intense, conflict-ridden relationships. They are quick to anger when their expectations are not met.
- **Histrionic:** Constant attention seekers. They need to be the center of attention all the time, often interrupting others in order to dominate the conversation. They use grandiose language to describe everyday events and seek constant praise. They may dress provocatively or exaggerate illnesses in order to gain attention. They also tend to exaggerate friendships and relationships, believing that everyone loves them. They are often manipulative.
- **Narcissistic:** Characterized by self-centeredness. Like histrionic disorder, people with this disorder seek attention and praise. They exaggerate their achievements, expecting others to recognize them as being superior. They tend to be choosy about picking friends, since they believe that not just anyone is worthy of being their friend. They tend to make good first impressions, yet have difficulty maintaining long-lasting relationships. They are generally uninterested in the feelings of others and may take advantage of them. Hypersensitive to the opinions of others.

2.) Anxious, Fearful

- **Avoidant:** Characterized by extreme social anxiety. People with this disorder often feel inadequate, avoid social situations, and seek out jobs with little contact with others. They are fearful of being rejected and worry about embarrassing themselves in front of others. They exaggerate the potential difficulties of new situations to rationalize avoiding them. Often, they will create fantasy worlds to substitute for the real one. Unlike schizoid personality disorder, avoidant people yearn for social relations yet feel they are unable to obtain them. They are frequently depressed and have low self-confidence.

- **Dependent:** Characterized by a need to be taken care of. People with this disorder tend to cling to people and fear losing them.. They may become suicidal when a break-up is imminent. They tend to let others make important decisions for them and often jump from relationship to relationship. They often remain in abusive relationships. They are overly sensitive to disapproval. They often feel helpless and depressed.
- **Obsessive-Compulsive:** Similar to obsessive-compulsive anxiety disorder. People with this disorder are overly focused on orderliness and perfection. Their need to do everything 'right' often interferes with their productivity. They tend to get caught up in the details and miss the bigger picture. They set unreasonably high standards for themselves and others, and tend to be very critical of others when they do not live up to these high standards. They avoid working in teams, believing others to be too careless or incompetent. They avoid making decisions because they fear making mistakes and are rarely generous with their time or money. They often have difficulty expressing emotion.

3.) *Odd, Eccentric*

- **Paranoid:** Characterized by a distrust of others and a constant suspicion that people around you have sinister motive. People with this disorder tend to have excessive trust in their own knowledge and abilities and usually avoid close relationships with others. They search for hidden meanings in everything and read hostile intentions into the actions of others. They are quick to challenge the loyalties of friends and loved ones and often appear cold and distant to others. They usually shift blame to others and tend to carry long grudges.
- **Schizoid:** Avoid relationships and do not show much emotion. They genuinely prefer to be alone and do not secretly wish for popularity. They tend to seek jobs that require little social contact. Their social skills are often weak and they do not show a need for attention or acceptance. They are perceived as humourless and distant and often are termed 'loners'.
- **Schizotypal:** Many believe that schizotypal personality disorder represents mild schizophrenia. This disorder is characterized by odd forms of thoughts and perception. Individuals with this disorder often seek isolation from others. They sometimes believe they have extra sensory ability or that unrelated events relate to them in some important way. They generally engage in eccentric behaviour and have difficulty concentrating for long periods of time. Their speech is often over elaborate and difficult to follow.

According to Dr. Sam Vaknin, author of *Malignant Self-Love: Narcissism Revisited*, individuals with personality disorders have many things in common:

- **Self-centeredness** that manifests itself through a me-first, self-preoccupied attitude
- **Lack of individual accountability** that results in a victim mentality and blaming others, society, and the universe for their problems.
- **Lack of perspective-taking and empathy**

- **Manipulative and exploitive behaviour**
- **Unhappiness**, suffering from depression and other mood and anxiety disorders
- **Vulnerability to other mental disorders**, such as obsessive-compulsive tendencies and panic attacks
- **Distorted or superficial understanding of self and others' perceptions**, being unable to see his or her objectionable, unacceptable, disagreeable, or self-destructive behaviours or the issues that may have contributed to the personality disorder
- **Socially maladaptive**, changing the rules of the game, introducing new variables, or otherwise influencing the external world to conform to their own needs.
- **No hallucinations, delusions, or thought disorders** (except for the brief psychotic episodes of Borderline Personality Disorder).

Vaknin does not propose a unified theory of psychotherapy as there is still much to learn about the workings of the world and our place in it. Each personality disorder shows its own unique manifestations through a story or narrative, but we do not have enough information or verifying capability to determine whether they spring from a common psychodynamic source.

It is important to note that some people diagnosed with borderline, antisocial, schizoid, and obsessive-compulsive personality disorders may be suffering from an underlying biological disturbance (anatomical, electrical, or neurochemicals). A strong genetic link has been found in antisocial and borderline personality disorders.

Treatment of personality disorders

Dr. David B. Adams of Atlanta Medical Psychology says that therapists have the most difficulties with those suffering from personality disorders. "They are difficult to please, block effective communication, avoid development of a trusting relationship, and cannot be relied upon for accurate history regarding problems or how problems arose."

Mental disorders are treatable. *An armamentarium of efficacious treatments is available to ameliorate symptoms...Most treatments fall under two general categories, psychosocial and pharmacological. Moreover, the combination of the two - known as multimodal therapy - can sometimes be even more effective than each individually.* (Mental Health: A Report of the Surgeon General).

By reading the DSM-IV's definition of personality disorders, it seems that these conditions are not treatable. However, when individuals choose to be in control of their lives and are committed to changing their lives, healing is possible. Therapy and medications can help, but it is the individual's decision to take accountability for his or her own life that makes the difference.

To heal, individuals must first have the desire to change in order to break through that *enduring pattern* of a personality disorder. Individuals need to wait to gain insight into and face their *inner experience and behaviour*. (These issues may concern severe or repeated trauma during childhood, such as abuse.)

This involves changing their thinking -- about themselves, their relationships, and the world. This also involves changing their behaviour, for *that which is not acted upon is not learned*.

Then, with a support system made up of therapy, self-help groups, friends, family, and medication, they can free themselves from their imprisoned life.

“There is hope and there is help.”