

A Brief Overview about Personality Disorders

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Abstract

A personality disorder is a mental health condition that involves long-lasting, all-encompassing, disruptive patterns of thinking, behavior, mood and relating to others. These patterns cause a person significant distress and/or impair their ability to function. There are 10 types of personality disorders, each with different characteristics and symptoms.

Introduction

Personality is vital to defining who we are as individuals. It involves a unique blend of traits — including attitudes, thoughts and behaviors — as well as how we express these traits in our interactions with others and with the world around us. Personality disorders may cause distorted perceptions of reality, abnormal behaviors and distress across various aspects of life, including work, relationships and social functioning. Additionally, people with a personality disorder may not recognize their troubling behaviors or the negative effect they have on others [1].

The Diagnostic and Statistical Manual of Mental Disorders (DSM-5), which is the standard reference publication for recognized mental illnesses, organizes the 10 types of personality disorders into three main clusters (categories). Each cluster has different symptoms in common [2].

Cluster a personality disorders:

Cluster A personality disorders involve unusual and eccentric thinking or behaviors. These include:

- Paranoid personality disorder: The main feature of this condition is paranoia, which is a relentless mistrust and suspicion of others without adequate reason for suspicion. People with paranoid personality disorder often believe others are trying to demean, harm or threaten them [3].
- Schizoid personality disorder: This condition is marked by a consistent pattern of detachment from and general disinterest in interpersonal relationships. People with schizoid personality disorder have a limited range of emotions when interacting with others [4].
- Schizotypal personality disorder: People with this condition display a consistent pattern of intense discomfort with and limited need for close relationships. Relationships may be hindered by their distorted views of reality, superstitions and unusual behaviors.

Cluster B personality disorders:

Cluster B personality disorders involve dramatic and erratic behaviours. People with these types of conditions display intense, unstable emotions and impulsive behaviours. Cluster B personality disorders include:

- Antisocial personality disorder (ASPD): People with ASPD show a lack of respect toward others and don't follow socially accepted norms or rules. People with ASPD may break the law or cause physical or emotional harm to others around them. They may refuse to take responsibility for their behaviors and/or display disregard for the negative consequences of their actions [5].
- Borderline personality disorder (BPD): This condition is

marked by difficulty with emotional regulation, resulting in low self-esteem, mood swings, impulsive behaviors and subsequent relationship difficulties.

- Histrionic personality disorder: This condition is marked by intense, unstable emotions and a distorted self-image. For people with histrionic personality disorder, their self-esteem depends on the approval of others and doesn't come from a true feeling of self-worth. They have an overwhelming desire to be noticed by others, and may display dramatic and/or inappropriate behaviors to get attention [6].

- Narcissistic personality disorder: This condition involves a consistent pattern of perceived superiority and grandiosity, an excessive need for praise and admiration and a lack of empathy for others. These thoughts and behaviors often stem from low self-esteem and a lack of self-confidence.

Cluster C personality disorders:

Cluster C personality disorders involve severe anxiety and fear. They include:

- Avoidant personality disorder: People with this condition have chronic feelings of inadequacy and are highly sensitive to being negatively judged by others. Though they would like to interact with others, they tend to avoid social interaction due to the intense fear of being rejected [7].
- Dependent personality disorder: This condition is marked by a constant and excessive need to be cared for by someone else. It also involves submissiveness, a need for constant reassurance and the inability to make decisions. People with dependent personality disorder often become very close to another person and spend great effort trying to please that person. They tend to display passive and clinging behavior and have a fear of separation [8].
- Obsessive-compulsive personality disorder (OCPD): This condition is marked by a consistent and extreme need for orderliness, perfectionism and control (with no room for flexibility) that ultimately

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Received: 1-Oct -2022, Manuscript No: cnoa-22-77334; Editor assigned: 3- Oct -2022, Pre-QC No: cnoa-22-77334(PQ); Reviewed: 17- Oct -2022, QC No: cnoa-22-77334; Revised: 20- Oct -2022, Manuscript No: cnoa-22-77334(R); Published: 31- Oct -2022, DOI: 10.4172/cnoa.1000151

Citation: Xiong L (2022) A Brief Overview about Personality Disorders. Clin Neuropsych, 5: 151.

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slows or interferes with completing a task. It can also interfere with relationships.

Anyone can have a personality disorder. But different types of personality disorders affect people differently. Most personality disorders begin in the teen years when your personality further develops and matures. As a result, almost all people diagnosed with personality disorders are above the age of 18. One exception to this is antisocial personality disorder — approximately 80% of people with this disorder will have started to show symptoms by the age of 11 [9].

Antisocial personality disorders are more likely to affect people assigned male at birth. Borderline, histrionic and dependent personality disorders are more likely to affect people assigned female at birth.

How common are personality disorders?

Approximately 9% of adults in the U.S. have some type of personality disorder, and about 6% of the global population has a personality disorder. Borderline personality disorder (BPD) and antisocial personality disorder are the most frequently diagnosed personality disorders [10].

What causes personality disorders?

Personality disorders are among the least understood mental health conditions. Scientists are still trying to figure out the cause of them. So far, they believe the following factors may contribute to the development of personality disorders:

- **Genetics:** Scientists have identified a malfunctioning gene that may be a factor in obsessive-compulsive personality disorder. Researchers are also exploring genetic links to aggression, anxiety and fear, which are traits that can play a role in personality disorders.
- **Brain changes:** Researchers have identified subtle brain differences in people with certain personality disorders. For example, findings in studies on paranoid personality disorder point to altered amygdala functioning. The amygdala is the part of your brain that's involved with processing fearful and threatening stimuli. In a study on schizotypal personality disorder, researchers found a volumetric decrease in the frontal lobe of their brain [11].
- **Childhood trauma:** One study revealed a link between childhood traumas and the development of personality disorders. People with borderline personality disorder, for example, had especially high rates of childhood sexual trauma. People with borderline and antisocial personality disorders have issues with intimacy and trust, both of which may be related to childhood abuse and trauma.
- **Verbal abuse:** In one study, people who experienced verbal abuse as children were three times as likely to have borderline, narcissistic, obsessive-compulsive or paranoid personality disorders in adulthood.
- **Cultural factors:** Cultural factors may also play a role in the development of personality disorders, as demonstrated by the varying rates of personality disorders between different countries. For example, there are remarkably low cases of antisocial personality disorders in Taiwan, China and Japan, along with significantly higher rates of cluster C personality disorders [12].

Discussion

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 [13].

To be classified as a personality disorder, one's way of thinking, feeling and behaving deviates from the expectations of the culture, causes distress or problems functioning, and lasts over time.1 The pattern of experience and behavior usually begins by late adolescence or early adulthood and causes distress or problems in functioning. Without treatment, personality disorders can be long-lasting [14].

There are 10 specific types of personality disorders in the DSM-5-TR. Personality disorders are long-term patterns of behavior and inner experiences that differ significantly from what is expected. They 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

Certain types of psychotherapy have shown to be effective for treating personality disorders. Ideally, during psychotherapy, an individual can gain insight and knowledge about their disorder, what is contributing to symptoms, and get to talk about thoughts, feelings and behaviors. Psychotherapy can help a person understand the effects of their behavior may be having 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/transference-focused therapy
- Dialectical behavior therapy
- Cognitive behavioral therapy
- Group therapy
- Psychoeducation (teaching the individual and family members about the diagnosis, treatment and ways of coping)

Conclusion

There are no medications specifically used to treat personality disorders. However, in some cases, 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, a 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.

Acknowledgement

None

Conflict of Interest

There is no Conflict of Interest.

References

1. Berrios GE (1993) European views on personality disorders: a conceptual history. *Compr Psychiatry* 34: 14-30.

2. Beckwith Helen, Moran Paul F, Reilly Joe (2014) Personality disorder prevalence in psychiatric outpatients: A systematic literature review. *Pers Ment Health* 8: 91-101.
3. Tyrer Peter, Reed Geoffrey M, Crawford Mike J (2015) Classification, assessment, prevalence, and effect of personality disorder. *The Lancet* 385: 717-726.
4. Ullrich Simone (2007) Dimensions of DSM-IV Personality Disorders and Life-Success. *Personal Disord* 21: 657-663.
5. Kliem Sören, Kröger Christoph, Kosfelder Joachim (2010) Dialectical behavior therapy for borderline personality disorder: a meta-analysis using mixed-effects modeling. *J Consult Clin Psychol* 78: 936-951.
6. Budge Stephanie L, Moore Jonathan T, Del Re AC, Wampold Bruce E, Beardseth Timothy P, et al. (2013) The effectiveness of evidence-based treatments for personality disorders when comparing treatment-as-usual and bona fide treatments. *Clin Psychol Rev* 33: 1057-1066.
7. Esterberg Michelle L, Goulding Sandra M, Walker Elaine F (2010) Cluster A Personality Disorders: Schizotypal, Schizoid and Paranoid Personality Disorders in Childhood and Adolescence. *J Psychopathol Behav Assess* 32: 515-528.
8. Niedtfeld I (2017) Experimental investigation of cognitive and affective empathy in borderline personality disorder: Effects of ambiguity in multimodal social information processing. *Psychiatry Res* 253: 58-63.
9. Lenzenweger MF, Clarkin JF, Caligor E, Cain NM, Kernberg OF, et al. (2018) Malignant Narcissism in Relation to Clinical Change in Borderline Personality Disorder: An Exploratory Study. *Psychopathol* 51: 318-325.
10. Fuller AK, Blashfield RK, Miller M, Hester T (1992) Sadistic and self-defeating personality disorder criteria in a rural clinic sample. *J Clin Psychol* 48: 827-831.
11. Tyrer P, Alexander J (1979) Classification of Personality Disorder. *Br J Psychiatry* 135: 238-242.
12. Tyrer P, Mitchard S, Methuen C, Ranger M (2003) Treatment-rejecting and treatment-seeking personality disorders: Type R and Type S. *Personal Disord* 17: 263-268.
13. Ettner Susan L, Maclean Johanna Catherine, French Michael T (2011) Does Having a Dysfunctional Personality Hurt Your Career? Axis II Personality Disorders and Labor Market Outcomes. *Industrial Relations: Econ Soc* 50: 149-173.
14. Board Belinda Jane, Fritzon Katarina (2005) Disordered personalities at work. *Psychol Crime Law* 11: 17-32.