

Mental Health: Personality Disorder

What is a Personality Disorder?

It's not easy to pin down exactly what we mean by the word 'personality'. It seems obvious, but it can be hard to put into words. This can be because the words we use to describe people tend to have wide meanings – and these meanings often overlap. These words can also cover more than one kind of experience. For example, 'shyness' describes the feeling of awkwardness with other people, but also how we behave by being rather quiet in company.

It is also difficult because the way we behave - and appear to other people - can be very different in different situations. You can know a person well at work, but find that they behave quite differently in their private life.

In mental health, the word 'personality' refers to the collection of characteristics or traits that we have developed as we have grown up and which make each of us an individual. These include the ways that we:

- **think**
- **feel**
- **behave**

What is a Personality Disorder?

By our late teens, or early 20s, most of us have developed our own personality. We have our own ways of thinking, feeling and behaving. These stay pretty much the same for the rest of our life. Usually, our personality allows us to get on reasonably well with other people.

Personality disorder

For some of us, this doesn't happen. For whatever reason, parts of your personality can develop in ways that make it difficult for you to live with yourself and/or with other people. You don't seem to be able to learn from the things that happen to you. You find that you can't change the bits of your personality (traits) that cause the problems. These traits, although they are part of who you are, just go on making life difficult for you - and often for other people as well.

What is a Personality Disorder?

Other people will often have noticed these traits from your childhood and early teens. For example, you may find it difficult to:

- make or keep close relationships
- get on with people at work
- get on with friends and family
- keep out of trouble
- control your feelings or behaviour
- listen to other people

If this makes you:

- **unhappy or distressed and/or**
 - **often upset or harm other people**
- ...then you may have a personality disorder.**

Life is more difficult if you have a personality disorder, so you are more likely to have other mental health problems such as depression or drug and alcohol problems.

How common are Personality Disorders?

There have been difficulties in clearly defining personality disorders. Previous research studies have suggested that up to 1 in 5 people might have a personality disorder. However, a larger and more rigorous UK study in 2006 suggested that, at any given time, about 1 in 20 people will have a personality disorder. This is important to understand, as it affects a lot of people and as a staff member providing care for people, we need to know that Mental Health and Personality Disorder affects many.



Personality Disorder: treatable or untreatable?

People with a diagnosis of personality disorder have not, in the past, had enough help from mental health services. These services have been more focussed on mental illnesses like schizophrenia, bipolar disorder and depression.

There have been arguments about whether mental health services can offer anything useful to people with personality disorders. Recent research makes it clear that mental health services can, and should help people with personality disorders.

What causes a Personality Disorder?

The answer is not clear, but it seems that like other mental disorders, upbringing, brain problems and genes can play a part.

Upbringing

Sometimes, **but not always**, people with personality disorder have experienced:

- physical or sexual abuse in childhood
- violence in the family
- parents who drink too much
- If children are taken out of this sort of difficult environment, they are less likely to develop a personality disorder.

It is important to note and clarify, that you must not assume that people with Personality Disorder have been abused as children. This is only one possible cause.

What causes a Personality Disorder?

Early problems

- Severe aggression, disobedience, and repeated temper tantrums in childhood.

Brain problems

- Some people with antisocial personality disorder have very slight differences in the structure of their brains, and in the way some chemicals work in their brains. However, there is no brain scan or blood test that can diagnose a personality disorder.
- It can also be caused by an acquired brain injury (including: stroke, meningitis, other traumas)

Triggers

- using a lot of drugs or alcohol
- problems getting on with your family or partner or loss, such as death of a loved one
- money problems
- anxiety, depression or other mental health problems
- important events or stressful situations

Different types of Personality Disorder

There are different ways to describe mental disorders, and to put them into categories. The first step is to see if there are patterns, or collections of personality traits that are shared by a number of people. Once these patterns have been identified, we can start to find effective ways of helping.

Research suggests that personality disorders tend to fall into three groups, according to their emotional 'flavour':

- **Cluster A: 'Odd or Eccentric'**
- **Cluster B: 'Dramatic, Emotional, or Erratic'**
- **Cluster C: 'Anxious and Fearful'**

Cluster A: 'Odd or eccentric'

Paranoid	<ul style="list-style-type: none"> • suspicious • feel that other people are being nasty to you (even when evidence shows this isn't true) • feel easily rejected • tend to hold grudges
Schizoid	<ul style="list-style-type: none"> • emotionally 'cold' • don't like contact with other people, prefer your own company • have a rich fantasy world
Schizotypal	<ul style="list-style-type: none"> • eccentric behaviour • odd ideas • difficulties with thinking • lack of emotion, or inappropriate emotional reactions • see or hear strange things • sometimes related to schizophrenia, the mental illness

Cluster B: 'Borderline or emotionally unstable'

Antisocial or dissocial	<ul style="list-style-type: none"> • don't care much about the feelings of others • easily get frustrated • tend to be aggressive • commit crimes • find it difficult to make close relationships • impulsive - do things on the spur of the moment without thinking about them • don't feel guilty about things you've done • don't learn from unpleasant experiences
Borderline or emotionally unstable	<ul style="list-style-type: none"> • impulsive - do things on the spur of the moment • find it hard to control your emotions • feel bad about yourself • often self-harm, e.g. cutting yourself or making suicide attempts • feel 'empty' • make relationships quickly, but easily lose them • can feel paranoid or depressed • when stressed, may hear noises or voices

Cluster B: 'Borderline or emotionally unstable'

Histrionic	<ul style="list-style-type: none"> • over-dramatise events • self-centered • have strong emotions which change quickly and don't last long • can be suggestible • worry a lot about your appearance • crave new things and excitement • can be seductive
Narcissistic	<ul style="list-style-type: none"> • have a strong sense of your own self-importance • dream of unlimited success, power and intellectual brilliance • crave attention from other people, but show few warm feelings in return • take advantage of other people • ask for favours that you do not then return

Cluster C: 'Anxious or fearful'

Obsessive-Compulsive (Anankastic)

- worry and doubt a lot
- perfectionist - always check things
- rigid in what you do, stick to routines
- cautious, preoccupied with detail
- worry about doing the wrong thing
- find it hard to adapt to new situations
- often have high moral standards
- judgemental
- sensitive to criticism
- can have obsessional thoughts and images (although these are not as bad as those in obsessive-compulsive disorder)

Dependent

- passive or rely on others to make decisions for you
- do what other people want you to do
- find it hard to cope with daily chores
- feel hopeless and incompetent
- easily feel abandoned by others

Cluster C: 'Anxious or fearful'

Avoidant (Anxious/Avoi dant)	<ul style="list-style-type: none">• very anxious and tense• worry a lot• feel insecure and inferior• have to be liked and accepted• extremely sensitive to criticism
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Support

With help, many people with personality disorder can start to lead a normal and fulfilling life. Most can, at least, cope more effectively with their difficulties.

Treatment for people with personality disorders can be psychological (talking therapies) and/or physical (medication).

The type of therapy or treatments offered depends on:

- what you want or prefer
- the type of difficulties you have
- what is available locally

Support

Five Ways to Wellbeing (see the Wellbeing Wheel for further support)

- Encourage the person to maintain their social life (**feeling connected**)
- Encourage them to **be active** with regular physical activity
- Peer Support – speaking and communicating with someone regularly
- Encourage them to talk
- Eco-therapy – go out into the garden and spend more time outdoors
- Practise mindfulness – being aware of the present moment
- **Learning** – can you help the person to learn new skills?
- **Noticing** – spend time noticing things within the environment, celebrate even the small achievements.
- **Giving** – can you encourage the person to give back in some way? Even if that is giving their time, or making a drink independently for another person? We can feel a great sense of achievement in giving back.

Support: Psychological talking treatments/therapies

A number of psychotherapies seem to work well, particularly for Cluster B personality disorders ('Dramatic, Emotional and Erratic'). They all have a clear structure and idea of how they work which must be explained to the patient.

Longer-term therapy can last for years, and may have to be more than once a week.

They all involve different ways of talking with a therapist, but are all different from each other. Some have a clear structure to them, others are more flexible.

Support: Psychological talking treatments/therapies

Mentalisation Based Therapy (MBT): this combines group and individual therapy. It aims to help you better understand yourself and others by being more aware of what's going on in your own head and in the minds of others. It is helpful in borderline personality disorder.

Dialectical Behaviour Therapy (DBT): this uses a combination of [cognitive and behavioural therapies](#), with some techniques from Zen Buddhism. It involves individual therapy and group therapy, and is helpful in borderline personality disorder.

Cognitive Behavioural Therapy (CBT): a way to change unhelpful patterns of thinking.

Support: Psychological talking treatments/therapies

Schema focused therapy: a cognitive therapy that explores and changes collections of deep unhelpful beliefs. Again, it seems to be effective in borderline personality disorder.

Transference focused therapy: a structured treatment in which the therapist explores and changes unconscious processes. It seems to be effective in borderline personality disorder.

Dynamic psychotherapy: looks at how past experiences affect present behaviour. It is similar to Transference Focused Therapy, but less structured.

Cognitive analytical therapy: a way to recognise and change unhelpful patterns in relationships and behaviour.

Support: Psychological talking treatments/therapies

Treatment in a therapeutic community

This is a place where people with long-standing emotional problems can go to (or sometimes stay) for several weeks or months. Most of the work is done in groups.

People learn from getting on – or not getting on - with other people in the treatment group. It differs from 'real life' in that any disagreements or upsets happen in a safe place. People in treatment often have a lot of say over how the community runs. In the UK, it is more common now for this intensive treatment to be offered as a day programme, 5 days a week.

Support: Physical medication

People with personality disorders are more likely to have another mental health difficulties, like [depression](#) and [anxiety](#). Medication is often prescribed to people with personality disorders to treat these difficulties, for which it can be very effective.

There has not been much research into whether medication can help with the symptoms of personality disorder themselves. Prescribing medication for this purpose is not advised by the National Institute for Care and Health Excellence (NICE - the leading medical guidance-producing organisation) and medication cannot 'cure' a personality disorder. However, many psychiatrists do prescribe medications to try to reduce individual symptoms.

Support: Physical medication

Antipsychotic drugs (usually at a low dose)

- Can reduce the suspiciousness of the three cluster A personality disorders (paranoid, schizoid and schizotypal).
- Can help with borderline personality disorder if people feel paranoid, or are hearing noises or voices.

Antidepressants

- Can help with the mood and emotional difficulties that people with cluster B personality disorders (antisocial or dissocial, borderline or emotionally unstable, histrionic, and narcissistic) have.
- Some of the selective serotonin reuptake inhibitor antidepressants (SSRIs) can help people to be less impulsive and aggressive in borderline and antisocial personality disorders. They can reduce anxiety in cluster C personality disorders (obsessive-compulsive, avoidant and dependent).

Support: Physical medication

Mood stabilisers

Can help with unstable mood and impulsivity that people with borderline personality disorder may experience.

Sedatives

The short-term use of sedative medication as part of a larger care plan can be useful during a crisis.

Additional support

Many people with personality disorder can lead full lives with support. This can be emotional - somebody to talk to - or practical - help with sorting bills out or arranging things. The support can be given by friends and families, self-help groups and networks, as well as your GP or [mental health team](#).

You might need such support occasionally, when things get particularly difficult, or you may need it regularly. If you have a personality disorder, you may not need treatment at all - but you might find medication or talking treatments helpful, and sometimes both.

Admission to hospital usually happens only as a last resort (e.g. when a person with borderline personality disorder is harming themselves badly) and for a short time. A lot of help that was once only offered on hospital wards is now available in day centres and clinics.

Living with a Personality Disorder

People with a personality disorder, just like anyone who has mental health difficulties, can be stigmatised because of their diagnosis. They can attract fear, anger and disapproval rather than compassion, support and understanding. This is both unfair and unhelpful.

Personality Disorder is a real problem that demands real help. We can all help by being friendly, supportive and understanding, rather than being judgemental.

Support

- Try to unwind when stressed - have a hot bath or go for a walk. You may find yoga, massage or aromatherapy useful.
- Make sure you get a good night's sleep - but don't get too upset if you can't sleep.
- Look after your physical health and what you eat. You'll feel better on a balanced diet, with lots of fruit and vegetables.
- Avoid drinking too much alcohol or using street drugs.
- Take some regular exercise. This doesn't have to be extreme. Even getting off the bus one stop early, and walking the rest of the way can make a difference.
- Give yourself a treat (although not drugs or alcohol!) when things are difficult or you have coped at a stressful time.

Support

- Take up an interest or hobby. This is a good way to meet others and take your mind off the day-to-day stresses that we all face.
- Talk to someone about how you are feeling. This could be a friend or relative or, if preferred, a therapist or counsellor. If you don't have access to a counsellor or therapist, then try your GP.
- The internet is a good resource of information.
- If things get really tough, try phoning the Samaritans.

Support groups and external help

Emergence: Emergence is a service user-led organisation supporting all people affected by a diagnosis of personality disorder, whether you are a service user, carer (which is a family member or friend of a service user) or a professional in the field.

Mind: Mind is a leading mental health charity in England and Wales and has extensive information on personality and personality disorder.

Personality disorder: no longer a diagnosis of exclusion: This provides information, resources and learning opportunities for those with a personality disorder and their carers.

Scottish Personality Disorder Network: Contains information about the network set up by the Mental Health division, and provides information about the services available for those with personality disorders in Scotland.

Support groups and external help

Samaritans: Samaritans is available 24 hours a day to provide confidential emotional support for people who are experiencing feelings of distress or despair, including those which may lead to suicide. The website has helpful information about stress and self-harm.

Helpline: 08457 90 90 90, R.O.I: 1850 60 90 90

Email: jo@samaritans.org

Rethink Mental Illness: Rethink is a leading national mental health membership charity and works to help everyone affected by severe mental illness recover a better quality of life. Has information on personality and personality disorder.

Aware: Assists and supports those suffering from depression (which can occur in those diagnosed with a personality disorder) and their families in Ireland. A helpline is available as well as support groups, lectures, and current research on depression.



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