

Personality Disorders: Types and Treatment

MSW, Sem-IV

Paper- IV (Health)

Unit-III

Dr. Rajnesh Kr. Yadav

Assistant Professor

Department of Social Work

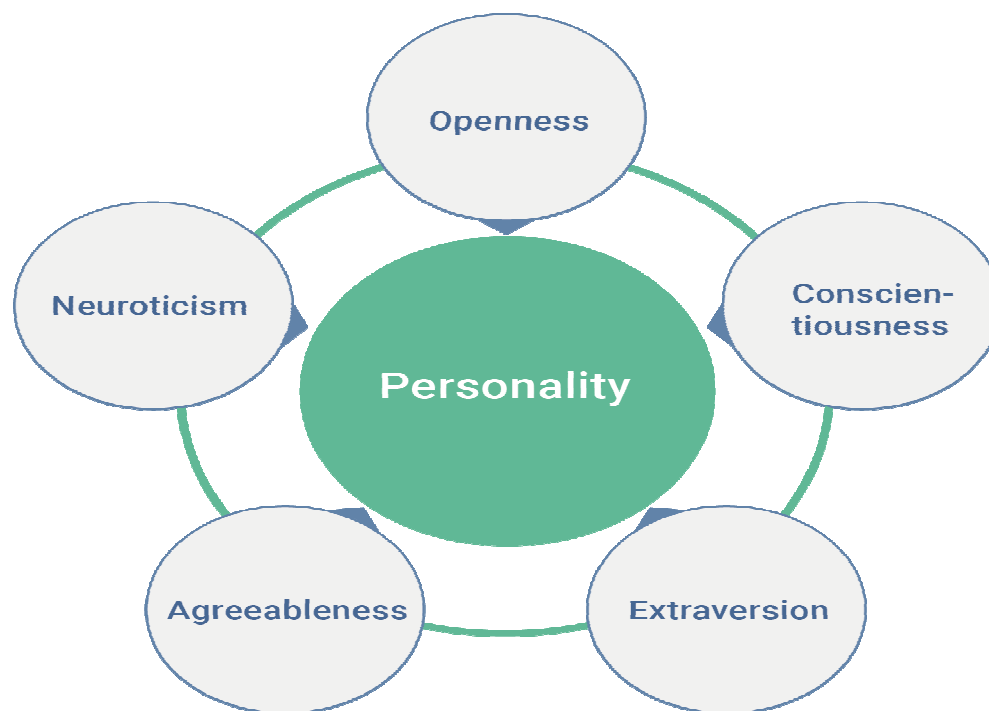
University of Lucknow, Lucknow

Email: rkylu11@gmail.com

3.1 Personality: Concept & Determents

Personality:

Personality refers to individual differences in characteristic patterns of thinking, feeling and behaving. The study of personality focuses on two broad areas: One understands individual differences in particular personality characteristics, such as sociability or irritability. The other understands how the various parts of a person come together as a whole.



The term 'personality' is derived from the Latin word 'persona' which means a mask. According to K. Young, "Personality is a patterned body of habits, traits, attitudes and ideas of an individual, as these are organized externally into roles and statuses, and as they relate internally to motivation, goals, and various aspects of selfhood." G. W. Allport

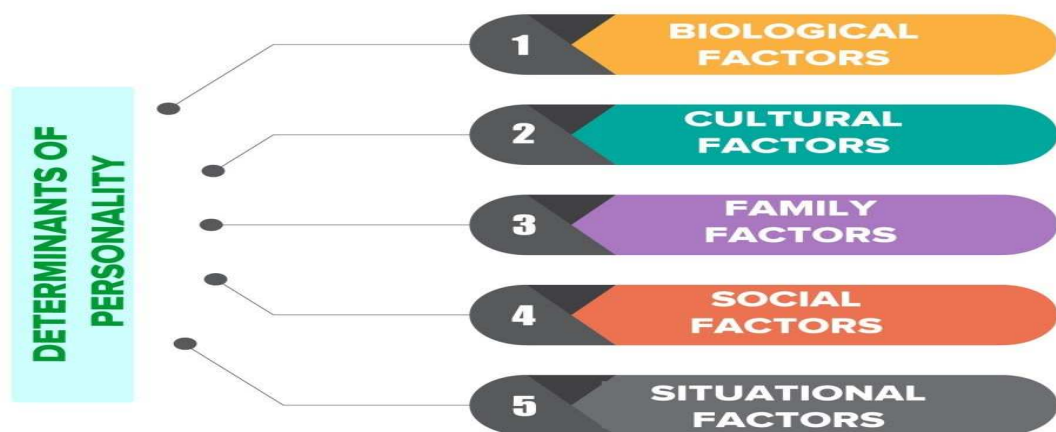
defined it as "a person's pattern of habits, attitudes, and traits which determine his adjustment to his environment.

These ideas, attitudes and values which an individual holds, comprise his personality. The personality of an individual denotes an adult's inner construction of the outer world. It is the result of the interaction processes by which standards of ethical judgment, belief and conduct are established in social groups and communities.

To sum up we would say that:

- (i) Personality is not related to bodily structure alone. It includes both structure and dynamics
- (ii) Personality is an indivisible unit.
- (iii) Personality is neither good nor bad.
- (iv) Personality is not a mysterious phenomenon.
- (v) Every personality is unique.
- (vi) Personality refers to persistent qualities of the individual. It expresses consistency and regularly.
- (vii) Personality is acquired.
- (viii) Personality is influenced by social interaction. It is defined in terms of behaviour.

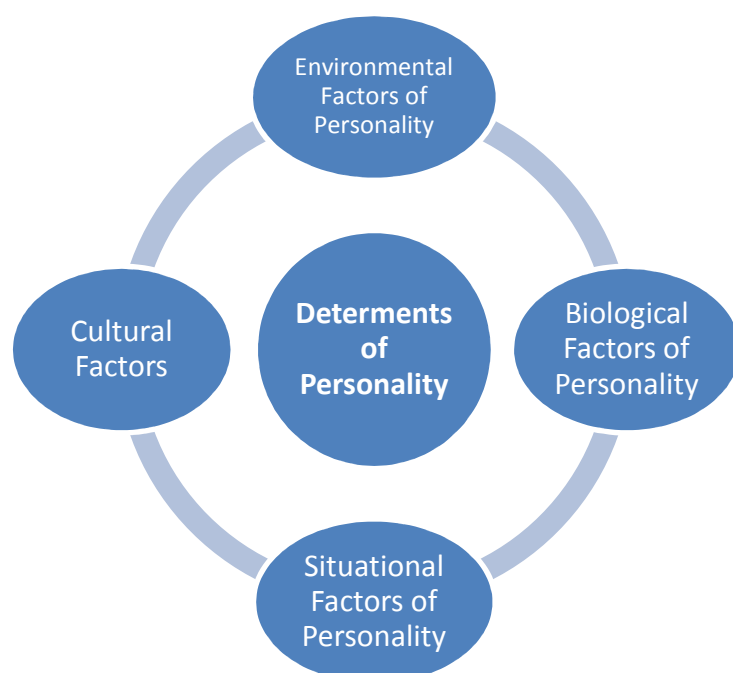
Determents of Personality:



Every person has a different personality and there are a lot of factors which contribute to that personality. We call them the determinants of personality or the factors of personality. These determinants and factors of personality can belong to very different categories. Earlier, the major debate was primarily between the heredity and environmental factors. Many psychologists believe that the environment, in which an individual lives in, forms his personality. On the other hand, some psychologists used to debate that personality is predetermined at the time of birth – which means that it is hereditary. Actually, it appears that both the environmental and heredity factors contribute as the important determinants and factors of personality.

There are various determinants of personality and these have been categorized in different ways.

1. Environmental Factors of Personality
2. Biological Factors of Personality
3. Situational Factors of Personality
4. Cultural Factors



1. Environmental Factors of Personality:

The environment that an individual lives in has a major impact on his personality. The culture and environment establish attitudes, values, norms and perceptions in an individual. Based on the cultures and traditions, different senses of right and wrong are formed in individuals. These environmental factors also include the neighbourhood a person lives in, his school, college, university and workplace. Moreover, it also counts the social circle the individual has. Friends, parents, colleagues, co-workers and bosses, everybody plays a role as the determinants of personality.

Socialisation Process:

The contribution of family and social group in combination with the culture is known as socialisation. In the words of Mussen Socialisation is the process by which an individual infant acquires, from the enormously wide range of behavioural potentials that are open to him at birth, those behaviour patterns that are customary and accepted according to the standards of his family and social group. It initially starts with the contact with mother and later on the other members of the family and the social group plays influential role in shaping an individual's personality.

Identification Process:

Identification process occurs when a person tries to identify himself with some person whom he feels ideal in the family. Generally a child in the family tries to behave like his father or mother. The identification process can be examined from three different perspectives. First, identification can be viewed as the similarity of behaviour

(including feelings and attitudes) between child and model. Second, identification can be looked as the child's motives or desires to be like the model. Third, it can be viewed as the process through which the child actually takes on the attributes of the model.

2. Biological Factors of Personality:

Heredity Factors of Personality:

The heredity factors play a very important role as the major determinants and factors of personality. Heredity factors are the ones that are determined at the time of conception. These factors not only affect the physical features of a person, but the intelligence level, attentiveness, gender, temperament, various inherited diseases and energy level, all get affected by them. The example of how heredity factors determine such a huge and significant part of an individual's personality can easily be observed in children. Many children behave exactly how their parents do. Similarly, twin siblings also have a lot of things in common.

Physical Features:

Just as environmental factors, there are many physical factors as well that determine your personality. These physical factors include the overall physical structure of a person: his height, weight, colour, sex, beauty and body language, etc. An individual's personality can change over time. Physical factors are one of the major reasons of that. Most of the physical structures change from time to time, and so does the personality. With exercises, cosmetics and surgeries etc. many physical features are changed, and therefore, the personality of the individual also evolves.

Brain:

Another biological factor that influences personality is the role of brain of an individual. Though some promising inroads are made by researchers, the psychologists are unable to prove empirically the contribution of human brain in influencing personality. Preliminary results from the electrical stimulation of the brain (ESB) research gives indication that better understanding of human personality and behaviour might come from the study of the brain.

3. Situational Factors of Personality:

Although these factors do not literally create and shape up an individual's personality, situational factors do alter a person's behaviour and response from time to time. The situational factors can be commonly observed when a person behaves contrastingly and exhibits different traits and characteristics. For example, a person's behaviour will be totally different when he is in his office, in front of his boss, when compared to his hangout with old friends in a bar. In this way, situational factors impact a personality in a significant way. They often bring out the traits of a person that are not commonly seen.

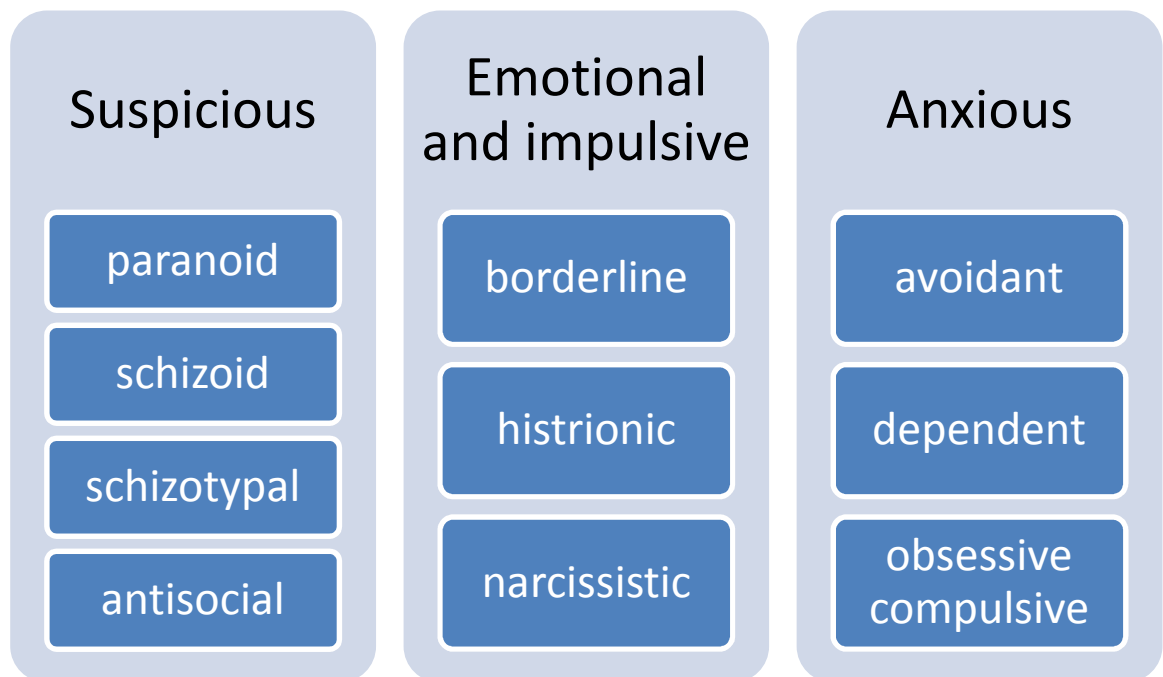
4. Cultural Factors:

Culture is traditionally considered as the major determinants of an individual's personality. The culture largely determinants what a person is and what a person will learn. The culture within a person is brought up, is very important determinant of behaviour of a person. Culture is complex of these belief, values, and techniques for dealing with the environment which are shared among contemporaries and transmitted by one generation to the next. Culture required both conformity and acceptance from its members. There are several ways of ensuring that

members comply with the dictates of the culture. The personality of an individual to a marked extent is determined by the culture in which he is brought up. According to Mussen each culture expects, and trains, its members to behave in the ways that are acceptable to the group. In spite of the importance of the culture on personality, researchers were unable to establish linear relationship between these two concepts personality and culture.

3.2 Type of Personality Disorder

1. Paranoid
2. Schizoid Disorder
3. Schizotypal Disorder
4. Narcissistic Disorder
5. Anti Social Disorder
6. Borderline Disorder
7. Avoidance Disorder
8. Dependent Disorder
9. Obsessive Disorder
10. Compulsive Disorder



Paranoid personality disorder:

You are likely to:

- find it very difficult to trust other people, believing they will use you, or take advantage of you

- find it hard to confide in people, even your friends
- watch others closely, looking for signs of betrayal or hostility
- suspect that your partner is being unfaithful, with no evidence
- read threats and danger – which others don't see – into everyday situations.

Schizoid personality disorder:

You are likely to:

- be uninterested in forming close relationships with other people including your family
- feel that relationships interfere with your freedom and tend to cause problems
- prefer to be alone with your own thoughts
- choose to live your life without interference from others
- get little pleasure from life
- have little interest in sex or intimacy
- be emotionally cold towards others.

Schizotypal personality disorder:

You are likely to:

- find making close relationships extremely difficult
- think and express yourself in ways that others find 'odd', using unusual words or phrases
- behave in ways that others find eccentric
- 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
- feel very anxious and paranoid in social situations.

Antisocial personality disorder (ASPD):

You are likely to:

- act impulsively and recklessly, often without considering the consequences for yourself or for other people
- behave dangerously and sometimes illegally
- behave in ways that are unpleasant for others
- do things – even though they may hurt people – to get what you want, putting your needs above theirs
- feel no sense of guilt if you have mistreated others
- be irritable and aggressive and get into fights easily
- be very easily bored and you may find it difficult to hold down a job for long
- believe that only the strongest survive and that you must do whatever it takes to lead a successful life, because if you don't grab opportunities, others will
- have a criminal record
- have had a diagnosis of conduct disorder before the age of 15.

You will be at least 18 years old.

This diagnosis includes 'psychopathy'. This term is no longer used in the Mental Health Act, but a 'psychopathy checklist' questionnaire may be used in your assessment.

Borderline personality disorder (BPD):

You are likely to:

- feel that you don't have a strong sense of who you really are, and others may describe you as very changeable
- suffer from mood swings, switching from one intense emotion to another very quickly, often with angry outbursts

- have brief psychotic episodes, hearing voices or seeing things that others don't do things on impulse, which you later regret
- have episodes of harming yourself, and think about taking your own life
- have a history of stormy or broken relationships
- have a tendency to cling on to very damaging relationships, because you are terrified of being alone.

The term 'borderline' is difficult to make sense of, and some people prefer the term 'emotionally unstable personality disorder' or 'emotional instability disorder', which is sometimes used in place of 'borderline personality disorder'. (Also see Mind's booklet, Understanding borderline personality disorder.)

Histrionic personality disorder:

You are likely to:

- feel very uncomfortable if you are not the centre of attention
- feel much more at ease as the 'life and soul of the party'
- feel that you have to entertain people
- flirt or behave provocatively to ensure that you remain the centre of attention
- get a reputation for being dramatic and overemotional
- feel dependent on the approval of others
- be easily influenced by others.

Narcissistic personality disorder:

You are likely to:

- 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 'above yourself'
- take advantage of other people.

Avoidant (or anxious) personality disorder:

You are likely to:

- 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:

You are likely to:

- feel needy, weak and unable to make decisions or function properly without help or support
- allow others to assume responsibility for many areas of your life
- agree to things you feel are wrong or you dislike to avoid being alone or losing someone's support
- be afraid of being left to fend for yourself

- have low self-confidence
- see other people as being much more capable than you are
- be seen by others as much too submissive and passive.

Obsessive-compulsive personality disorder (OCPD)

You are likely to:

- need to keep everything in order and under control
- set unrealistically high standards for yourself and others
- think yours is the best way of making things happen
- worry when you or others might make mistakes
- expect catastrophes if things aren't perfect
- be reluctant to spend money on yourself or others
- have a tendency to hang on to items with no obvious value.

OCPD is separate from obsessive compulsive disorder (OCD), which describes a form of behaviour rather than a type of personality. (See Mind's booklet, Understanding obsessive compulsive disorder.)

Causes a personality disorder:

Research about personality disorders suggests that a combination of factors is involved.

Family circumstances:

There is some evidence to suggest that family circumstances can make you vulnerable to personality disorder. This might be because you had a difficult childhood. You may have had changes in your family so that you had several different parent figures, with different demands and expectations, or you may have spent time in care. If you experienced physical, sexual or emotional neglect or abuse (many people with

borderline personality disorder [BPD] report that this is the case), this may make you more vulnerable.

It is difficult to learn how to have normal trusting relationships if the people you are dependent on do not provide security, or it comes with abuse. This may make you feel that you are worthless, make you prone to anger, and you may find it difficult to express your emotions safely. If you have had to adapt to different parent figures, you may never have learned to trust others, or to understand other people's feelings or body language, and may suspect their intentions towards you. In turn, if you seem aggressive and hostile, others will be suspicious of you and avoid you, and this will make the problems worse.

Antisocial personality disorder has been linked to antisocial behaviour in childhood, which could be the result of high levels of stress and family problems. These might include your parents not giving you enough warmth, intimacy, consistency or appropriate discipline and supervision. Your parents having ASPD or abusing drugs or alcohol may also be factors.

Trauma:

Repeated childhood traumas (unrelated to abuse), such as being involved in major incidents or accidents, or sudden bereavement, may lead to personality disorder. It's been suggested that early and severe trauma, in particular, can cause personality difficulties.

This is not to say that everyone who experiences a traumatic situation will develop these problems, just that it might leave someone more vulnerable. However, the way you and others around you reacted and dealt with it, and the support and care you received to help you cope, will have made a lot of difference.

Genetics and inheritance:

Some elements of our personality are inherited. People are born with different temperaments; for example, babies vary in how sociable they are, in the intensity of their reactions, and in the length of their attention span. Some experts believe that inheritance may play a relatively big part in the development of OCPD (obsessive compulsive) and ASPD (antisocial)(see p.9 and p.7 respectively), and that there may also be a genetic link between personality disorders and certain other mental health problems; for example, schizophrenia or bipolar disorder.

3.3 Treatment of Personality Disorder:

The people involved in your treatment:

“It was only when I met some dedicated professionals who were willing to go that extra mile, did I then start to change and believe in myself. I was able to begin therapy and develop a good trusting relationship which has been consistent and secure”

The most important factor in your treatment is the relationship you form with the professionals who are helping you, whether they are a social worker, psychiatric nurse, therapist or psychiatrist. Having someone you trust, who will give you time, listen to you and believe in you, is crucial for your progress.

Successful treatment also depends on you being actively involved in it. The Knowledge and Understanding Framework (KUF) now trains staff working with people with all types of personality disorders to encourage you to do this (see emergenceplus.org.uk for more details).

Treatment plan:

Treatment plans need to include

- group and individual therapies
- encouragement for you to continue with the programme
- Education
- planning for crisis.

You may receive treatment as an out-patient in a hospital or a day centre, or as an in-patient.

If you have been convicted of a crime, you may receive treatment in prison. Research has shown that treatment programmes in prisons are more successful, and more acceptable to many people, than those that are delivered in secure hospitals. Prisons are seen as more friendly

as well as more appropriate to treating crime. Being in hospital may set up expectations for treatment which are not met, and cause frustration and resentment.

Talking treatments:

Talking treatments designed specifically for personality disorders have been shown to be helpful, though much of the research, so far, has focused on treatment for borderline personality disorder (BPD) and milder forms of personality disorder. A recent paper showed evidence for the success of out-patient and day hospital psychotherapy for the 'emotional and impulsive' group of personality disorders.

There are certain keys to the success of talking treatments. You are more likely to benefit from treatment if you can:

- think about and monitor your own thoughts, feelings and behaviour
- be honest about yourself, your problems and imperfections
- accept responsibility for solving your problems, even if you did not cause them
- be open to change and stay motivated.

Talking treatments should be available through your GP or your community mental health team, although availability depends on where you live. You may also be able to find them for yourself from organisations in your area, such as a local Mind, or privately. See BACP and BABCP in 'Useful contacts' and Mind's booklet Making sense of talking treatments.

Dialectical behaviour therapy (DBT):

DBT offers group therapy alongside individual treatment and can be very effective, especially with BPD. DBT teaches new skills to help

you manage emotions, such as distress, and improve the way you interact with others. It helps change the behaviour that causes you most problems so you can deal better with day-to-day crises. (See Mind's online booklet Making sense of dialectical behaviour therapy.)



Cognitive behaviour therapy (CBT):

CBT has been especially helpful for people with dependent and avoidant personality disorders. It can help you examine your usual pattern of thoughts and attitudes and allow you to challenge ideas and beliefs that cause you problems. For example, if you are too dependent, therapy could focus on your belief that you are so helpless and incompetent you need someone else to rely on. If you have obsessive compulsive personality disorder (OCPD), therapy might help you explore your feeling that you must not, under any circumstances, make any mistakes. (See Mind's booklet Making sense of cognitive behaviour therapy.)

"Avoidant personality disorder... at first it was a relief to know that I wasn't alone in feeling the way I did, but for a couple of months afterwards I did use the label as an excuse to behave in particular ways and blame it on my 'condition'. Fortunately, with the help of CBT I realised that I didn't have to live like that."



Cognitive analytic therapy (CAT):

CAT focuses on developing relationships, the problems you have with forming relationships, and the habits you have got into in relation to how you think, feel and behave with others. Your therapist will help you to understand your problems and how they developed. You will usually be offered a set number of sessions of CAT.

Psychodynamic therapy:

This focuses on the relationship between client and therapist, and can be useful with borderline personality disorder (BPD), in particular. It can help you manage your relationships with other people and improve the way you feel about yourself.

Mentalization:

This form of treatment focuses on developing your understanding of yourself and how others feel. It aims to help you to regulate your emotions and impulses, and develop fulfilling, meaningful relationships.

Group therapy:

Group therapy can be helpful for anyone who prefers to avoid social situations, or who usually depends too much on another person. The groups may have very practical aims, with the emphasis on practising social skills and assertiveness training. If you tend to form intense, 'special', one-to-one relationships, a group can let you try out different relationships and broaden your range of attachments to other people.

Group therapy may include social problem-solving therapy, which aims specifically to boost your social confidence and help you to reduce impulsive behaviour. It does this by teaching you to stop and think and plan your actions.

Therapeutic communities:

Whichever personality disorder you are diagnosed with, you are likely to have difficulties with relationships with other people. Living in a therapeutic community for a number of months can be very helpful, and can be seen as a continuous form of group therapy.

The emphasis is on working together, democratically, so that staff and residents share responsibility for tasks and decisions. People are encouraged to express their feelings about one another's behaviour in group discussions. This inevitably means having to face up to the impact your attitudes and behaviour have on others.

Communities vary, and while in some there may be no individual therapy, in others there may be a mixture of large or small group meetings, and one-to-one sessions with a member of staff. There is often no medication involved. You will benefit most if you are able to

accept your own contribution to your problems and your ability to change.

Therapeutic communities are usually residential, but non-residential ones are emerging, led by service users. These may involve internet networks or face-to-face meetings. There are also some therapeutic communities within the prison system.

Art therapies:

Art, music and dance therapies may help you to express how you are feeling, especially if you are having difficulty putting things into words. If you are someone who finds social situations very difficult, meeting for a session of art or music, can help. Expressing yourself without words, in a group, can be an excellent way to begin to get used to trusting others and sharing experiences. Drama therapy may help you to say things that are normally difficult to express (see Mind's online booklet Making sense of arts therapies).

Medication:

There are no drugs specifically for personality disorder, but doctors may prescribe them to treat additional problems, such as irritability, depression or psychotic episodes. It may take some time to find a drug that works for you, and often medication may be most effective when combined with a talking treatment. If you have not been offered medication and would like to see if it would help you, you could ask to talk to a psychiatrist about it. (See Mind's Making sense booklet series for more information about drugs.)

Local support groups:

If there is a local support group in your area, this can be the best way of meeting people who have similar experiences to your own and can really understand how you feel and the sorts of problems you may be having. You should be able to find out what is available in your area through Emergence or Mind Infoline.

How can friends and family help?

This section is for friends or family who wish to support someone they know with a diagnosis of personality disorder.

- Emphasise the positive: a diagnosis of personality disorder doesn't stop someone being likeable, intelligent, highly motivated or creative. Make the most of their strengths and abilities.
- Good information is crucial. If your friend or relative would find it helpful, you could be involved in discussions with mental health professionals, when they are explaining diagnoses and treatment approaches to them. You could act as their advocate and speak up and support them, making sure they get the answers they need from professional services.
- They may need your encouragement to change their behaviour. For instance, alcohol, drugs or staying in an abusive relationship can only add to their problems.
- But try not to stop them from doing things just because you think they may be unhelpful. Unless it's something dangerous, it may be better to let them experience the consequences of their actions, so that they can learn from them.
- Telling them they are 'immature' or 'inadequate', or 'attention-seeking' or 'making bad choices' may sometimes feel justified, but it's usually more helpful to focus on their good points and things

that have gone well for them. Remember that it can be very hard to change, so try not to expect too much too soon.

- If their behaviour is difficult for you, let them know how it makes you feel, and ask them to think about how they would feel if they were treated in a similar way.
- If you treat them as if they are unable to cope, they will not learn how to make their own decisions or do things for themselves.
- Encourage them to reflect on their experiences and learn from them, rather than saying 'I told you so'.
- If you think they are at risk of self-harm or are feeling suicidal, don't be afraid to ask about this. Sharing these feelings may help them to find other ways of coping. (See Understanding self-harm and How to help someone who is suicidal.)
- Try to help identify situations that bring out the best or worst in them and follow up on this. For example, even if they are uncomfortable being close to people or in company, they may be much more relaxed and lose their inhibitions when they are discussing a subject that really interests them. So encouraging them to joining a particular society, club or class may be a way they can learn to enjoy company.

People with a diagnosis of personality disorder can sometimes be very challenging to spend time with, or share a home with. You will need to look after yourself, and put your own needs first sometimes. You may find that there is a carers' support group nearby, where you can share experiences with others in a similar position and support each other.