

Personality disorder

Introduction

Personality disorders are conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

Changes in how a person feels and distorted beliefs about other people can lead to odd behaviour, which can be distressing and may upset others.

The main symptoms are:

being overwhelmed by negative feelings such as distress, anxiety, worthlessness or anger

avoiding other people and feeling empty and emotionally disconnected

difficulty managing negative feelings without self-harming (for example, abusing drugs and alcohol, or taking overdoses) or, in rare cases, threatening other people

odd behaviour

difficulty maintaining stable and close relationships, especially with partners, children and professional carers

sometimes, periods of losing contact with reality

Symptoms typically get worse with stress.

People with personality disorders often have other mental health problems, especially depression and substance misuse.

When and why personality disorders occur

Personality disorders typically emerge in adolescence and continue into adulthood.

They may be mild, moderate or severe, and people may have periods of 'remission' where they function well.

Personality disorders may be associated with genetic and family factors. Experiences of distress or fear during childhood, such as neglect or abuse, are common.

Types of personality disorder

Several different types of personality disorder are recognised. They can be broadly grouped into one of three clusters – A, B or C – which are summarised below.

Read about symptoms of personality disorders for a full list of the main types and signs of personality disorders.

Cluster A personality disorders

A person with a cluster A personality disorder tends to have difficulty relating to others and usually shows patterns of behaviour most people would regard as odd and eccentric. Others may describe them as living in a fantasy world of their own.

An example is paranoid personality disorder, where the person is extremely distrustful and suspicious.

Cluster B personality disorders

A person with a cluster B personality disorder struggles to regulate their feelings and often swings between positive and negative views of others. This can lead to patterns of behaviour others describe as dramatic, unpredictable and disturbing.

An example is borderline personality disorder, where the person is emotionally unstable, has impulses to self-harm, and intense and unstable relationships with others.

Cluster C personality disorders

A person with a cluster C personality disorder struggles with persistent and overwhelming feelings of anxiety and fear. They may show patterns of behaviour most people would regard as antisocial and withdrawn.

An example is avoidant personality disorder, where the person appears painfully shy, socially inhibited, feels inadequate and is extremely sensitive to rejection. The person may want to be close to others, but lacks confidence to form a close relationship.

How many people are affected?

Personality disorders are common mental health problems.

It is estimated around one in every 20 people has a personality disorder. However, many people have only mild conditions so only need help at times of stress (such as bereavement). Other people with more severe problems may need specialist help for longer periods.

Outlook

Most people recover from personality disorders over time. Sometimes a psychological or medical treatment is helpful, or simply some sort of support. This depends on the severity of the disorder and whether there are ongoing problems.

Some mild to moderate personality disorders improve with psychotherapy.

Different types of psychological therapies have been shown to help people with personality disorders. However, there is no single approach that suits everyone and treatment should be tailored to the individual. Not all talking therapies are effective and it is essential they are delivered by a trained therapist.

Read more information about treating a personality disorder.

Signs and symptoms of personality disorders

The different types of personality disorder that might need treatment can be broadly grouped into one of three clusters, called A, B or C.

Cluster A personality disorders

A person with a cluster A personality disorder tends to have difficulty relating to others and usually shows patterns of behaviour most people would regard as odd and eccentric.

The main personality disorders in this category are listed below.

Paranoid personality disorder

A person with a paranoid personality disorder is extremely distrustful and suspicious. Other symptoms include:

thinking other people are lying to them or trying to manipulate them

feeling they cannot really trust their friends and associates

worrying any confidential information shared with others will be used against them

thinking there are hidden meanings in remarks most would regard as innocent

worrying their spouse or partner is unfaithful, despite a lack of evidence

Schizoid personality disorder

A person with a schizoid personality disorder may appear cold and detached, and avoid making close social contact with others. Other symptoms include:

preferring to take part in activities that do not require interaction with others

having little desire to form close relationships, including sexual relationships

being uninterested when receiving criticism or praise

having a limited ability to experience pleasure or joy

Schizotypal personality disorder

A person with a schizotypal personality disorder is likely to have poor social skills and delusional thoughts, and behave in unusual ways. Other symptoms include:

attaching undue and misguided significance to everyday events, such as thinking newspaper headlines are secret messages to them

believing in special powers, such as telepathy or the ability to influence other people's emotions and actions

having unusual ways of speaking, such as long, rambling vague sentences or going off on a tangent

experiencing excessive anxiety in social situations, even if they have known a particular person or group of people a long time

Cluster B personality disorders

A person with a cluster B personality disorder struggles to relate to others. As a result, they show patterns of behaviour most would regard as dramatic, erratic and threatening or disturbing.

The main personality disorders in this category are listed below.

Antisocial personality disorder

A person with an antisocial personality disorder sees other people as vulnerable and may intimidate or bully others without remorse. They lack concern about consequences their actions may have.

Symptoms include:

lack of concern, regret or remorse about other people's distress

irresponsibility and disregard for normal social behaviour

difficulty in sustaining long-term relationships

little ability to tolerate frustration and to control their anger

lack of guilt, or not learning from their mistakes

blaming others for problems in their lives

Borderline personality disorder

A person with a borderline personality disorder is emotionally unstable, has impulses to self-harm and has very intense and unstable relationships with others.

Read more information about borderline personality disorder.

Histrionic personality disorder

A person with a histrionic personality disorder is anxious about being ignored. As a result, they feel a compulsion (overwhelming urge) to be noticed and the centre of everybody's attention. Symptoms and behaviours include:

displaying excessive emotion yet appearing to lack real emotional sincerity

dressing provocatively and engaging in inappropriate flirting or sexually seductive behaviour

moving quickly from one emotional state to another

being self-centred and caring little about other people

constantly seeking reassurance and approval from other people

Symptoms and signs may co-exist with borderline and narcissistic personality disorders.

Narcissistic personality disorder

A person with a narcissistic personality disorder swings between seeing themselves as special and fearing they are worthless. They may act as if they have an inflated sense of their own importance and show an intense need for other people to look up to them.

Other symptoms include:

exaggerating their own achievements and abilities

thinking they are entitled to be treated better than other people

exploiting other people for their own personal gain

lacking empathy for other people's weaknesses

looking down on people they feel are 'beneath' them, while feeling deeply envious of people they see as being 'above' them

Cluster C personality disorders

A person with a cluster C personality disorder fears personal relationships and shows patterns of anxious and fearful behaviour around other people. Others may be withdrawn and reluctant to socialise.

The main personality disorders in this category are listed below.

Avoidant personality disorder

A person with an avoidant personality disorder appears painfully shy, is socially inhibited, feels inadequate and is extremely sensitive to rejection.

Unlike people with schizoid personality disorders, they desire close relationships with others but lack the confidence and ability to form them.

Dependent personality disorder

A person with a dependent personality disorder feels they have no ability to be independent. They may show an excessive need for others to look after them and are 'clingy'. Other symptoms include:

finding it difficult to make decisions without other people's guidance

needing others to take responsibility over what should be their own important life choices

not being able to express disagreement with other people

finding it difficult to start new activities due to a lack of confidence

going to extremes to obtain support and comfort

feeling helpless and uncomfortable when alone

urgently needing to start a new relationship once a previous relationship comes to an end

having an unrealistic and constant fear they will be left alone to fend for themselves

Obsessive compulsive personality disorder

A person with an obsessive compulsive personality disorder is anxious about issues that seem out of control or 'messy'. They are preoccupied with orderliness and ways to control their environment and may come across to others as a 'control freak'.

Other symptoms include:

having an excessive interest in lists, timetables and rules

being so concerned with completing a task perfectly that they have problems completing it (perfectionism)

being a workaholic

having very rigid views about issues such as morality, ethics and how a person should behave in daily life

hoarding items that seem to have no monetary or sentimental value

being unable to delegate tasks to other people

disliking spending money, as they think it is always better to save for a 'rainy day'

This personality disorder differs from obsessive compulsive disorder (OCD), a related mental health condition, in several important ways:

People with OCD are aware their behaviour is abnormal and are anxious about it. Most people with obsessive compulsive personality disorder think their behaviour is perfectly acceptable and have no desire to change it.

Some people with OCD are compelled to carry out rituals, such as having to touch every second lamppost as they walk down the street. This is not usually the case with people with obsessive compulsive personality disorder.

People with OCD may feel compelled to make lists or organise items in their house but feel anxious about doing so. People with obsessive compulsive personality disorder find relief from anxiety when doing such tasks and may become irritated when prevented from doing so.

Read more information about obsessive compulsive disorder.

Treating a personality disorder

Treatment for most personality disorders usually involves a course of psychological therapy. This normally lasts at least six months, often longer, depending on the severity of the condition and other co-existing problems.

Psychological therapies

Psychotherapy is a treatment that involves discussion of thoughts, feelings and emotions with a trained professional. The aim of all psychological therapies is to improve people's ability to regulate their thoughts and emotions.

Some therapies focus on dysfunctional thoughts, while others focus on self-reflection and being aware of how your own mind works. Some therapies, especially group therapies, help people understand social relationships better.

Psychological therapies can be effective for many personality disorders. However, they should only be delivered by a trained professional who has experience of working with personality disorders and other clinical conditions. This is because personality disorders are serious conditions that can be associated with high-risk behaviours, such as self-harm.

As well as listening and discussing important issues with you, the psychotherapist can suggest strategies to resolve problems and, if necessary, can help you change your attitudes and behaviour.

A range of different psychotherapies are used to treat personality disorders. They can be broadly classified into three types of therapy, outlined below.

Psychodynamic (reflective) psychotherapy

Psychodynamic psychotherapy is based on the idea that many adult patterns of behaviour are related to negative early childhood experiences. These experiences cause patterns of distorted thinking and beliefs that may have been understandable in childhood but do not work in adult life. The goal of therapy is to explore these distortions, understand how they arose, and find effective ways to overcome their influence on your thinking and behaviour.

Both individual and group dynamic therapy may be helpful for personality disorders, especially borderline personality disorder (BPD). A particular form, called mentalisation-based therapy, is recommended for BPD.

Cognitive behavioural therapy

Cognitive behavioural therapy (CBT) is based on the theory that how we think about a situation affects how we act. In turn, our actions can affect how we think and feel. Therefore, it is necessary to change both the act of thinking (cognition) and behaviour at the same time.

A type of CBT called dialectical behaviour therapy (DBT) has proved successful in helping people reduce impulsive self-harming behaviours, especially in borderline personality disorder. DBT is designed to help you cope better with emotional instability, while at the same time encouraging you to behave in a more positive way.

Read about treating borderline personality disorder for more information on DBT.

Interpersonal therapy

Interpersonal therapy (IPT) is based on the theory that our relationships with other people and the outside world in general have a powerful effect on our mental health.

Several personality disorders may be associated with feelings of low self-esteem, anxiety and self-doubt caused by problems interacting with people.

During IPT, the therapist will explore any negative issues associated with your interpersonal relationships and how these issues can be resolved.

Therapeutic communities

Therapeutic communities (TCs) are a form of group therapy in which the experience of having a personality disorder is explored in depth. TCs are an intensive form of therapy.

The minimum type of TC is one day a week, but others are 9-5pm, five days a week. They have been shown to be effective for mild to moderate personality disorders, but require a high level of commitment.

Medication

Currently, no medication has been licensed for the treatment of any personality disorder. However, medications may be prescribed to treat associated problems such as depression, anxiety or psychotic symptoms.

For example, if you have moderate to severe symptoms of depression that make it difficult to approach your therapy with confidence or enthusiasm, you may be prescribed a type of antidepressant called a selective serotonin reuptake inhibitor (SSRI).

Some people, especially those with borderline personality disorder, have found mood-stabilising medication helpful.