

**UNDERSTANDING
PERSONALITY
DISORDERS**

UNDERSTANDING PERSONALITY DISORDERS

This booklet is for people who have, or think they may have, a diagnosis of personality disorder or their friends and family. It discusses what the diagnosis means, possible causes and treatment approaches.

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WHAT IS A PERSONALITY DISORDER?

The word 'personality' refers to the pattern of thoughts, feelings and behaviour that makes each of us the individuals that we are. We don't always think, feel and behave in exactly the same way – it depends on the situation we are in, the people with us, and many other things. But mostly we do tend to behave in fairly predictable ways or patterns. And so we can be described as shy, selfish, lively, and so on. We each have a set of these patterns, and this set makes up our personality.

Generally speaking, personality doesn't change very much, but it does develop as we go through different experiences in life, and as our circumstances change. So, as we mature with time, our thinking, feelings and behaviour all change. We are usually flexible enough to learn from past experiences and to change our behaviour to cope with life more effectively.

However, if you have a personality disorder, you are likely to find this more difficult. Your patterns of thinking, feeling and behaving are more difficult to change and you will have a more limited range of emotions, attitudes and behaviours with which to cope with everyday life. This can make things difficult for you or for other people.

If you have a personality disorder, you may find that your beliefs and attitudes are different from most other people's. They may find your behaviour unusual or unexpected, and may find it difficult to spend time with you. This, of course, can make you feel very hurt and insecure; you may end up avoiding the company of others.

I always felt different from others and had no sense of belonging anywhere. My life was always chaotic, as were my feelings – never consistent or stable, but changeable and unpredictable. I felt like an outcast of society – undeserving of anything. I secretly longed for a better way of life, but didn't know how to achieve it and lacked confidence that I could change.

The diagnosis applies if you have personality difficulties which affect all aspects of your life, all the time, and make life difficult for you and for those around you. The diagnosis does not include personality changes caused by a life event such as a sudden traumatic incident, or physical injury.

Personality disorders usually become noticeable in adolescence or early adulthood, but sometimes start in childhood. They can make it difficult for you to start and keep friendships or other relationships, and you may find it hard to work effectively with others. You may find other people very scary, and feel very alienated and alone.

However, with the right help you can learn to understand other people better, and cope better with social situations and relationships with other people.

WHAT ARE THE DIFFERENT TYPES OF PERSONALITY DISORDER?

Personality disorder can show itself in different ways. Psychiatrists in Scotland tend to use an American system of diagnosis which identifies 10 different types of personality disorder. These types can be grouped into three categories:

Suspicious	Emotional and impulsive	Anxious
• paranoid	• borderline	• avoidant
• schizoid	• histrionic	• dependent
• schizotypal	• narcissistic	• obsessive compulsive
• antisocial		

One person may meet the criteria for several different types of personality disorder, while a wide range of people may fit the criteria for the same disorder, despite having very different personalities.

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.

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'.

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.

WHY IS THE DIAGNOSIS CONTROVERSIAL?

Although the system of diagnosis in this booklet is the one generally used in Scotland, some psychiatrists disagree with its use, and many people who are given the diagnosis find it stigmatising and unhelpful.

The classification is not accepted by some specialists

Some psychiatrists believe that the standard categories are unhelpful, because:

- there is no scientific evidence for them
- most people who are diagnosed with a personality disorder do not fit any one category
- the categories are based on how people behave when they are in hospital, not in the community – where most people live
- they do not help with deciding what treatment is appropriate for someone
- the focus should be on what each individual needs in order to deal with their problems and live in society more successfully, not what category they are in.

I'm keen on the alternative approach, currently being advocated by the British Psychological Society, that it is more appropriate and useful to ask 'What has happened to you?' rather than 'What symptoms do you have?'

You can feel labelled and insulted

Diagnoses of mental health problems feel personal in a way that physical health problems don't. And no diagnosis feels more personal than that of a personality disorder.

– Clare Allan, The Guardian

The term 'personality disorder' can sound very judgemental. Your personality is the core of your self, and to be told it is 'disordered' can be very upsetting and undermining. Many of the diagnostic labels used, e.g. 'dependent' and 'inadequate', can stigmatise, insult and hurt people.

I hate the term 'personality disorder'. It assumes that the very core of who you is disordered because it doesn't fit into what someone else has decided is the norm... Almost anyone can fit the criteria for each personality disorder, but that doesn't mean they are ill.

It can be mistakenly diagnosed

Survivors of domestic violence or child abuse have sometimes been mistakenly diagnosed with a personality disorder. This is because they have developed persistent and wide-ranging post-traumatic symptoms, which have been misread as part of their basic personality.

If you feel that your diagnosis is incorrect, you can ask to be referred for a second opinion.

It is sometimes associated with crime

At least half of criminals have a diagnosis of personality disorder, with a high proportion of those having antisocial personality disorder (ASPD). This is explained by the fact that criminal behaviour is one of the criteria for the diagnosis of ASPD (see p.7).



WHAT 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 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 (ASPD – see p.7) 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.

I have narcissistic borderline personality disorder. At first it was difficult to accept that the problem was essentially ME... my personality... But then... being able to put it into perspective as a developmental flaw was much easier to accept – that it was simply the way I'd developed in response to my environment and situations I'd experienced.

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.

WHAT HELPS WITH PERSONALITY DISORDERS?

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.

Having a say in your treatment

Your GP or psychiatrist should discuss all your treatment options with you, and your views and preferences should always be taken into account when making decisions about your treatment.

The only situations when this is not the case are if you are:

- detained in hospital or in the community under the Mental Health (Care and Treatment) (Scotland) Act 2003 (sectioned)
- being treated under a court order.

In the past, people diagnosed with a personality disorder were sometimes not offered treatment or support services, and you may still find it difficult to get the help you need. Finding an advocate – someone who can speak for you – can be very useful. (See 'Useful contacts' p.23)

Your 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 health 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.

Being in hospital may set up expectations for treatment which are not met, and cause frustration and resentment.

The National Institute for Health and Care Excellence (NICE) (see 'Useful contacts' on p.23) has produced guidelines on the treatment of borderline personality disorder (BPD) and antisocial personality disorder (ASPD). If you have other conditions as well as a personality disorder, you should be offered treatment for these too. This includes help with problems with misuse of alcohol or street drugs, as well as depression or anxiety.

I have been offered counselling, and therapy. So my overall experience with treatment has been quite good... I find listening to music, spending time doing things I enjoy, and spending time with close family and friends helps.

WHAT TREATMENTS ARE AVAILABLE?

The type of treatment you are offered, and its success, may depend on where you are (at home, in hospital or in prison) and on what is available locally.

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. The Scottish Government has a target that no-one should wait longer than eighteen weeks between being referred for a talking treatment and starting treatment.

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 or privately. (See 'Useful contacts' for more information).

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.

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.

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.

Having the knowledge about what borderline personality disorder is has helped me ... to understand myself more and to forgive myself. I am now engaging with a preparation group with the hope of going into therapeutic community once I'm ready for it.

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.

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.

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 contacting your local community health partnership or SAMH (see 'Useful Contacts' on p.23).

... I'm now with the PD Network [locally] and for the first time I've found people who understand me.

WILL THINGS IMPROVE FOR ME?

Many people consider that personality disorders are difficult to treat because they involve such deeply rooted patterns of thoughts, feelings and ways of relating to others.

But personality disorders often improve as you get older. This suggests that as you gain life experience and mature you learn better ways of relating to others, gain better understanding of your responses and reactions to people and events, and learn to manage things better. Successful treatments aim to help you make this happen by focusing on the way you think and behave, how to control your emotions, developing successful relationships and getting more out of life.



Once you can really, truly understand yourself, you can learn to recognise when things aren't good, warn people, ask for help more easily, put coping mechanisms in to place... take a lighter look at things and learn to joke about them. Once you laugh, mostly it doesn't hurt so much anymore.

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. (See SAMH'S Friends & Family Factsheet for more information)

- 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, the use of alcohol, drugs or by 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 SAMH's booklet *Suicide ... Living with your Thoughts* and *Are you worried about someone?*)
- 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 join 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. (See SAMH's booklet *How to cope as a carer* and 'Useful contacts' for more information.)

USEFUL CONTACTS

SAMH (Scottish Association for Mental Health)

t: 0141 530 1000

email: enquire@samh.org.uk

web: samh.org.uk

Details of local SAMH services and information and sign-posting for people concerned about mental health. Office hours 9am to 5pm, Monday to Friday.

Richmond Fellowship Scotland

t: 0845 013 6300

web: trfs.org.uk

Mental health care provider in Scotland supporting people who are living with the effects of serious mental health problems.

The Association for Cognitive Analytic Therapy

t: 01305 263 511

web: acat.me.uk

Information and register of therapists.

Health in Mind

t: 0131 225 8508

web: www.health-in-mind.org.uk

Helping to promote the health and wellbeing of people who experience mental health difficulties

See Me

t: 0141 530 1111

web: seemescotland.org

National programme to tackle mental health stigma and discrimination.

NHS24

t: 111

web: nhs24.com

NHS24 is a 24-hour health service for Scotland.

Breathing Space Scotland

t: 0800 83 85 87

web: breathingspace.scot

Confidential out of office hours telephone line for people experiencing low mood, anxiety or depression.

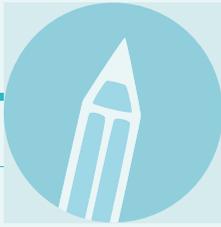
British Association for Behavioural and Cognitive Psychotherapies (BABCP)

t: 0161 705 4304

web: babcp.com

Information and a register of accredited CBT therapists.

NOTES



FURTHER INFORMATION

To read or print SAMH's information booklets, visit **samh.org.uk**;

to order copies contact SAMH on 0141 530 1000 or at enquire@samh.org.uk



SAMH is Scotland's largest mental health charity and is dedicated to mental health and well-being for all. We are here to provide help, information and support to people affected by mental health problems.

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