PERSONALITY DISORDER: TYPES, EXAMPLE, DIAGNOSING AND TREATMENT

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DEFINITION

- Personality disorders are a group of mental health conditions that affect a person's thinking, behavior, and overall functioning. These disorders can be long-standing and pervasive, causing significant impairment in a person's personal and professional life. There are many types of personality disorders, each with its own unique set of symptoms and diagnostic criteria.

TYPES OF PERSONALITY DISOREDER

- Here are some of the most commonly recognized types:

1. Borderline Personality Disorder (BPD).

2. Narcissistic Personality Disorder (NPD).

3. Antisocial Personality Disorder (ASPD).

4. Avoidant Personality Disorder (AvPD).

5. Obsessive-Compulsive Personality Disorder (OCPD).

6. Schizotypal Personality Disorder (STPD).

7. Schizoid Personality Disorder (SPD).

8. Dependent Personality Disorder (DPD).

BORDERLINE PERSONALITY DISORDER (BPD)

People with BPD often have unstable emotions and relationships, impulsive behavior, and a distorted sense of self. They may engage in self-harm or suicidal behavior, have intense fear of abandonment, and struggle with regulating their emotions.

EXAMPLE OF SOMEONE WITH BPD

- Here's an example scenario of someone with BPD:

- Samantha is a 28-year-old woman who has been struggling with BPD for several years. She frequently feels empty and lonely, and has intense and unpredictable mood swings. One day, she might feel happy and optimistic, but the next day, she might feel depressed and hopeless. Samantha has a history of impulsive behaviors such as binge-eating, substance abuse, and unsafe sex.

- Samantha has a tendency to idealize people and then quickly become disillusioned with them. She often feels abandoned or rejected by others, even when there is no evidence to support this belief. Samantha's relationships with others are often unstable and volatile, as she struggles to regulate her emotions and respond appropriately to conflicts.

- Samantha is also highly sensitive to perceived criticism or rejection, which can trigger intense feelings of anger or sadness. She often feels like she doesn't know who she really is, and may adopt different identities or personas in an attempt to feel more secure.

- Despite the challenges of living with BPD, Samantha is actively working with a mental health professional to manage her symptoms and develop healthy coping strategies.

NARCISSISTIC PERSONALITY DISORDER (NPD)

Narcissistic Personality Disorder (NPD): NPD is characterized by a grandiose sense of self-importance, a need for admiration, and a lack of empathy for others. People with NPD may overestimate their own abilities and achievements, seek constant attention and admiration, and exploit others for their own gain.

EXAMPLE OF SOMEONE WITH NPD

- Here's an example scenario of someone with NPD:

- John is a 35-year-old man who has been diagnosed with NPD. He frequently boasts about his accomplishments and abilities, and expects others to praise and admire him. John has a tendency to exaggerate his achievements, often claiming credit for things he did not actually do. He also belittles others and puts them down in order to make himself feel superior.

- John has a hard time understanding the feelings of others and is often dismissive of their needs and concerns. He is quick to become angry or hostile when he feels challenged or criticized, and has a tendency to lash out at others. John is also highly sensitive to criticism, which he perceives as an attack on his fragile ego.

- Despite his grandiose self-image, John struggles with a deep sense of insecurity and low self-esteem. He is constantly seeking validation and admiration from others in order to feel better about himself. He may use tactics such as manipulation and deceit to get what he wants and to protect his fragile sense of self.

- John's relationships with others are often superficial and shallow, as he struggles to connect with others on a deeper level. He may use others for his own gain, and may discard them once they are no longer useful to him. Despite the challenges of living with NPD, it is possible for individuals like John to seek treatment and learn healthier ways of interacting with others.

ANTISOCIAL PERSONALITY DISORDER (ASPD)

Antisocial Personality Disorder (ASPD): ASPD is marked by a disregard for the rights and feelings of others, a tendency to engage in impulsive and reckless behavior, and a lack of remorse for their actions. People with ASPD may engage in criminal activity, lie and manipulate others, and show no concern for the consequences of their behavior.

EXAMPLE OF SOMEONE WITH ASPD

- Here's an example scenario of someone with ASPD:

- Mark is a 25-year-old man who has been diagnosed with ASPD. He has a long history of engaging in criminal behavior, including theft, drug use, and assault. Mark is impulsive and often acts on his impulses without thinking about the consequences.

- Mark has a tendency to lie and manipulate others in order to get what he wants. He is highly skilled at manipulating others to his advantage, and has no qualms about using others for his own gain. Mark lacks empathy and has little regard for the feelings or well-being of others.

- Despite his criminal behavior and lack of empathy, Mark is highly charismatic and can be very charming when he wants to be. He often uses his charm to manipulate others into doing what he wants or to gain their trust. Mark has a hard time maintaining healthy relationships with others, as he tends to use and exploit those around him.

- Mark's behavior has landed him in trouble with the law on numerous occasions, and he has spent time in jail for his criminal behavior. Despite his legal troubles, Mark sees himself as above the law and has little respect for authority. It can be challenging to treat individuals with ASPD, as they often do not see a problem with their behavior and may be resistant to treatment. However, with appropriate treatment, individuals like Mark can learn to manage their symptoms and lead healthier lives.

AVOIDANT PERSONALITY DISORDER (AVPD)

Avoidant Personality Disorder (AvPD): AvPD is characterized by a pervasive fear of rejection and social isolation. People with AvPD may avoid social situations, struggle with low self-esteem, and fear being criticized or judged by others.

EXAMPLE OF SOMEONE WITH AVPD

- Here's an example scenario of someone with AvPD:

- Sarah is a 30-year-old woman who has been diagnosed with AvPD. She is extremely anxious in social situations and often avoids them altogether. Sarah is highly self-conscious and worries constantly about how she is perceived by others. She is afraid of rejection and fears that others will judge or criticize her.

- Sarah's fear of rejection and criticism has led her to avoid many social situations. She has few close relationships and tends to isolate herself from others. Sarah has a strong desire for social interaction, but her fear of rejection makes it difficult for her to initiate or maintain relationships.

- Sarah also has a tendency to view herself in a negative light, and may be overly critical of herself. She struggles with low self-esteem and may have a hard time accepting compliments or positive feedback from others.

- Despite the challenges of living with AvPD, Sarah is actively working with a mental health professional to manage her symptoms and develop healthier ways of interacting with others. Treatment may include cognitive-behavioral therapy, which can help individuals with AvPD learn to challenge their negative thoughts and beliefs about themselves and others. Group therapy can also be helpful for individuals with AvPD, as it can provide a safe and supportive environment for practicing social interaction skills.

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER (OCPD)

OCPD is marked by an excessive preoccupation with order, perfectionism, and control. People with OCPD may be rigid and inflexible, have difficulty delegating tasks, and struggle with prioritizing relationships over work.

EXAMPLE OF SOMEONE WITH OCPD

- Here's an example scenario of someone with OCPD:

- Emily is a 40-year-old woman who has been diagnosed with OCPD. She has a strong need for control and order in her life and tends to be highly rigid and inflexible in her thinking and behavior. Emily is highly preoccupied with details and may have a hard time delegating tasks to others, as she wants to ensure that everything is done to her exacting standards.

- Emily's preoccupation with order and control can lead her to become highly anxious when things don't go according to plan. She may become upset or angry when things are out of place or when others don't follow her rules or procedures.

- Emily is highly perfectionistic and has a tendency to set extremely high standards for herself and others. She may be highly critical of herself and others when these standards are not met. This can lead to strained relationships with others, as they may feel that Emily is overly demanding or critical.

- Despite the challenges of living with OCPD, Emily is working with a mental health professional to learn healthier ways of managing her symptoms. Treatment may include cognitive-behavioral therapy, which can help individuals with OCPD learn to challenge their rigid thinking and behavior patterns. Therapy may also focus on developing more effective coping strategies for managing anxiety and stress.

SCHIZOTYPAL PERSONALITY DISORDER (STPD)

STPD is marked by odd or eccentric behavior, social isolation, and cognitive distortions. People with STPD may experience paranoid ideation, magical thinking, and have difficulty forming close relationships with others.

EXAMPLE OF SOMEONE WITH STPD

- Here's an example scenario of someone with STPD:

- Jacob is a 35-year-old man who has been diagnosed with STPD. He has always had difficulty with social interaction and has few close relationships. Jacob often feels anxious in social situations and may avoid them altogether. He may also exhibit odd or eccentric behaviors, such as talking to himself or engaging in unusual rituals.

- Jacob's beliefs may also be unusual or eccentric. For example, he may believe in supernatural or paranormal phenomena, or have a strong interest in conspiracy theories. These beliefs may be important to Jacob and he may be highly defensive when challenged or questioned about them.

- Despite his difficulties with social interaction, Jacob desires close relationships and may be highly sensitive to criticism or rejection. He may interpret innocent comments or actions as being critical or rejecting, and may withdraw or become defensive as a result.

- Jacob's symptoms can be challenging to manage, but he is working with a mental health professional to develop more effective coping strategies. Treatment may include cognitive-behavioral therapy, which can help individuals with STPD learn to challenge their unusual beliefs and behaviors, and develop more effective social skills. Medications may also be helpful in managing anxiety and other symptoms of STPD.

SCHIZOID PERSONALITY DISORDER (SPD)

Schizoid Personality Disorder (SPD): SPD is characterized by a lack of interest in social relationships, emotional coldness, and limited emotional expression. People with SPD may appear indifferent to praise or criticism, prefer to be alone, and struggle to experience pleasure in everyday activities.

EXAMPLE OF SOMEONE WITH SPD

- Here's an example scenario of someone with SPD:

- Mark is a 28-year-old man who has been diagnosed with SPD. He has never been particularly interested in social interaction and tends to prefer spending time alone. Mark may appear aloof or indifferent in social situations and may struggle to make and maintain friendships.

- Mark's emotional expression is also limited. He may have difficulty expressing his feelings or understanding the emotions of others. Mark may appear cold or detached, even in situations where most people would express a strong emotional reaction.

- Despite his lack of interest in social interaction, Mark may experience loneliness or feelings of isolation. He may feel disconnected from others and struggle to find meaning or purpose in his life.

- Mark's symptoms can be challenging to manage, but he is working with a mental health professional to develop healthier ways of coping. Treatment may include cognitive-behavioral therapy, which can help individuals with SPD learn to challenge their negative thoughts and beliefs about social interaction and develop more effective social skills. Therapy may also focus on helping individuals with SPD develop more effective coping strategies for managing feelings of isolation and loneliness.

DEPENDENT PERSONALITY DISORDER (DPD)

DPD is characterized by an excessive need for approval and reassurance from others, fear of being alone or abandoned, and a lack of self-confidence. People with DPD may have difficulty making decisions or taking responsibility for themselves, and may cling to others in order to feel secure.

EXAMPLE SOMEONE WITH DPD

- Here's an example scenario of someone with DPD:

- Samantha is a 30-year-old woman who has been diagnosed with DPD. She has always been highly dependent on others, and tends to seek out relationships in which she can be taken care of. Samantha may appear submissive or clingy in her relationships, and may have difficulty making decisions without the input of others.

- Samantha's fear of abandonment is a central feature of her DPD. She may go to great lengths to avoid being left alone, and may experience intense anxiety or distress when she feels that her relationships are in jeopardy.

- Despite her need for caretaking, Samantha may struggle to express her needs or assert herself in her relationships. She may be highly deferential to the needs and wants of others, even at the expense of her own well-being.

DIAGNOSING PERSONALITY DISORDERS

- Diagnosing personality disorders can be complex, and mental health professionals typically use a combination of tools and methods to assess individuals for these conditions. Here are some of the key steps that are involved in diagnosing personality disorders:

1. **Clinical Interview:** The first step in diagnosing a personality disorder is usually a clinical interview. During this interview, the mental health professional will ask the individual about their thoughts, feelings, and behaviors, and gather information about their medical history, family history, and social situation. The goal of the clinical interview is to gain a comprehensive understanding of the individual's symptoms and experiences.

2. **Self-Report Measures:** Mental health professionals may also use self-report measures, such as questionnaires or surveys, to assess individuals for personality disorders. These measures typically ask the individual to rate themselves on a series of items related to their thoughts, feelings, and behaviors. Self-report measures can be useful for identifying patterns or trends in an individual's experiences, and can provide additional information that may not be captured in the clinical interview.

DIAGNOSING PERSONALITY DISORDERS

3. Psychological Testing: Mental health professionals may also use psychological testing to assess individuals for personality disorders. One common type of psychological test used in this context is the Minnesota Multiphasic Personality Inventory (MMPI), which is a standardized test that assesses a broad range of psychological symptoms and personality traits.

4. Diagnostic Criteria: In order to make a formal diagnosis of a personality disorder, mental health professionals typically refer to the diagnostic criteria outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM). The DSM provides a standardized set of criteria that must be met in order for a particular diagnosis to be made. The criteria typically include a combination of observable behaviors, subjective experiences, and patterns of thought or emotion.

5. Clinical Judgment: Finally, mental health professionals may also rely on their clinical judgment and experience when diagnosing personality disorders. This may involve making a diagnosis based on their overall impression of the individual, or taking into account additional information that is not captured by the other assessment methods.

TREATMENT FOR PERSONALITY DISORDER

- The treatment for personality disorders typically involves a combination of psychotherapy, medication, and other forms of intervention. The specific treatment approach will depend on the individual's symptoms, the severity of their condition, and other factors such as their age, health, and personal preferences. Here are some of the most common types of treatment used for personality disorders:

1. **Psychotherapy:** Psychotherapy is the primary treatment approach for personality disorders. Different types of psychotherapy may be used, including cognitive-behavioral therapy (CBT), dialectical behavior therapy (DBT), psychodynamic therapy, and others. The goal of psychotherapy is to help individuals with personality disorders understand and manage their symptoms, improve their interpersonal relationships, and develop coping strategies that can help them navigate challenging situations.

2. **Medication:** Medication may be used in some cases to manage specific symptoms of personality disorders, such as anxiety, depression, or impulsivity. However, there are no medications that are specifically approved for treating personality disorders as a whole.

TREATMENT FOR PERSONALITY DISORDER

3. Group Therapy: Group therapy can be a useful complement to individual psychotherapy for individuals with personality disorders. Group therapy provides a supportive environment where individuals can connect with others who are going through similar experiences, share their thoughts and feelings, and learn from each other's experiences.

4. Skills Training: Skills training programs, such as DBT or schema therapy, can be useful for individuals with personality disorders. These programs typically focus on teaching specific skills that can help individuals manage their symptoms and improve their interpersonal relationships. Skills training may include techniques for emotional regulation, interpersonal communication, problem-solving, and mindfulness.

5. Hospitalization: In severe cases of personality disorders, hospitalization may be necessary. This may be due to the risk of self-harm or suicide, or the need for intensive treatment and support.

STIGMA AND MISCONCEPTIONS ABOUT PERSONALITY DISORDER

- Stigma and misconceptions about personality disorders are unfortunately common, which can make it difficult for individuals with these conditions to seek help and receive the support they need. Here are some of the most common myths and misconceptions about personality disorders:

1. **"Personality disorders are not real disorders":** This is one of the most common misconceptions about personality disorders. In fact, personality disorders are recognized as legitimate mental health conditions by the Diagnostic and Statistical Manual of Mental Disorders (DSM).

2. **"People with personality disorders are just difficult or attention-seeking":** This myth assumes that individuals with personality disorders are intentionally causing problems, when in fact their behavior is typically a result of their condition.

STIGMA AND MISCONCEPTIONS ABOUT PERSONALITY DISORDER

3. "**Personality disorders are untreatable":** While personality disorders can be challenging to treat, with the right approach and support, many individuals with these conditions are able to manage their symptoms and lead fulfilling lives.

4. "**Personality disorders only affect certain types of people":** Personality disorders can affect people from all walks of life, regardless of age, gender, race, or social status.

5. "**Personality disorders are caused by bad parenting or personal weakness":** This myth suggests that personality disorders are the result of personal shortcomings, which is not supported by research. Instead, personality disorders are believed to be caused by a combination of genetic, environmental, and social factors.

THANK YOU