

# Personality Disorders

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# What Are Personality Disorders?

We all have parts of our personality we do not like and things we would like to change. Some people are aggressive, others are shy and fear being thought of negatively, and still others may find establishing close relationships and expressing emotions difficult.

While these traits may be character flaws and things we would like to improve, they need not be personality disorders. Being high or low on a personality trait is 'normal' and expressing these traits in certain situations is 'normal'.

Personality disorders are more severe than everyday personality problems and produce more serious consequences. People with personality disorders have extreme personality traits and show several problem traits. These problem traits hinder the person's long-term functioning in all situations. This means that the problematic traits of someone with a personality disorder reflect who the person is *all* the time.

While everyday problems may cause distress and even impairment, the distress and impairment experienced by someone with a personality disorder is more severe. These impairments cause serious problems in social and occupational life, interpersonal relationships, and other important life areas. Serious interpersonal problems are common among people with personality disorders because they find it difficult to make friends and maintain intimate relationships.

Personality disorders are found in 5-6 % of people in the general population. The nature of personality disorders can vary widely, so Clinical Psychologists have identified ten groups of personality disorders. The descriptions may remind you of others or even yourself, but this does not mean that they or you have a personality disorder. It is the *severity* of a person's behaviours, the *appropriateness* of their behaviours given the circumstances, and the amount of *distress or impairment* caused,

that determines if a person has a personality disorder. There are 10 types of personality disorder

### **Paranoid Personality Disorder**

People with Paranoid Personality Disorder are overly suspicious and distrusting of others without good reason. They believe everyone is out to 'get' them, and they are highly secretive, sceptical and wary. They interpret everyday events and the actions of others as involving malicious intent aimed specifically at them.

### **Schizoid Personality Disorder**

People with Schizoid Personality Disorder have limited emotional expression and may seem cold, dull, unfriendly, and distant. They may appear emotionally lifeless. They prefer to be alone, do not wish to form close relationships (i.e., family relationships or friendships) and do not find pleasure in any activities.

### **Schizotypal Personality Disorder**

Schizotypal Personality Disorder is characterised by social and interpersonal difficulties that cause distress and hinder the ability to form close relationships. They may display odd thoughts, beliefs, emotions, sensations and behaviours.

### **Antisocial Personality Disorder**

Antisocial Personality Disorder is more common in men than women. Sufferers tend to be aggressive, impulsive, unconcerned with their own safety and the safety of others, irresponsible, reckless and deceitful. These people persistently break the law, fail to meet their commitments (e.g., work, financial) and lack remorse for their actions and for the hurt they cause others. People with Antisocial Personality Disorder show this pattern of destructive behaviour by the age of 15 years.

### **Borderline Personality Disorder**

Borderline Personality Disorder affects more females than males. Sufferers are changeable in relationships, emotions and their sense of self. The changes happen quickly and without warning. Sufferers also impulsively

do things that may be harmful (e.g., risky sex, gambling, spending sprees or eating binges, reckless driving). They feel depressed, abandoned and empty, and may attempt suicide or self-mutilation. Problems with controlling excessive anger are also a major feature of this disorder.

### **Histrionic Personality Disorder**

Sufferers show attention-seeking behaviour and express emotions in a dramatic or exaggerated manner. They need to be the centre of attention and use their appearance or actions to achieve this (e.g., being provocative).

### **Narcissistic Personality Disorder**

Sufferers believe they are special, important and perfect. They seek excessive admiration and attention from others and react badly to criticism. Sufferers daydream about success and may have relationship problems due to their lack of empathy, feelings of envy or their sense of how important they are.

### **Avoidant Personality Disorder**

Sufferers avoid social contact because they feel inadequate and fear criticism, rejection, and disapproval. They avoid new activities that involve others, feel inhibited in social situations, and are wary of new relationships for fear of being disliked.

### **Dependent Personality Disorder**

People with Dependent Personality Disorder lack self-confidence and have a strong need to be taken care of. Therefore, they can be clinging and submissive. They may lack independence and initiative, be passive, indecisive and helpless. They may fear being alone and having to fend for themselves. Consequently, they may go to extreme lengths to ensure they do not lose any relationships such as doing unpleasant things, never being disagreeable, and putting their own needs last.

### **Obsessive-Compulsive Personality Disorder**

Sufferers are perfectionists and preoccupied with order, details, being in control, and following rules. This is often evident at work where they will

be devoted to their work at the expense of personal lives, and where their need to be perfect affects their ability to complete jobs. They are inflexible, lack openness, are stubborn and tend to hoard worthless possessions and money.

## **What Causes Personality Disorders?**

The factors outlined below have been identified as important in the development of a personality disorder.

### **Biological Vulnerability**

Some people seem biologically prone to develop a personality disorder. What they inherit may make them more likely to develop particular personality traits (e.g., aggression) that are closely related to certain personality disorders (e.g., Antisocial Personality Disorder).

### **Personal Experiences**

People with a biological vulnerability may have life experiences that may increase or decrease the risk of developing a personality disorder. Early trauma and childhood and adolescence experiences influence personality development and thus play a role in the development of personality disorders. If early experiences have been inappropriate, 'normal' personality development may be disrupted. For example, being rewarded for aggressive behaviour and punished for passive behaviour may lead to the development of aggressive personality traits. Although people may have experiences that put them at risk of developing a personality disorder, it does not necessarily mean they will develop one.

### **Thoughts**

Previous experiences may lead you to adopt ways of thinking about yourself, the world, and others. For instance, if someone has been rewarded for aggression, they may lean to behave aggressively and without regard for others to get what they want.

### **Behaviour**

The way you behave towards others largely determines the way they behave towards you. This can cause distress and discomfort in social

interactions or close relationships. These circumstances create fewer opportunities for comfortable social interactions, making it harder to practice normal social skills.

Each of the above factors contributes to personality development. If there are problems then a combination could put an individual at risk of developing extreme and problematic personality traits that may lead to the development of a personality disorder.

### **Social Skills Training**

An underlying problem of all personality disorders is an inability to relate to others in an effective way. For this reason, a large part of the treatment provided to individuals with personality disorders involves social skills training. Social skills training may include several components. For example, the individual may be taught how to attend to important social information (e.g. people's reactions to his or her behaviour). Effective ways of behaving towards others may also be discussed. Furthermore, conversation skills may be developed to allow more rewarding interactions.

The type of social skills training an individual with a personality disorder will receive depends on which disorder the individual has. For example, an individual with Antisocial or Borderline Personality Disorder may benefit from learning how to control anger and express their needs more appropriately. Alternatively, individuals with Avoidant or Dependent Personality Disorder may benefit from assertiveness training and learning problem solving skills.

Social skills training involves practising newly learned skills with the therapist, in group therapy, and in real life. People with personality disorders may have been using ineffective ways of communicating with people. It is therefore important to practise these new skills so they can replace old problematic behaviours.

### **Cognitive (or Thought) Therapy**

Most people are unaware how thinking plays a role in their problems. Cognitive therapy aims to help people become aware of unhelpful thoughts and how these cause problems. The individual works with the therapist to challenge and evaluate unhelpful thoughts and learn more helpful ways of thinking.

### **The Therapist-Client Relationship**

It is important that therapist and client agree upon treatment goals. Therapy is conducted co-operatively. The therapist and client work together and the client's needs are of central importance. Effective therapy needs a good relationship based on confidence, openness, caring, and trust. Both the client and therapist will set priorities for treatment. These goals will be outlined clearly and agreed upon from the outset. Setting mutually agreed goals will not only increase the likelihood of success, because both the client and the therapist are working toward the same objectives, but it will also enable progress to be assessed in relation to those goals.

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