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Personality Disorders – a basic information review

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Abstract

Personality disorders refer to a collection of mental health conditions defined by persistent deviations from societal norms in thoughts, behaviors, and emotions. These deviations frequently result in challenges in interpersonal relationships, self-perception, and overall functioning, potentially causing distress in various aspects of life. The DSM-5 classifies personality disorders into three clusters. Cluster A contains paranoid, schizoid and schizotypal personality disorders which are characterized by strange and eccentric behaviors. Cluster B contains narcissistic, histrionic and antisocial personality disorders which are characterized by dramatic and emotional behaviors. Cluster C contains avoidant, dependent and obsessive-compulsive personality disorders which are characterized by anxious and fearful behaviors.

Material and methods of review

The review was based on medical literature and articles collected from the Google Scholar and “PubMed” database. We focused on the most important information that are necessary to recognize and classify personality disorders.

Summary

Personality disorders refer to a collection of mental health conditions defined by persistent deviations from societal norms in thoughts, behaviors, and emotions. These deviations frequently result in challenges in interpersonal relationships, self-perception, and overall functioning, potentially causing distress in various aspects of life. The DSM-5 classifies personality disorders into three clusters: Cluster A, described as strange and eccentric behaviors, Cluster B, reported as dramatic and emotional behaviors and Cluster C, characterized as anxious and fearful behaviors.

Keywords:

personality disorder, cluster, paranoid, schizoid, schizotypal, antisocial, borderline, histrionic, narcissistic, avoidant, dependent, obsessive-compulsive

What is a personality?

A personality is a collection of permanent traits, characteristics, and standards of feeling, thinking and behaving that distinguish one person from another. It contains how we perceive the world, interact with other people and react in different situations. Personality is shaped by a combination of genetic predispositions, environmental factors, education, experiences and cultural influences. It impacts everything from our preferences and values to our interpersonal relationships and career choices. Psychologists study personality because they want to understand human behavior, motivations and individual differences.

Introduction

Personality disorders are a group of mental health conditions characterized by permanent patterns of thoughts, behaviors, and emotions that are different from societal norms. These patterns often lead to difficulties in interpersonal relationships, self-identity, and general functioning. They can cause distress or disorder in various areas of life. They are typically overt in childhood or adolescence. The DSM-5 classification categorizes personality disorders into three clusters. Cluster A contains paranoid, schizoid and schizotypal personality disorders which are characterized by strange and eccentric behaviors. Cluster B contains narcissistic, histrionic and antisocial personality disorders which are characterized by dramatic and emotional behaviors. Cluster C contains avoidant, dependent and obsessive-compulsive personality disorders which are characterized by anxious and fearful behaviors. The DSM-5 is used in the United States of America and other English-speaking countries. It focuses on diagnosing mental disorders, providing diagnostic criteria, descriptions and classifications of various mental states. In addition to the DSM-5, there's another classification system ICD-11. ICD-11 is an international classification which developed by the World Health Organization. It's a classification of health issues, including not only mental disorders but also other diseases and health conditions. It contains diagnostic criteria and other aspects of health, for example medical procedures, causes of death and others.

Symptoms and Diagnosis

Symptoms of personality disorders usually depend on the specific disorder from each cluster. Some popular symptoms of personality disorders can include very intensive and variable emotions, impulsive and unreasonable behaviors, unstable relationships with family or friends, seeking for excessive attention, fear of abandonment, chronic feeling of emptiness. A diagnosis of personality disorders can be made only by mental health professionals, such as psychiatrists or psychologists, through a extensive assessment of the patient's presenting signs and symptoms, personal medical history and observed specific abnormalities of behavior.

Cluster A

Patients with personality disorders in Cluster A can seem to be strange and eccentric for healthy people. They often exhibit strange way of thinking, unusual beliefs, social withdrawal and have difficulties with forming and maintaining permanent relationships.

The disorders in Cluster A are: paranoid personality disorder, schizoid personality disorder, schizotypal personality disorder.

Paranoid Personality Disorder

Some of the main features of this disorder are significant mistrust and excessive suspicion in relationships with other people, anxiety associated with feeling under attack, a strong need for control and isolation, tendency to overestimate one's own importance and intensive absorption in unsubstantiated conspiracy theories. Patients can interpret most harmless behaviors as hostile or contemptuous even when there isn't any evidence to support their beliefs. They can believe that every revealed personal information will be used against them. These patients live in a constant fear. They are afraid of being controlled, demeaned and discriminated. They have problems with interpreting information correctly. That disorder is characterized by a persistent tendency to self-reference and bearing grudges for a long time. Individuals with paranoid personality disorder are also very sensitive to failure and rejection. As a result, they are careful and suspicious, sometimes even aggressive. It leads to multiple conflicts and social isolation so they usually don't have any closed friends.

Schizoid Personality Disorder

The symptoms of schizoid personality disorder include solitude, emotional coldness, lack of desire to engage in close emotional relationships, lack of close friends or trusted relationships or lack of need for such relationships with other people, limited tendency to personal pleasures including in the sphere of sexuality, limited ability to express positive or negative emotions towards others, indifference to the judgment of others and also insensitivity to social norms and conventions. Patients with schizoid personality disorder may struggle with forming and maintaining close relationships due to their lack of interest in social interactions. These patients avoid intimacy with others because of a fear of excessive, potentially dangerous involvement. They often prefer solitary activities and may appear aloof or detached from others. Their limited contacts with others can lead to depersonalization and a distorted sense of self and environment. They retreat into a world of imagination and fantasy. They show little interest in close relationships, friendships and may also exhibit minimal response to praise or criticism directed towards them. All of this can contribute to difficulties in seeking and maintaining employment and also can challenge in participating in social activities or maintaining a satisfying social life. The symptoms of schizoid personality disorder often manifest early in life and may be associated with a history of childhood neglect or emotional trauma.

Schizotypal Personality Disorder

Schizotypal personality disorder might be characterized by eccentric behavior, strange way of presenting themselves, distorted cognitions and perceptions, unusual beliefs or magical thinking. Patients with schizotypal personality disorder can experience extreme discomfort in social interactions. They usually have unconventional beliefs or extraordinary perceptual experiences like body illusions that others find strange or unreal and consequently, they have difficulties in forming close relationships. The impact of schizotypal personality disorder extends beyond the patient affecting their ability to making contacts with other people and function in society. These individuals may have problems in maintaining permanent relationships and may be perceived as strange or repulsive by people around them. It leads to social isolation and difficulties in various areas of life. Schizotypal personality disorder can also often overlap with other mental disorders, for example schizophrenia or major depressive disorder. People diagnosed with schizotypal personality disorder might also experience cognitive distortions including suspicious and paranoid thoughts, ideas of reference and irrational beliefs.

Cluster B

People with personality disorders in Cluster B are characterized by emotional, impulsive and moody behaviors. They usually have difficulties with maintaining stable relationships, holding long-term employment in a workplace and managing their emotions and behavior in a way that's appropriate and acceptable to society. They can also show a tendency towards manipulation when they want to gain specific benefits.

The disorders in Cluster B are: antisocial personality disorder, borderline personality disorder, histrionic personality disorder, narcissistic personality disorder.

Antisocial Personality Disorder

Antisocial personality disorder, also known as sociopathy or psychopathy, is characterized by a disregard for the rights and feelings of others, impulsivity, emotional coldness, lack of empathy and remorse, low tolerance for anger and aggression**,** tendency to blame others for their conflicts. Patients with such disorders can significantly differ from each other. They can appear from extremely aggressive and impulsive individuals to emotionally cold and covertly acting people. However, all patients have a constant inability to form emotional relationships with people. They have difficulty in forming attachments to others because of lack of empathy and their tendency to prioritize their own wishes and view others as tools for their own benefits. They are unable to express emotions. Admitting to any feelings is seen as a sign of weakness. Such individuals typically don't feel guilt towards others. They can break the safety rules, laws and accepted social norms very easily. These people may engage in deceitful and manipulative behavior, often disregarding the health and safety of others. They usually have a history of criminal activity, many conflicts with people and show a disregard for their own safety and the safety of others. This disorder is often associated with a history of conduct disorder in childhood. In the diagnosis of antisocial personality disorder, it is necessary to rule out intellectual disability, organic personality disorders, psychotic syndromes or potential substance abuse.

Borderline Personality Disorder

Patients diagnosed with this condition are very impulsive, emotionally unstable and variable. They demonstrate high irritability and struggle with adequate regulation of emotional behaviors. This emotional dysregulation can manifest as impulsivity, mood swings, anger

outbursts and self-harming behaviors. Their main state is a feeling of inner emptiness leading them to make desperate attempts to defend against feelings of abandonment and rejection. The fear and the resultant behaviors can strain relationships and significantly impact social and occupational functioning. Individuals with borderline personality disorder manifest strong needs for social contact but their relationships are often short-term and turbulent. The intensive and turbulent nature of relationships experienced by these patients can lead to many conflicts and difficulties in maintaining stable connections with others. They also sometimes experience rapid and intense changes in their self-image leading to feelings of emptiness and identity disturbance. Due to intense feelings of anxiety, guilt, depression, inferiority and fear they attempt to regulate their emotions through self-destructive tendencies or risky behaviors to relieve emotional pain or perceived rejection. Under the influence of severe stress, temporary paranoid ideations or intensified dissociative symptoms can also occur.

Histrionic Personality Disorder

These disorders are associated with patients exhibiting high levels of anxiety, a tendency towards intensive experiences and excessive reactivity, especially noticeable in interpersonal relationships. Patients with histrionic personality disorders exert great effort to attract attention. They do everything to be in the center of other people's attention, for example by using their physical appearance. They have a strong need for external verification of feeling important and noticed in their surroundings. They quickly become dramatic, angry, jealous or depressed when somebody denies that verification. People with such disorders show flirtatious or theatrical and capricious behavior which can be perceived by others as unnatural or exaggerated. Characteristic features include a constant need for attention from others, egocentrism, excessive, inappropriate and theatrical expression of emotions, susceptibility to influence by others, unstable emotions that change rapidly, excessive focus on physical attractiveness, a constant desire for appreciation, sensitivity to emotional harms and the use of manipulation to gain personal benefits. Additionally, individuals with histrionic personality disorder might be impulsive and irresponsible when they have to make a decision very quickly. This may result in difficulties in maintaining steady employment or meeting long-term targets because their attention may change rapidly from one thing to another.

The tendency to seek attention and tendency to manipulative behaviors is associated with a strong need for acceptance and interest, rather than a desire for material benefits as seen in antisocial disorders or intense desire to be recognized as superior like in narcissistic disorders.

Narcissistic Personality Disorder

This disorder is strongly centered around the need to maintain a certain self-esteem and to confirm a sense of self-worth through others. Patients with this disorder demonstrate excessive preoccupation with themselves, disproportionate reactions to praise and hypersensitivity to criticism and negative judgment. Through their behavior they are perceived as arrogant men or women who expect others to submit to their requests in exchange for the privilege of spend time with them. Their self-focus, egocentrism, lack of empathy and preoccupation with their own success lead to difficulties in forming relationships and impact their social and professional lives. To justify their behaviors they often present self-serving narratives. In threatening situations they exhibit high levels of anger and disregard. They don't understand the needs and feelings of other people because they are only interested in their own beauty, fame, power, brilliance and success. It's interesting to note that patients witch narcissistic personality disorder often achieve success because their confidence and charisma are admired by colleagues in the workplace. In professional life they seek positions of power and authority to further confirm their sense of self-importance. The lack of praise from others can hurt them the most.

Cluster C

Patients with personality disorders in Cluster C distinguish themselves by fearful and anxious thoughts or behavior. They may experience excessive worry, difficulties with making even simple decisions and a strong need for control and perfectionism. It can leads to complicated functioning in various aspects of life.

The disorders in Cluster C are: avoidant personality disorder, dependent personality disorder, obsessive-compulsive personality disorder.

Avoidant Personality Disorder

Patients with avoidant personality disorder live in constant fear, anxiety, and emotional stress. They are very shy and unconfident so they quickly withdraw from social contacts leading to their isolation and a limited social life. They consider themselves uninteresting and unattractive. They excessively experience every aspect of their behavior and constantly analyze to seek reasons for potential rejection. People with such disorder often have a small group of close friends. They avoid life changes including job opportunities or meeting new people because of fear of potential embarrassment or rejection. These patients typically are low-level employees

and earn less money than other people with the same skills and education. They are unable to stand up for themselves so they never ask for a salary raise. They afraid of taking part in social events due to constant feelings of inferiority. They don't like talking about themselves and rarely reveal their true feelings. All of these actions are taken to maintain a sense of relative safety for themselves. Permanent feelings of anxiety and social isolation, extreme sensitivity to negative opinions and criticism are characteristic for that disorder.

Dependent Personality Disorder

Patients diagnosed with this disorder exhibit a strong need for being under someone's care, seeking people to share responsibility for making decisions and the challenges of daily life. They experience the same discomfort when they must make decisions in ordinary matters as well as in those important for their lives. In return, these patients offer complete obedience and commitment. They may have difficulties with making decisions without confirmation from their protector and can tolerate mistreatment or abuse in order to receive support and care. They try to maintain relationships even if those relationships are unhealthy or abusive. They exhibit passive and acquiescent behavior, often prioritizing the needs and desires of others over their own. Due to a deep fear of abandonment and feeling incapable of managing life, they direct all their energy into seeking situations that they can unquestionably rely on the opinions of others, authorities, older or more intelligent people. These behaviors are intended to avoid difficulties and psychological or physical stress. These patients are unable to cope with their daily tasks due to a lack of initiative, independence, and excessive tiredness. They avoid obtaining additional qualifications because of losing their care and safety. Characteristic features of this personality include: excessive need to be taken care of by other people, problems with being independent and self-confidence, exaggerated submission to others, excessive attachment in relationships and strong fear of being alone.

The anxiety in dependent personality disorder refers to the fear of losing support and care, rather than being a reaction to expected rejection, which is manifested by feelings of emptiness and anger like in borderline personality disorder.

Obsessive-Compulsive Personality Disorder

Obsessive-compulsive personality disorder is characterized by perfectionism, preoccupation with orderliness and rigid conformity to accepted rules. Their lives are dedicated to maintaining good organization and order. They are good employees in a workplace because assigned tasks

are very important for them. They always make sure that their responsibilities are executed flawlessly. Even the smallest mistake can experience feelings of guilt and lead them to perceive their efforts as pointless and ineffective. So these people used to be overly focused on details and may have difficulties with delegating tasks or letting others take control. This need for control and perfectionism can lead to high levels of stress and anxiety so they can feel overwhelmed by the pressure to meet their own unrealistic standards. They might also experience difficulties with making decisions very quickly because of fear of making mistakes or not meeting their own high expectations. In addition, patients with obsessive-compulsive personality disorder can struggle with flexibility and adaptability, often experiencing discomfort or stress when their established plans and routines must change. Other characteristic features of this disorder include excessive doubts and carefulness, rigidity and stubbornness, absorption in details, rules and regulations, pedantry, complete adherence to norms, exaggerated conscientiousness, neglect of pleasure and interpersonal relationships, excessive control in their relationships, obtrusive and unwanted thoughts and impulses.

Conclusions

The classification in psychiatric diseases can be so difficult because diagnoses of mental disorders aren't based on etiologic and pathogenetic mechanisms but on the information from patient or his family and observable signs and symptoms. Most mental disorders show little consistent correlation with biological markers. Similar symptoms can come from completely different causes and grouping symptoms in a diagnostic category can characterize a syndrome rather than a specific disease process.

Disclosure

Author's contribution

Conceptualization: Kamil Waloch and Kacper Reguła; Methodology: Zofia Uszok and Michał Łepik; Software: Kacper Płeska; Check: Joanna Wojtania and Szymon Piaszczyński; Formal analysis: Bartłomiej Szymański and Andrzej Czajka; Investigation: Krzysztof Rosiak and Kacper Płeska; Resources: Zofia Uszok; Data curation: Krzysztof Rosiak; Writing - rough preparation: Joanna Wojtania and Kacper Reguła; Writing - review and editing: Michał Łepik and Szymon Piaszczyński; Supervision: Andrzej Czajka; Project administration: Kamil Waloch and Bartłomiej Szymański; Receiving funding - no specific funding.

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