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## A Review on Personality Disorders.

Touraj Kazemi\*.

Student research committee, Hormozgan University of Medical Sciences, Bandar Abbas, Iran.

### ABSTRACT

Personality disorders form a class of mental disorders where the afflicted people are inflexible in their patterns of thought about themselves and their environment. This inflexibility might cause their occupational and social maladjustments. Their behavior might, of course, cause distress for others and them. Personality disorders are basically disorders related to traits and are reflected in their tendency towards maladaptive patterns of perceiving responses to their environment. They seek psychotherapeutic treatment less than other mentally afflicted people do because they are not bothered and anxious about their own maladaptive behavior. They do not often have symptoms bothering to themselves. The important aspect of such disorder is its durability and repeated, abnormal, and often disappointing behavior without any physical and mental symptoms and inconveniences. These disorders often start in childhood, adolescence and maturity and continue during the major adulthood life. The patients often have problems in occupational and love situations, and are often without anxiety unless they are confronted with environmental stresses. Personality disorders are classified in the following three clusters: Cluster A: schizoid, paranoid (suspicious) and schizotypal disorders. They often look strange and abnormal. Cluster B: dramatic, narcissistic, antisocial, and borderline personality disorders with emotional, stimulation and impulsive presentations. Cluster C: avoidant, dependent and obsessive-compulsive personality disorders. Some not otherwise specified (NOS) disorders might include passive-aggressive or depressive who often look anxious and fearful. Treating anti-social personality disorders is very hard. They are often frightened from close, intimate and love relationships with others. The psychologist must neutralize this phobia and group treatment would be better than individual one. The psychiatrist must distinguish control from punishment and help and encounter from dissociation and penalty. He does not require the patient to stop doing something but he will teach him doing something right instead of prohibition.

**Keywords:** Personality disorders ; Mental Disorders, Behavior

*\*Corresponding author*

## INTRODUCTION

Personality is often applied as a general diagnostic label for a person's visible behavior and his mentally expressible internal experiences. Personality includes each person's integrity presenting both his social and individual features, and proposing some predictions on his behavior in special situations. Personality disorder is an enduring pattern of inner experience and behavior that deviates from the cultural criteria. The onset of these inflexible and pervasive patterns is the adolescence or the prime of adulthood [1, 2]. They are often fixed and cause dissatisfaction and impairment. The personality disorder term is applied when a personality trait is inflexible and maladaptive and causes considerable mental functioning, distress, or impairment in personal, social, and/or occupational situations [3]. Personality disorders are a set of psychopathological disorders with rigid and inflexible behavior being their main aspect. These types of behavior are harmful to an individual because both prevent his adaptation to everyday life requirements and disturb his relationships with others [4].

There are different ways to explain and classify personality disorders. The difficulty in explaining personality disorders makes it clearly more debating in contrast to other mental disorders such as depression or schizophrenia. Many people also feel that labeling personality disorders this way is not useful. Although we are all individuals, it seems that distinguished patterns of personality disorders are common in a relatively large group of people. Indicating these patterns, we can develop some guides and treatments method that can be applied by many people, not just by individuals [5, 6]. According to the last version of APA DSM1, personality disorder is an enduring pattern of inner experience and behavior that deviates markedly from the expectations of the culture of the individual who exhibits it. These patterns are inflexible and pervasive across many situations. In other words, the afflicted person cannot establish normal and socially accepted relationships with others [7, 8]. If one is alone is an island, personality disorder is the only psychiatric illness he cannot have because this disorder is meaningful in relation to other society members. In this imaginary situation, one can go depressed or obsessive, or get a change in his relationship with reality; however, as personality disorder emerges in the relationships with other society members, he cannot be considered as being afflicted with personality disorder. The causes of this disorder have always been a point of conflict and debate. According to some experts, personality disorders are caused by primary experiences preventing normal development of thinking and behavioral patterns [9-11]. According some researchers, biological or genetic effects cause personality disorders. Although no concordance exists on a definite cause, it is highly probable that a mixture of genetic backgrounds and social variables are involved in the development of personality disorders [12].

### Personality Disorder

Personality refers to those personal traits including fixed thinking, emotive and behavioral patterns. This definition includes the fixed personality traits in thinking, emotive or behavioral domains. This disorder or abnormality is defined based on four aspects [13]:

1. Distress: experiencing physical or emotional tribulation during common life.
2. The ability loss disorder for doing everyday activities so that one cannot do his activities in a desired way.
3. Putting others and oneself into danger through their activities.
4. being socially and culturally unacceptable.

The afflicted people have maladaptive personality traits. These traits are engraved so profoundly that stand against any type of change. In most cases, they suppose that others must change to adapt with them, no way round. They interpret the world and themselves in a way that is extremely oppressive for them or deteriorates their ability for doing their normal life. Their maladaptive experiences from the world and themselves start from childhood and adolescence and become gradually pervasive in their lives [14]. There are different types of personality disorders and one can experience various thoughts, emotions and behavior according to his type of disorder. The personality can be adaptive or maladaptive which has a close relationship with being flexible.

Personality disorder means the maladaptive and inflexible behavior while confronting environments and situations [15]. It causes basic problems in family relationships, social interactions, work and education. Its general signs include permanent change in the temperamental, stressful relationships, social isolation, sudden anger, and suspicion, problem in finding friends, poor behavioral conduct, and alcoholism and drug abuse [16].

### **Causes of Personality Disorder**

The personality of each individual is a mixture of his thoughts, feelings and behavior. It is formed in childhood through two factors [17, 18]:

1. Congenital background and genes: this aspect is transmitted to the child through his parents (e.g. shyness or a happy face).
2. Life environment: including the environment you have grown up, what happened to you and the relationship with family members and others. Whatever the parents like and whatever they take as disrespectful are also involved.

### **The Risk Factors of Personality Disorder**

Some definite factors worsen the personality disorder:

- Family background
  - Low socio-economic status
  - being verbally, physically and sexually abused in childhood
  - Neglect in childhood
  - Instability of family life in childhood
  - Behavioral disorder in childhood
  - Missing one of the parents in childhood
- The personality disorder starts in childhood and continues to adulthood.

### **Side effects of Personality Disorder**

Depression  
Anxiety  
Eating disorder  
Suicide behavior  
Self-beating  
Inconsiderate behavior  
Dangerous sexual behavior  
Assault in childhood  
Alcoholism or drug abuse  
Hostile behavior  
Problem in relationships  
Social isolation  
Problems at work and school

### **Diagnostics of personality Disorder**

The psychiatrist asks for some experiments when he makes sure that the individual is afflicted [19]:

- Physical examinations: measuring height and weight, checking heart-beat, blood pressure, temperature, listening to the heart and lungs, and examining the stomach)
- laboratory experiments: a full blood check-up and examining thyroid functioning



-Mental evaluation: The psychiatrist asks about your thoughts, feelings, relationships and behavior. He also asks about the onset of disorder symptoms, their intensity and effect on your life. Tell the psychiatrist or the psychologist if you think about suicide or beat others and yourself.

Treatment of Personality Disorder [20, 21]

- Cognitive/behavior therapy: for treating negative thoughts and behavior
- Dialectic behavioral therapy: for tolerating stress, moderating feelings, and improving the relationships with others.
- Psychotherapy: The concentration is here on increasing the awareness from unconscious thoughts and behavior, developing new motivations and resolving the conflicts.
- Psychological education: the necessary information on this disorder is presented to the patient's family and friends.
- medication: The anti-depression, temperamental stabilizer, anti-stress and anti-psychosis medications are applied. Hospital stay is recommended in severe cases and those beating others and themselves.

### **Domestic Care in Personality Disorder**

- Use your medications as prescribed [22, 23].
  - create a motivation for treatment in yourself.
- Do sports. Doing Sports can alleviate some medication side effects such as gaining weight, stress etc..
- Avoid drugs and alcohol. These substances aggravate this illness.
- Regular referral to psychiatrist.
- Reducing the responsibilities for participation in communal activities.
- Having a correct diet and enough sleep.
- Concentrating on goals.

### **Methods of Composure**

Taking notes of daily activities to create composure and reduce stress.

### **Types of Personality Disorder**

Personality disorder is classified into three clusters and each cluster also has its own subtypes.

Cluster A: they have strange thoughts and beliefs.

Paranoid personality disorder: A type of personality disorder, paranoid personality disorder has some signs, which confirm the harmful thoughts and attitudes [24]. These signs include pervasive and long-term mistrust and suspicion towards others, high sensitivity to neglect and a tendency towards environmental investigation for finding and selective perception. They are quarrelsome, standoffish and nervous. They do not take the responsibility of their own feelings and relate them to others. They seem to be ready for aggression. They tend to exaggerate, make a mountain out of a molehill, and find hidden motivations and special meanings in other's dispassionate behavior [25-30]. Almost all of them are anxious about a kind of harm and abuse from others. The afflicted ones question their friends, relatives and spouses' loyalty and trustworthy frequently [31]. They are intelligent, have excellent memories, and are meticulous. Their most eminent characteristics include suspicion about others, making sure that others will harm them, and lack of enmity with others [32, 33].

### **Diagnostics**

People with paranoid personality disorder have muscular tension. They are seen to be disabled to feel the composure and they want to investigate the environment to find the clues. They are serious and ill humored. Their speech is logic and purposeful, and their thoughts contain overhangs and biases. Hallucinations are also probable

in them. People think they are senseless and emotionless. They are proud of their logic and objectivity. Place especial value on power and position and express their hatred and dissatisfaction towards the weak and moderate, and people with disabilities and impairments. They might seem effective and organized in social situations, but create fear and conflict in others [30, 34, 35].

An individual might have paranoid personality disorder by meeting four of the following seven criteria, unless these criteria are caused by another personality disorder such as schizophrenia or temperamental disorder. They must not also be a direct effect of a general medical disorder and drug abuse [36, 37]. These criteria are as follows:

1. He suspects that others abuse or guile him without enough reasons.
2. He questions his friend and relatives' loyalty and trustworthy without enough reasons.
3. He hesitates in trusting others because he fears that his information be used against himself.
4. He understands humiliating and threatening meaning in benign references and happenings.
5. He despises always (i.e. he does not forgive humiliation, inattention, and assault).
6. He supposes that others are attacking his behavior and personality. In fact, question his personality; while others do not understand this and might not have this intention even. He might show rapid aggression and respond agrily.
7. He has repeated unreasonable and baseless suspicion about the loyalty of his spouse or sexual partner.

### **Treatment**

Treatment of paranoid personality disorder is possible both using medications and psychotherapy, but the latter is much better. The clinician must be honest to the patient and does not become intimate with him because the patient might suspect him [38-40]. The intimate interpersonal relationships for these patients are the onset of paranoid thoughts and cause them to think people will harm him. Hence, they try to separate themselves from others and begin to disguise, collude and mutual attack. In fact, they guard against others. In order to enhance their social skills and reduce their suspicion through role-play can be effective for them in group therapy; however, they do not function well in group therapy [7]. They do not tolerate the pressure of action therapy for developing the social skills. The clinician's interpretation of patient's past and his feelings aggravates the situation and causes the patient to mistrust him more. The clinician can instead encourage the patient to trust others and increases his sense of cooperation. The clinician teaches him the correct way of showing his anger and aggression and avoids argument and debate. The clinician can moderate the patient's thoughts and behavior by explaining for him the way his thoughts and behavior disturb his relationship with others [41].

In medication treatment, some anti-stress (e.g. Diazepam) or neuroleptic and anti-psychosis (e.g. haloperidol and pimozaid) medicines can be applied to reduce paranoid thinking inpatients.

### **Schizoid Personality Disorder**

The main aspect of this disorder is its pervasive pattern of withdrawal form social relationships and a limited range of expressing emotions in interpersonal situations. This pattern starts from early adulthood and emerges in different domains. The schizoid afflicted people seem not to be interested in intimacy, seem indifferent to situations for expanding close relationships, and it seems that they are not satisfied enough from membership in family or other social groups. They prefer to spend their time lonely instead of being with others. They often seem socially isolated or alone and almost ever choose individual activities and hobbies requiring no interaction with others. They prefer mechanical or abstract tasks such as video games or mathematics. They might not be interested in sexual experiences with others and enjoy certain types of activities. Enjoying sensual, physical or interpersonal experiences such as walking on the seashore at the sunset or having sexual relationships are often scarce. They probably have no close friends or confidants except an immediate relative. They often seem indifferent towards others' confirmation or criticism and will not get annoyed of what others might think about them. They might neglect natural delicacies of social interactions and often do not respond appropriately to social signs so that they seem socially inadequate, superficial or withdrawn. They usually do not clearly express their emotional reactions, appear dignified and rarely show their expressive postures or gestures such as smiles and

nodding. They claim that they rarely experience extreme excitements such as anger and happiness. They often express limited emotions and seem cold and isolated; however, in some fully abnormal situations where they can at least temporarily feel free to express themselves, they might confess that they experience some painful feelings especially with regard to social interactions. Whenever this pattern of behavior happens merely during a schizophrenic trend, a temperamental disorder with psychosis, other psychosis disorders, or a pervasive developmental disorder, or if it is caused directly by the physiologic influences of a neurological illness such as temporal epilepsy or other physical illnesses, the diagnostics of schizoid personality disorder must not be proposed.

### **Diagnostic Criteria for Schizoid personality disorder**

A. The pervasive pattern of detachment from social relationships and limiting the level of emotional suppression to interpersonal situations, starting at the beginning of adulthood and emerging in different domains, having four or more than the items below:

1. Neither wishes nor enjoys close relationships including being a family member.
2. Almost always selects individual activities.
3. Is either not interested or has a limited interest in having sexual relationships with another person.
4. Either does not enjoy or enjoys limited activities.
5. Has no other close or confident friends except his immediate family.
6. is indifferent to others' criticism and admiration.
7. Shows excitement coldness, detachment, or superficial emotion.

B. The temperamental disorder does not coincide with psychotic characteristics, another psychotic disorder or a pervasive developmental disorder only in the schizophrenia period and is not a general illness due to its direct physiological effects.

Note: If these criteria are observed before schizophrenia, add "Pre-borderline". For instance, pre-borderline schizoid personality disorder.

### **Treatment**

- Supportive psychotherapy might help with an emphasis on relationship with others through close relationships and understanding the emotions.
- Group psychotherapy might also help.
- Environmental therapy might be helpful for some patients.
- Medication: Some patients accept anti-depressions, mental stimulators or a low dosage of anti-psychotics.

The patients might leave the treatment as the close relationships are threatening for them.

Psychotherapy: treating schizoid personality is similar to paranoid personality; however, the tendencies of the schizoid patient for introspection are according to clinician expectations and he might become a devoted, while isolation seeking, patient. When trust emerges, the schizoid patient might exhibit a world of imaginations, imaginary friends and the fear from intolerable dependences, even getting near to clinician with lots of frights.

The schizoid patient might remain silent for a year in group therapy, but he will become involved, finally.

The patient must be protected from aggressive sentences told by other group members about his silence. After some time, the group might become a meaningful experience for the patient and make both the treatment and social contact available to him.

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