
▪ Personality Disorders

This factsheet aims to explain personality disorders. You will find a description of the various types of personality disorder, their symptoms and what treatments are available. If you are experiencing a personality disorder you will find self-help suggestions and other options of help and support available to you. You will also find ideas on how friends and family may help.

Personality disorder has long been a controversial diagnosis and some people may feel deeply concerned and stigmatised by having this label applied to them. For many years it was thought that personality disorders were untreatable. However, the latest research is very encouraging: new therapeutic treatments have been developed and are being used with extremely positive results.

What is a personality disorder?

It is thought that each of us has a unique personality made up of traits that come from both our genetic make-up and our life experiences and is a vital part of what makes us who we are and how we interact with others.

Someone may be diagnosed as having a personality disorder if their pattern of behaviour, mood, social interaction, or impulsiveness causes distress to them, or to other people in their lives.

Many of these behaviours can cause severe disturbance in the individual's personal and work life. In general, individuals with personality disorders may have difficulty sustaining close or intimate relationships. They may experience chronic interpersonal problems, or have difficulties in establishing a coherent sense of self or identity. Others may perceive them to be impulsive, irritable, fearful, demanding, hostile, manipulative, or even violent.

Problem alcohol or drug use, mood disorders, certain anxiety or eating disorders, self-harm, suicidal thoughts or attempts, and sexual problems often accompany personality disorders.

What are the different types of personality disorder?

Personality disorders are broadly divided into three types depending on the particular symptoms a person experiences. These are known as clusters.

Cluster A - eccentric personality

This group includes odd, eccentric and paranoid behaviour.

Diagnoses are typically of paranoid, schizoid or schizotypal personality disorders.

Cluster B - dramatic personality

This group includes dramatic, erratic and antisocial behaviour.

Diagnoses are typically of antisocial, borderline, histrionic or narcissistic personality disorders

Cluster C – anxious personality

This group includes anxious, inhibited and dependent behaviour.

Diagnoses are typically of avoidant, dependent or obsessive-compulsive personality disorders.

In addition to the above clusters, there is an extreme form of antisocial personality disorder that has been termed dangerous severe personality disorder. This condition, akin to psychopathy, is usually seen in violent or sexual offenders. This is not a diagnostic category, but a term adopted by the Government as a working description.

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What are the symptoms of personality disorders?

Paranoid personality disorder

People with this diagnosis are often emotionally detached and suspicious of other people and their motives. They may hold longstanding grudges against people, believe others are not trustworthy, that other people are deceiving, threatening, or making plans against them.

Schizoid personality disorder

People diagnosed with schizoid personality disorder tend to have difficulties in expressing emotions, particularly around warmth or tenderness. They often feel shy in company, but may come across as aloof or remote, and have difficulty in developing or maintaining social relationships.

Schizotypal personality disorder

A person with this disorder typically has problems around developing interpersonal relationships. The condition is characterised by thought disorders and paranoia. To other people they may appear odd or eccentric; they may dress or behave inappropriately, for example talking to themselves in public.

Antisocial personality disorder

This diagnosis is characterised by a lack of regard for the rights and feelings of other people, and a lack of remorse for actions that may hurt others. People with this diagnosis frequently ignore social norms about acceptable behaviour, and often may disregard rules and break the law.

Borderline personality disorder

The term *borderline* originally referred to symptoms being on the borderline between psychosis and neurosis. Typically a person with this diagnosis has a poor self-image, unstable personal relationships, and impulsive behaviour in areas such as personal safety and substance misuse. They may self-harm, feel suicidal and act on these feelings, experience instability of mood, or have episodes of psychosis. They may have feelings of chronic emptiness and fears of abandonment by friends or partners.

Histrionic personality disorder

This disorder is characterised by extreme or over-dramatic behaviour. Someone with this condition may form relationships quickly, but be demanding and attention-seeking. They may appear to others as being self-centred, having shallow emotions, craving attention, or being inappropriately sexually provocative.

Narcissistic personality disorder

People with this diagnosis usually have an exaggerated sense of their own importance. They are frequently self-centred and intolerant of other people. The condition is typified by grandiose plans and ideas and cravings for attention and admiration.

Avoidant personality disorder

Typically, a person with this diagnosis fears being judged negatively by other people, leading to feelings of discomfort in group or social settings. They may come across as being socially withdrawn and have low self-esteem. Though they may crave affection, fears of rejection can be overwhelming.

Dependent personality disorder

This diagnosis is typified by someone who assumes a position of passivity, allowing others to assume responsibility for most areas of their daily life. They usually lack self-confidence, and may feel unable to function independently of another person, and feel their own needs are of secondary importance.

Obsessive-compulsive personality disorder

A person with this disorder tends to have difficulties in expressing warm or tender emotions to others. They are frequently perfectionists, things must be done in their own way. They often lack clarity in seeing other perspectives or ways of doing things, and their rigid attention to detail may prevent them from completing tasks.

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What causes personality disorders?

Nobody knows for sure what causes a personality disorder. It is likely to be caused by a combination of factors that may be different from person to person. Personality disorders can run in families, possibly suggesting a genetic link, though this is unproven. It has been found that people with a personality disorder have often experienced physical or sexual abuse in their early years, though recent research suggests that neglect may be the most significant factor. Childhood is the time when most children learn how to develop healthy relationships, acquire social skills, build a sense of self, and learn how to manage difficult emotions. Children who have been abused or neglected can find it difficult to develop in these areas and this can lead to emotional problems later in life.

How common are personality disorders?

Recent research by the Office of National Statistics (ONS 1998) has found that as many as 5.4% of men and 3.4% of women in the general population may have a personality disorder. Within the prison population these figures rise dramatically to 64% of male and 50% of female sentenced prisoners.

What treatments are available?

The behaviour patterns associated with personality disorders are usually long-lasting and deeply entrenched. Because of this, it was long thought that these disorders were untreatable, with some clinicians questioning the diagnosis itself. However, the latest research is very positive: neuroscientists are doing exciting research and therapeutic treatments are being developed and used with very positive results in the treatment of people diagnosed with personality disorder.

Psychological treatments

Talking treatments such as schema therapy, dialectic behavioural therapy (DBT), psychoanalytic psychotherapy, mentalisation, and cognitive analytical therapy (CAT) can help people living with a personality disorder. They stress the importance of the therapeutic relationship on an emotional level as well as helping people recognise how past experiences may affect their present behaviour. Therapeutic communities can provide intensive psychological treatment in a group-living environment.

Drug treatments

Anti-psychotic drugs, also known as major tranquillisers or neuroleptics can be effective at controlling the most disturbing symptoms of borderline personality disorder. They are usually prescribed to control symptoms like paranoia, hostility or aggression, and impulsivity. Anti-psychotic drugs can have unpleasant side-effects, particularly when taken at high doses. The side effects can include, among other things, stiffening of muscles, tremors, sedation, restlessness and weight gain. It is important to tell your doctor if you are experiencing side-effects as other drugs can be prescribed which can alleviate some of these symptoms.

Anti-depressant drugs can be used in the treatment of borderline personality disorder. The drugs can help alleviate depressive symptoms and calm impulsive behaviour.

Mood stabilising drugs can help relieve mood swings, a feature often associated with personality disorders.

A broad range of drugs is available, but because different people respond to drugs in different ways, it may take some time to discover what works best for a particular person. There is no quick-fix treatment for personality disorders, so you should be aware that any prescribed drugs will probably have to be taken for a long period of time.

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Although many people diagnosed with a personality disorder can be treated at home or in the community, people with severe symptoms may require hospital admission for a period of assessment and treatment. Hospital admission can provide levels of care and attention that would not be possible at home. It can also give medical staff the opportunity to accurately assess a person's condition over a period of time, and to provide a broader range of drug treatment than might be possible otherwise. Most people who are admitted to hospital go voluntarily, however, in some extreme situations you can be admitted to hospital compulsorily under the Mental Health Act 2007 England and Wales (or equivalent in Scotland and Northern Ireland). This is commonly referred to as *sectioning*, or *detention under section*. The Mental Health Act 2007 has made a number of substantive changes to the Mental Health Act 1983. These are detailed below:

Definition of Mental Disorder: it changes the way the 1983 Act defines mental disorder, so that a single definition applies throughout the Act, and abolishes references to categories of disorder. These amendments complement the changes to the criteria for detention.

Criteria for Detention: it introduces a new "appropriate medical treatment" test which will apply to all the longer-term powers of detention. As a result, it will not be possible for patients to be compulsorily detained or their detention continued unless medical treatment which is appropriate to the patient's mental disorder and all other circumstances of the case is available to that patient. At the same time, the so-called "treatability test" will be abolished.

Nearest Relative (NR): it gives patients the right to make an application to displace their NR and enables County Courts to displace a NR where there are reasonable grounds for doing so. The provisions for determining the NR will be amended to include civil partners amongst the list of relatives.

Supervised Community Treatment (SCT): is introduced for patients following a period of detention in hospital. It is expected that this will allow a small number of patients with a mental disorder to live in the community whilst subject to certain conditions under the 1983 Act, to ensure they continue with the medical treatment that they need. Currently some patients leave hospital and do not continue with their treatment, their health deteriorates and they require detention again – the so-called "revolving door".

Which treatment may be right for me?

Different people respond to treatments in different ways. What works well for one person may not work well for another. Speaking to your doctor may help you weigh up the pros and cons of the treatments available. Your doctor or psychiatrist should be able to provide you with information on how treatments work, how effective they are, what side-effects you may experience and how these can be minimised.

For more information on drug treatments please see **Medical Methods of Treatment**

What can I do to help myself?

There are many ways in which you can help yourself cope with a personality disorder. It is important that you come to understand the nature of the disorder and its symptoms. If you can recognise the early signs of a deterioration in your mental health, you can seek help and treatment before your condition worsens.

Self Help Groups

Many people find it helpful to meet other people in a similar position. It can be very useful to share experiences with those who may be going through the same thing you are. There are opportunities for mutual support, and you may get ideas of what things other people have found helpful to them. Above all, it is an opportunity that can help you realise that you are not alone in how you are feeling.

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Care for yourself

You may feel better if you are able to eat properly, sleep soundly, avoid alcohol or drugs, improve your self-esteem, use relaxation techniques and develop healthy structures and routines in everyday life. Be kind to yourself, allow yourself treats, engage in enjoyable activities and try not to cut yourself off from other people.

What can friends and family do to help?

It is important for friends and family to try and gain an understanding of what a personality disorder is, how it affects people, and how best to help. Friends and relatives can provide emotional and practical support and can encourage people to seek appropriate support and treatment. They can become involved in treatment plans and, above all, make the person feel wanted, needed and loved.

A major role of friends and family can be to monitor the person's mental state, watching out for any signs of deterioration, encouraging them to take their medication and to attend medical appointments etc. If carers are concerned about any deterioration in a person's mental state they should alert the doctor, psychiatrist or mental health team as soon as possible in order to prevent the possibility of a major relapse. It can be helpful to set boundaries and hold them. This can help contain behaviour and be useful in self-protection.

Friends and family can provide invaluable support to someone living with a personality disorder. However, there is no denying that it can be distressing, stressful or confusing for people trying to cope with a loved one who has a personality disorder. Friends and family may feel that they need emotional or practical support to help them care for their loved one. There are a number of voluntary organisations that can provide carer support and information, and carers are entitled to have their own needs assessed by social services, if the person they are caring for has a community care assessment. See the **Carers** factsheet.

Where can I find help and support?

There is a wide a range of services available that can help provide care, support and information to people experiencing personality disorders, their friends, relatives and carers. You may find some of the following useful:

SANEline / SANEmail

1st Floor Cityside House, 40 Adler Street, London, E1 1EE

helpline: 0845 767 8000

email: sanemail@sane.org.uk

www.sane.org.uk

SANEline and SANEmail offer emotional support and information to those experiencing mental health problems, their families and carers.

Arbours Association

6 Church Lane, London N8 7BU

tel. 020 8340 7646 fax: 020 8342 5822

crisis centre: 020 8340 8125

email: coordinator@arboursassociation.org

web: **www.arboursassociation.org**

Offers alternatives to traditional psychiatric hospital treatment in the form of intensive psychotherapy and residential services.

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Association of Therapeutic Communities

Barns Centre, Church Lane, Toddington, Cheltenham, Glos. GL54 5DQ

tel. 01242 620077 fax: 01242 620077

email: post@therapeuticcommunities.org

Web: www.therapeuticcommunities.org

Can put people in touch with therapeutic communities. Also runs a user group.

BPD World

tel: 0870 005 3273

email: mail@bpdworld.org

web: www.bpdworld.org

Provides information, advice and support to those affected by personality disorder.

Borderline UK

PO Box 12, Haltwhistle, Northumberland, NE49 0WY

email: info@borderlineuk.co.uk

web: www.borderlineuk.co.uk

User-led network of people with borderline personality disorder. Information on BPD treatment options

British Association for Behavioural and Cognitive Psychotherapies (BABCP)

The Globe Centre, PO Box 9, Accrington BB5 0XB

tel. 01254 875 277 fax: 01254 239 114

email: babcp@babcp.com

web: www.babcp.com

Regional lists of psychotherapists are available free. The full directory of psychotherapists is available online.

British Confederation of Psychotherapists (BCP)

West Hill House, 6 Swains Lane, London N6 6QS

tel. 020 7267 3626 fax: 020 7267 4772

email: mail@bcp.org.uk

web: www.bcp.org.uk

A linking body of psychoanalytical psychotherapist societies

Carers UK

20–25 Glasshouse Yard, London EC1A 4JT

tel. 020 7490 8818 fax: 020 7490 8824

carers line: 0808 808 7777 minicom: 020 7251 8969

email: info@ukcarers.org

web: www.carersonline.org.uk

Information and advice on all aspects of caring

National Personality Disorder Website

web: <http://www.personalitydisorder.org.uk>

Offers information and self-management resources and a searchable database of services

Rethink (formerly the National Schizophrenia Fellowship)

28 Castle Street, Kingston-upon-Thames, Surrey KT1 1SS

tel. 0845 456 0455 advice line: 020 8974 6814

email: advice@rethink.org

web: www.rethink.org

Working to help everyone affected by severe mental illness to recover a better quality of life

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Samaritans

The Upper Mill, Kingston Road, Ewell, Surrey KT17 2AF

helpline: 08457 90 90 90 fax: 020 8394 8301

textphone: 08457 90 91 92

email: jo@samaritans.org

web: www.samaritans.org

24-hour telephone helpline offering emotional support for people who are experiencing feelings of distress or despair, including those that may lead to suicide

United Kingdom Council for Psychotherapy

167–169 Great Portland Street, London W1W 5PF

tel. 020 7014 9955 fax: 020 7436 3013

email: ukcp@psychotherapy.org.uk

web: www.psychotherapy.org.uk

Umbrella organisation for psychotherapy in the UK. Regional list of psychotherapists are available free.

Further reading:

Affect Regulation and the Origin of the Self by J.S. Grotstein and A.N. Schore, **Publisher:** Lawrence Erlbaum Associates Inc, US (1 Oct 1999)
ISBN-10: 0805834591

Mentalization-based Treatment for Borderline Personality Disorder by Anthony Bateman and Peter Fonagy, **Publisher:** Oxford University Press; 1 edition (14 Sep 2006)
ISBN-10: 0198570902

Lost in the Mirror: An Inside Look at Borderline Personality Disorder by Richard A. Moskowitz, **Publisher:** Taylor Trade Publishing; 2Rev e. edition (Mar 2001)
ISBN-10: 0878332669

Sometimes I Act Crazy: Living with Borderline Personality Disorder by Jerold J. Kreisman and Harold Straus, **Publisher:** John Wiley & Sons (16 Mar 2004)
ISBN-10: 0471222860

Practical Management of Personality Disorder by W. John Livesley, **Publisher:** Guilford Publications (26 Jun 2003)
ISBN-10: 1572308893

Personality Disorder: Temperament or Trauma? (Forensic Focus) by Heather Castillo, **Publisher:** Jessica Kingsley Publishers (15 Jan 2003)
ISBN-10: 1843100533

Self-Management Therapy for Borderline Personality Disorder : A Therapist by Michael H. Langley, **Publisher:** Springer Publishing Company (31 Dec 1993)
ISBN-10: 082618300X

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