

## **Lesson n°5: Personality Disorders in Adults**

### ***I. Introduction***

Personality disorders (PD) are a group of mental health conditions characterized by long-term patterns of behavior, cognition, and inner experience that deviate markedly from the expectations of the individual's culture. These patterns are inflexible, pervasive, and lead to significant distress or impairment in personal, social, and occupational functioning. Personality disorders typically emerge in adolescence or early adulthood and can persist throughout a person's life. Clinicians, particularly in clinical psychology, need a comprehensive understanding of these disorders to properly diagnose and treat affected individuals.

### ***II. Understanding Personality Disorders***

Personality disorders are typically divided into three clusters based on shared characteristics, as outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5):

- **Cluster A (Odd or Eccentric Disorders)**
- **Cluster B (Dramatic, Emotional, or Erratic Disorders)**
- **Cluster C (Anxious or Fearful Disorders)**

Each of these clusters includes a range of disorders with distinct characteristics but often overlap in certain symptoms, which can complicate diagnosis and treatment.

#### ***1. Cluster A Personality Disorders***

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Cluster A disorders are characterized by odd or eccentric behavior. These disorders often involve a pattern of social detachment and a tendency to exhibit unusual thinking or behavior.

- ❖ **Paranoid Personality Disorder (PPD):** Individuals with PPD are suspicious and distrustful of others, often interpreting harmless actions as malevolent. They tend to hold grudges and are reluctant to confide in others due to a fear of betrayal.
- ❖ **Schizoid Personality Disorder (SPD):** People with SPD typically exhibit a lack of interest in forming relationships and prefer solitary activities. They are often emotionally distant and appear indifferent to praise or criticism.
- ❖ **Schizotypal Personality Disorder (STPD):** STPD involves eccentric behavior, odd beliefs, and social anxiety. Individuals may have distorted thinking or unusual perceptual experiences, though they do not meet the criteria for schizophrenia.

## 2. *Cluster B Personality Disorders*

Cluster B disorders are characterized by dramatic, emotional, or erratic behavior. Individuals with these disorders may struggle with emotional regulation and impulsivity.

- ❖ **Antisocial Personality Disorder (ASPD):** Individuals with ASPD display a pattern of disregard for the rights of others. They may engage in deceitful, manipulative, or criminal behavior, and they often lack empathy or remorse for their actions.
- ❖ **Borderline Personality Disorder (BPD):** BPD is marked by unstable relationships, intense emotions, fear of abandonment, and impulsivity. People with BPD often experience chronic feelings of emptiness and may have difficulty maintaining stable self-image and interpersonal relationships.
- ❖ **Histrionic Personality Disorder (HPD):** HPD is characterized by excessive emotionality and attention-seeking behaviors. Individuals with HPD often feel

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uncomfortable when they are not the center of attention and may use dramatic expressions or sexual seductiveness to gain attention.

- ❖ **Narcissistic Personality Disorder (NPD):** NPD involves a grandiose sense of self-importance, a need for admiration, and a lack of empathy for others. Individuals with NPD often believe they are special or unique and may exploit others to meet their needs.

### 3. *Cluster C Personality Disorders*

Cluster C disorders are primarily marked by anxiety and fearfulness.

- ❖ **Avoidant Personality Disorder (AVPD):** Individuals with AVPD exhibit extreme shyness, sensitivity to criticism, and a fear of rejection. They tend to avoid social situations and relationships due to feelings of inadequacy.
- ❖ **Dependent Personality Disorder (DPD):** DPD involves excessive reliance on others for emotional and physical needs. People with DPD often have difficulty making decisions on their own and fear abandonment or rejection.
- ❖ **Obsessive-Compulsive Personality Disorder (OCPD):** OCPD is characterized by a preoccupation with orderliness, perfectionism, and control. Individuals with this disorder may be overly focused on rules, details, and structure, leading to a lack of flexibility and difficulty completing tasks.

### **III. *Diagnosis of Personality Disorders***

Diagnosing a personality disorder typically involves a comprehensive clinical evaluation, including an in-depth interview and self-report questionnaires. The DSM-5 provides criteria for diagnosing each personality disorder, but the diagnosis is based on the long-term patterns of behavior and functioning that must cause significant distress or impairment.

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The Millon Clinical Multiaxial Inventory (MCMI) and the Minnesota Multiphasic Personality Inventory (MMPI-2) are often used in clinical settings to assess personality disorders. However, diagnosis can be challenging due to the overlap of symptoms among different disorders.

#### ***IV. Treatment Options***

Treatment for personality disorders is often long-term and requires a comprehensive approach. Therapy, particularly psychotherapy, is the most common treatment, with the following modalities being the most effective:

- **Dialectical Behavior Therapy (DBT):** Especially effective for Borderline Personality Disorder, DBT helps individuals regulate their emotions, reduce impulsivity, and improve interpersonal skills.
- **Cognitive Behavioral Therapy (CBT):** CBT is widely used for treating various personality disorders, particularly Avoidant Personality Disorder and Obsessive-Compulsive Personality Disorder. It helps individuals recognize and change maladaptive thought patterns and behaviors.
- **Mentalization-Based Therapy (MBT):** This therapy focuses on helping individuals with Borderline Personality Disorder develop better emotional regulation and social functioning by enhancing their ability to understand their own thoughts and emotions, as well as those of others.
- **Medications:** While there are no specific medications to treat personality disorders, individuals with Antisocial Personality Disorder, Borderline Personality Disorder, or Obsessive-Compulsive Personality Disorder may benefit from medications to manage co-occurring symptoms like anxiety, depression, or impulsivity.