



talking about  
personality disorders

This booklet reflects many discussions, suggestions and comments made by health professionals, professional bodies, lay and voluntary organisations, people who have a personality disorder and their friends and family.

Health Scotland would like to thank all of those who contributed in any way to the development of this booklet, for so willingly giving their time, and sharing their expertise and experience.

All the quotes in this booklet are from real people.

## **Disclaimer**

Every effort has been made to ensure that this publication is as up-to-date and accurate as possible. However, new research can sometimes mean that information and recommendations change very quickly. Changes and alterations will be made at the next reprint to reflect any new information.

While the booklet represents the consensus of good practice, please remember that different circumstances and clinical judgement may mean that you have slightly different experiences.

If you have any doubts, worries or fears, then do not hesitate to contact your doctor for reassurance and further explanations.

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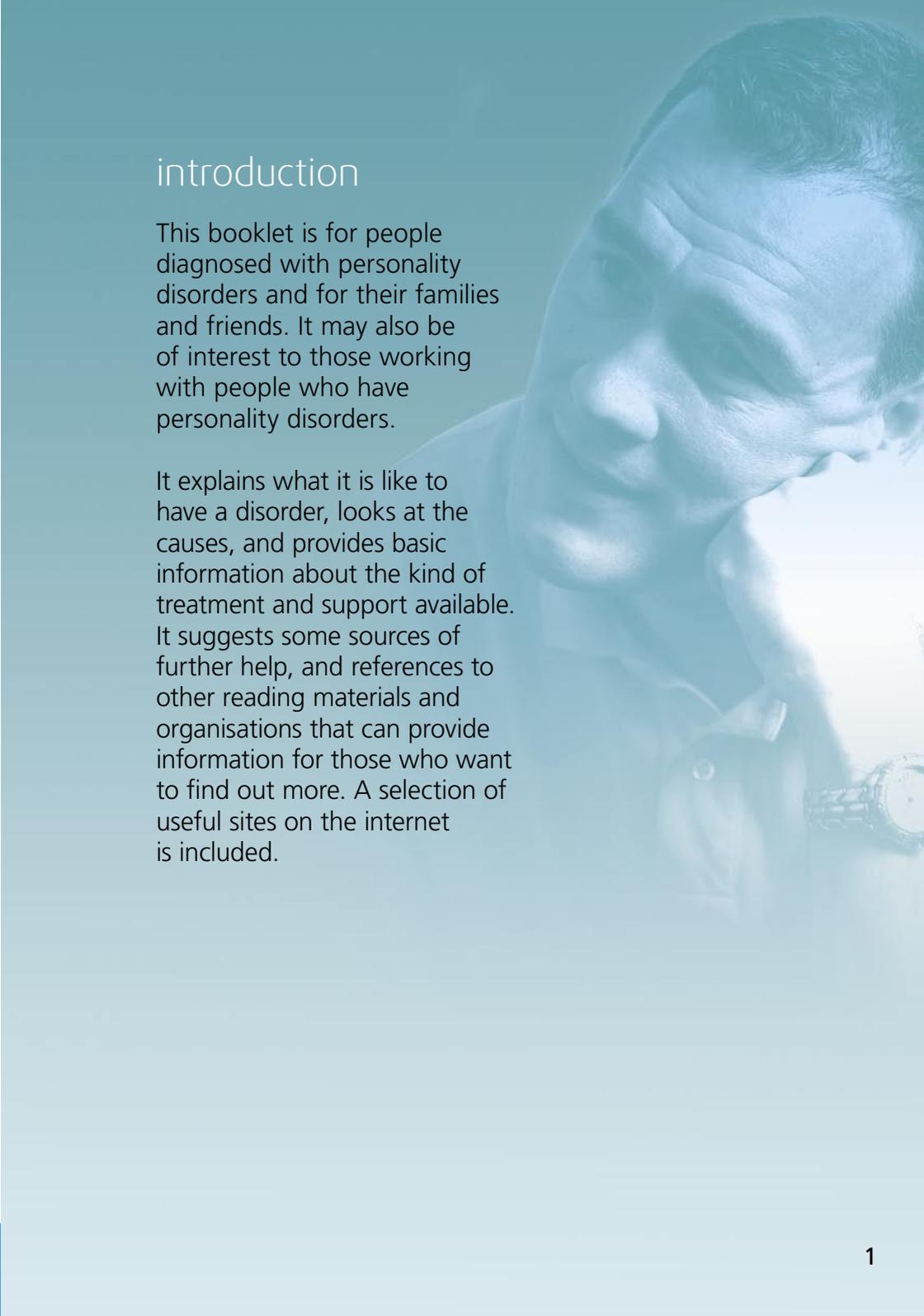
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## introduction

This booklet is for people diagnosed with personality disorders and for their families and friends. It may also be of interest to those working with people who have personality disorders.

It explains what it is like to have a disorder, looks at the causes, and provides basic information about the kind of treatment and support available. It suggests some sources of further help, and references to other reading materials and organisations that can provide information for those who want to find out more. A selection of useful sites on the internet is included.

## what are personality disorders?

Personality disorders are difficult to define. As a result of continuous and ongoing research, more disorders are named every year, some terms are removed altogether and others are re-categorised. The changing labels reflect an ever-changing understanding of personality disorders. The term personality disorders describes various clusters of symptoms and slots different groups into separate categories of disorder. There are many different types

*"It's my thoughts that are disordered – not my personality. My personality's actually intact. It's the way that I interpret things that can be tricky sometimes."*

and it is not uncommon for people diagnosed with one type of personality disorder to have other types too. Those people who have been diagnosed with one or more personality disorders can be rigid and unbending in the way they think and act, and that can often disrupt their lives quite considerably.

People diagnosed with mild personality disorders usually manage to live normal lives but in times of increased stress brought about for example, by family, relationship, work pressures or financial worries, the symptoms of the personality disorder are likely to impact seriously on how they think and feel and they may find it hard to cope.

There are 10 different types of personality disorder and to make them easier to understand, some psychiatrists have grouped them into three clusters. *Cluster A* features odd or eccentric behaviour, *Cluster B* includes dramatic, emotional, or erratic behaviour and *Cluster C* represents anxious or fearful behaviour. Diagnosis is generally based

on observation of repetitive patterns of behaviour, where a person is experiencing distress and having problems functioning on a social level and checked against behaviour classifications.

Experts describe personality disorders as syndromes that are 'fuzzy at the edges'. There are strong similarities, for instance, between avoidant and dependent personality disorder, and between histrionic and narcissistic personality disorder. One person may qualify for several different disorders, while a wide range of people may fit different criteria for the same disorder, despite having very different personalities.

Each individual is unique, and personality is so complex that slotting people into neat psychiatric categories is an almost impossible task. It's not safe to assume that giving people labels means knowing more about them.

Personality disorders can be seen as extreme examples of tendencies that everybody shares. Negative personality traits and extremes of behaviour are often regarded as quite excusable and unremarkable in gifted, famous or socially dominant individuals.

Some people may have one or two particularly offensive traits, such as being perpetually irritable, or smug, which cause them more rejection than someone with a personality disorder whose overall personality is more pleasant.

Cluster A includes:

- *Paranoid Personality Disorder.* People diagnosed with this type of personality disorder can be cold and detached, and have difficulty in forming close relationships. They are often excessively suspicious of their surroundings and because they generally have a problem knowing what to do in conflict situations, they may act angrily towards others.
- *Schizoid Personality Disorder.* Again, people diagnosed with this disorder can be cold, distant and reclusive, shying away from intimacy or closeness. They can become so caught up in their own thoughts that they hold back from getting involved with other people or the real world.
- *Schizotypal Personality Disorder* features the same personal traits as the schizoid personality disorder but in addition, people diagnosed with this disorder have chaotic thoughts and views, and are poor communicators.

Cluster B includes:

- *Borderline Personality Disorder.* People diagnosed with this have a shaky view of themselves and a problem with steady relationships. They can be moody, and see things in black and white. They feel they lost out on essential nurturing as children and so are very needy as adults. When their needs are not met, they feel empty, angry and abandoned and may react in a desperate and impulsive way.

- Those diagnosed with an *Antisocial Personality Disorder* disregard the feelings, property and authority of others, often become involved in violent and aggressive behaviour, and tend to show a lack of remorse.
- People diagnosed with a *Narcissistic Personality Disorder* display an abnormally high opinion of themselves, are oversensitive to criticism, and resent those who fail to admire them.
- People diagnosed with *Histrionic Personality Disorder* are obsessive about their appearance and constantly demand attention. Their behaviour is often seen as shallow and 'over the top'.

Cluster C includes:

- People diagnosed with *Dependent Personality Disorder* depend on other people's opinion and judgement. Their insecurity, indecision and lack of self-esteem make it difficult for them to take care of themselves.
- *Avoidant Personality Disorder* causes those people diagnosed to avoid situations of conflict because they cannot face rejection. By doing so, however, they make their own situation worse because they isolate themselves and avoid forming relationships.
- Those diagnosed with *Obsessive Compulsive Personality Disorder* are so inflexible in their approach to things that they become anxious and indecisive, and often end up not completing tasks. They like to be in control and have difficulty in sustaining healthy relationships.

The media often carries scare stories about some higher profile personality disorders, like borderline for example, but there are other types of disorder that are so rare they are often undiagnosed by modern practitioners.

## understanding personality disorders

There is no single cause of personality disorder. It is usually a combination of several different factors. Some people may be vulnerable to the development of a personality disorder because of genetic factors. Generally speaking though, people diagnosed with personality disorders have difficulty because they have not had the opportunity to learn at an earlier age how to act or react, or manage their feelings.

*"My mother was an alcoholic and she used to miss meals. She wasn't affectionate; she was mostly hostile and aggressive. I blame her for a lot of what happened to me."*

A personality disorder may relate to incidents or traumas in childhood, like physical or sexual abuse for example, or difficulties in parenting. Around 80% of those diagnosed with borderline personality disorder have been diagnosed as having had a childhood trauma.

*Dissociative Identity Disorder* (previously known as multiple personality disorder) and other dissociative disorders are now understood to be fairly common effects of severe traumas in early childhood, most typically extreme, repeated physical sexual and/or emotional abuse.

Personality disorders are more common when stress levels are at a 'high' and relationships are at a 'low', so treatment tends to focus on coping, and learning how to relate to others. This is because those people diagnosed with personality disorders have often missed the opportunity in their childhood to learn to cope and manage intense feelings.

*"I used to feel angry a lot of the time. I was really impulsive and got into heavy drinking and being promiscuous."*

Many people don't even know they have a personality disorder. They may think they are miserable, that their lives are pointless and they are going nowhere. Part of their problem is that they are not able to think about their feelings. So they resort to drugs or alcohol, self-harm and even overdoses which, instead of helping, just make things worse.

*"I found it difficult to concentrate when I was out socialising."*

Some highly successful business people show all the signs of a personality disorder. They behave ruthlessly towards other people, totally disregard their feelings and deliberately isolate themselves from colleagues. But because they are successful, their behaviour is accepted. In other circumstances they may well be diagnosed with a personality disorder.

## getting help from others

Personality disorder is a health issue although some psychiatrists still do not accept that it can be treated. It can, but it can take a long time to change inappropriate behaviour and thought patterns. There are various kinds of help available and it is worth contacting one of the organisations listed later to find out what is available in your area.

Your doctor is also a good place to start. Although the doctor may not be an expert on personality disorders, he or she will be able to put you at ease and refer you to someone who knows how to offer the best help.

Psychological and drug therapies are providing some benefit to patients with personality disorders.

## counselling and psychotherapy

Counselling and psychotherapy give people the chance to talk through their difficulties. Both focus on present day feelings and difficulties, which may be current or rooted in the past, and enable us to take more control of our life and to cope in the longer-term. It helps people to know they have someone they can trust who will listen to them, a contact with the world. But making real changes sometimes requires more than counselling.

In general someone may need counselling or therapy to be longer term, lasting a year or more, for example when dealing with childhood trauma such as sex abuse.

Some personality disorders may have been caused by an experience rooted in the past. Therapy over a long period can be used to understand and bring out emotions that you may have kept deep inside.

*“When I was in my teens, I had this sense of emptiness – not depressed, but I just felt really sad.”*

Therapies, which aim at helping patients bring their true feelings to the surface so that they can experience them and understand them better, may work very well for people diagnosed with personality disorders. They help you to understand how you have developed the problems that you have, especially those difficulties that interfere with you forming constructive relationships.

Cognitive Behavioural Therapy (CBT), is a combination of cognitive therapy and behavioural therapy. You may find that your response to certain situations is predictable. They make you frightened, or depressed or even overwhelmed.

CBT helps to weaken the link between upsetting situations and your normal reaction to them, teaching you how to calm your mind and body and feel good. It also helps you recognise that certain thinking patterns make you feel anxious, depressed or angry because they distort your view of your life and make you react in the wrong way.

*“I think my mother and her mother have personality disorders, a kind of tendency in them. They don’t realise there’s a problem so they just go on being their miserable selves.”*

Dialectic Behavioural Therapy can be very useful for people diagnosed with a borderline personality disorder. It acknowledges the relationship between a poor nurturing experience and/or biological factors, and abnormal emotional reactions. This therapy teaches people diagnosed with borderline personality disorders how to deal with the rollercoaster of emotions they feel.

## medical treatment

Some people diagnosed with a personality disorder might have depression symptoms and may be treated with antidepressants. Antidepressants are known to work best in the treatment of borderline personality disorders and have been shown to improve impulsive behaviour in some people.

*"After the treatment  
I built up a life for myself  
and my confidence  
came back."*

For those showing signs of intense anxiety and agitation, antipsychotic drugs are thought to be useful in reducing hostile and compulsive behaviour. They are seen as being most effective in dealing with schizotypal traits.

However, people may wish to seriously think through any longer term implications, for instance the possible side effects of taking medications and may wish to talk the pros and cons through with their doctor, consultant and relevant mental health agencies.

## practical help

Many GP practices now have psychologists and counsellors in place as well as offering access to psychotherapy service or psychology service. Local community mental health workers and community psychiatric nurses can also help with home visits, and for those experiencing everyday living problems, social workers should be able to advise on benefits, supported housing and employment. There are also voluntary organisations that may be able to offer support.

## support groups

It can be very comforting to meet other people who feel the same way as you and find out how they cope with the same kind of difficulties. Support groups often provide that kind of reinforcement and they can be a very important source of practical advice and information. Some cities, Aberdeen for example, have a therapeutic community. Being in a group like that can be liberating because it lets you open up and share your thoughts and feelings with people who understand where you are coming from.

Some support groups will also have internet chat rooms. These can be helpful but it is important to use only those that are monitored. Responsible chat rooms offer guidelines to protect their users and will not post any information that could be too explicit or too graphic.

## what can you do?

Many people manage to cope in their own way, get on with things and try to understand why they feel the way they do. You may find that using relaxation methods helps. By tuning in to what is going on in your head and enabling yourself to do things that make you feel good, you will be able to differentiate between pleasant and unpleasant experiences. When you know that, it is easier for you to have control of how you want to feel.

Reading about other people's experiences may help you too and you might feel that you will get something more out of some books and focus better on your feelings if you work through them with someone else who can support you.

Like everyone else, people diagnosed with a personality disorder need to look after themselves. That means eating healthily, drinking in moderation and being physically active. The 'feel good' factor can also be helped by learning new skills, taking time to relax, enjoying different creative activities and keeping in touch with friends or making new ones by joining a club or volunteering.

## the role of partners, family and friends

*"I think my mother suspects there's something wrong but I don't really think she knows. She's not very insightful."*

Relationships with partners, family and friends can sometimes be difficult for those diagnosed with personality disorders, and families in particular can find that hard to deal with. As with all other relationships though, any contact has to be built on respect,

understanding and sympathy. Sometimes that may mean that partners, families and friends have to be prepared to step back for a while, especially if there are painful emotional wounds to heal.

Supporting someone can be difficult and upsetting, and those people offering support need to make sure they look after themselves as well. Many people benefit from support groups where they can meet other partners, parents or friends of people who have been diagnosed with a personality disorder and have an opportunity to express those feelings of frustration and anger that have to be kept in control at other times. And remember. It's not your fault.

## looking ahead

In the past, personality disorders were always at the bottom of the list when it came to mental health priorities. There has been a 'treatment void' for too long. The treatment of personality disorders has been hampered by poor diagnostic criteria and that has resulted in prejudice against those concerned.

There are various advances on the medical front, however. Evidence of changes resulting from a combination of psychological, biological and therapy-based treatments offers hope for many patients with personality disorders and there is positive anticipation about what might result from a further blending of the neurobiological, psychotherapies and pharmacological therapies.

Attitudes are definitely changing. More attention and resources are being put into providing care, support and treatment for people diagnosed with personality disorders.

## useful addresses

The national organisations listed below can put you in touch with local sources of help in your area.

### **The Richmond Fellowship Scotland**

26 Park Circus  
Glasgow G3 6AP  
Tel: 0141 353 4050  
[www.trfs.org.uk](http://www.trfs.org.uk)

The Richmond Fellowship is one of the biggest providers of mental health care in Scotland and works with thousands of people who are living with the devastating effects of serious mental health problems.

### **Scottish Association for Mental Health**

Cumbræ House  
15 Carlton Court  
Glasgow G5 9JP  
Tel: 0141 568 7000  
[www.samh.org.uk](http://www.samh.org.uk)

Scottish Association for Mental Health (SAMH) is the major voluntary organisation in Scotland working to promote mental health.

### **Health in Mind**

40 Shandwick Place  
Edinburgh EH2 4RT  
Tel: 0131 225 8508  
[www.health-in-mind.org.uk](http://www.health-in-mind.org.uk)

Health in Mind's purpose is to promote the health and wellbeing of people who experience mental health difficulties.

### **see me Scotland**

9-13 Maritime Street  
Edinburgh  
EH6 6SB  
Tel: 0131 624 8945  
Email: [info@seemescotland.org](mailto:info@seemescotland.org)

The 'see me' campaign was launched in October 2002 to challenge stigma and discrimination around mental ill-health in Scotland.

### **Borderline UK**

PO BOX 4049  
Walsall  
West Midlands  
WS9 0WY  
Email [info@borderlineuk.co.uk](mailto:info@borderlineuk.co.uk)

Borderline UK is a national user-led network of people within the United Kingdom who meet the criteria, or who have been diagnosed with Borderline Personality Disorder (BPD).

### **NHS 24**

Delta House  
50 West Nile Street  
Glasgow G1 2NP  
Tel: 08454 24 24 24  
[www.nhs24.com](http://www.nhs24.com)

NHS 24 is a 24-hour health service for Scotland.

**Breathing Space Scotland**  
Tel: 0800 83 85 87  
www.breathingspacescotland.co.uk

Breathing Space is a free, confidential phone-line you can call when you are feeling down. The phone-line is open from early evening right up until two in the morning. Advisors will listen, and try to help prevent problems getting worse, offer advice and suggest local people who can help with specific problems.

## suggestions for reading

There are many publications about personality disorders and your GP or local library will be able to suggest some for you. Here are a few that might help.

### **Managing Your Mind: The Mental Fitness Guide**

by Gillian Butler and Tony Hope.  
Published by Oxford University Press, 1997.  
ISBN 019-511125-7

### **Overcoming Social Anxiety: A Self-Help Guide Using Cognitive Behavioural Techniques**

by Gillian Butler.  
Published by New York University Press, 2001.  
ISBN 185-487703-8

### **Managing Intense Emotions and Overcoming Self-Destructive Habits: A Self-Help Manual**

by Lorraine Bell.  
Published by Brunner-Routledge, 2003.  
ISBN 158-391915-5

### **I'm Not Supposed to Be Here: My Recovery from Borderline Personality Disorder**

by Laura Paxton and Rachel Reiland.  
Published by Eggshells Press, 2002.  
ISBN 097-182240-9

### **Stop Walking on Eggshells: Coping When Someone You Care About Has Borderline Personality Disorder**

by Paul T Mason and Randy Kreger.  
Published by New Harbinger Publications, 1998.  
ISBN 157-224108-X

### **I Hate You – Don't Leave ME: Understanding the Borderline Personality**

by Jerold J Kreisman.  
Published by Avon Books, 1991.  
ISBN 038-071305-5

### **Becoming One: A Story of Triumph over Multiple Personality Disorder**

by Sarah E Olsen.  
Published by Trilogy Books, 1997.  
ISBN 096-238798-3

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