

**HEALTHY MINDS**  
**A WEEKLY COLUMN ALL ABOUT MENTAL WELLNESS**  
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**Personality Disorders – Part 1**



Elsa Bowzler (not her real name), a woman I saw as a client several years ago, lived in a medium-sized city in Tennessee, where she worked for years in a large successful flower shop; here she was manager and supervised about 10 employees. She had a great flair for making beautiful flower arrangements, gift baskets, wreaths, or any other floral ornamentation that required good taste, a good eye, and a skilled hand. She often suspected several other workers of trying to copy her techniques or steal her designs and would never confide in anyone. Strangely, she did not let the other most skilled workers do any complex jobs and limited them to the more mundane tasks. She believed that others talked about her behind her back, and misinterpreted many innocent comments as if they were directed against her. Sometimes she would be quick to respond with anger or counterattacks. She didn't do any real harm other than keep herself alienated from others, even from her faithful husband whom she wrongly suspected of stepping out on her. She was not suffering from a psychotic disorder (such as the paranoid type of schizophrenia, where a person might believe that the electric company or aliens were after them) and wasn't suffering from depression. Rather, she was suffering from one of a number of Personality Disorders, which are a variety of mental disorders where the person thinks, feels and acts in a very rigid and continuous pattern. These disorders can cause problems with one's personal, social, and working life. In this case, I diagnosed her disorder as a Paranoid Personality Disorder. (A long time ago they were all called character disorders, but that term is no longer used.)

Today, the American Psychiatric Association defines ten distinct personality disorders, each different from the other, but all of them are characterized by the individual's personal beliefs and behavior which they think are perfectly fine, but really are quite different from what society expects as normal. This disorder often starts in late adolescence or at the beginning of adulthood, but can begin earlier. Sometimes those with these disorders seem to perceive and interpret events somewhat differently than others; sometimes they have trouble getting along with others; sometimes their emotional state is not consistent or appropriate and can be changeable. Whatever particular patterns of behavior are shown, these patterns can exist over a great range of social situations and often damage friendships, family life, or employability. Personality disorders are not caused by head injuries or substance abuse, and are not caused by another mental disorder.

By now you must be wondering what these disorders are and want to know a little bit about each one. There are three groups or clusters of similar disorders.

Cluster A are the odd or eccentric disorders. They are:

PARANOID PERSONALITY DISORDER (like Elsa, above). Here individuals are irrationally suspicious and mistrustful

SCHIZOID PERSONALITY DISORDER: Here individuals are not interested in social relationships and do not see any value in spending time with others.

SCHIZOTYPAL PERSONALITY DISORDER; Here individuals avoid social relationships because they are afraid of other people.

Cluster B are the dramatic, erratic or emotional disorders. They are:

ANTISOCIAL PERSONALITY DISORDER: These people are often criminals and don't care about the rights of other people and disregard the law.

BORDERLINE PERSONALITY DISORDER: These people have unstable personal relationships, and think in extreme terms of black and white about their identity and self-image, and this thinking affects their behavior in a negative way.

HISTRIONIC PERSONALITY DISORDER: These people can be very theatrical and are often seeking attention; they can be superficially charming but insincere, showing exaggerated emotions, sometimes of a shallow nature; they can be manipulative and egocentric, and often engage in sexual seduction.

NARCISSISTIC PERSONALITY DISORDER: This disorder is named after the mythical Greek nymph Narcissus, a vain young man who fell hopelessly in love with his own reflected image which he constantly admired in a pool of water. (Eventually he was transformed into the flower that today bears his name.) These individuals think they are very grand indeed, but still require a great deal of admiration; unfortunately they are not very empathetic towards others, and think they are so much better than everyone (except for a chosen few people whom they feel are also superior people and thus their equals); they can be haughty, exploitive, and very independent.

Cluster C disorders are the fearful or anxious disorders. They are:

AVOIDANT PERSONALITY DISORDERS: These individuals also avoid social interaction, but do so because they are very sensitive to criticism; they feel inhibited and not up to par with others.

DEPENDENT PERSONALITY DISORDER: These individuals are totally psychologically dependent on other people; without support they do not function well.

OBSESSIVE-COMPULSIVE PERSONALITY DISORDER: These people are excessively orderly, and conform very rigidly to rules, codes of behavior and morality, to a fault; they can be excessively devoted to their work, very stubborn, and sometimes dictatorial. (This is not the same as Obsessive Compulsive Disorder, which is characterized by obsessive hand washing, counting, and other ritualistic behavior).

There is one other catch-all category for personality disorders, when none of the above applies, but the general behavioral patterns and characteristics are still present. This is called PERSONALITY DISORDER NOT OTHERWISE SPECIFIED (NOS).

There were some other categories removed from the list (the DSM-IV Diagnostic Manual that all mental health therapists use) by the American Psychiatric Association, but still are of interest. Sometimes you may hear others speak of them. They are the Self-defeating Personality Disorder, the Sadistic Personality Disorder, the Passive-Aggressive Personality Disorder, and the Depressive Personality Disorder.

There is a vast array of disorders here, and many diverse means of treatment. Various forms of psychotherapy are often helpful. It is a slow process to help a client to see his or her behavior and understand the consequences; then, after that first major step they must make another one – changing behavior and habits. There are many methods to do this. Some practitioners rely on drugs a great deal, but very often they only mask symptoms, and sometimes seem to dull other aspects of the personality. If used wisely and sparingly, in concert with an effective program of talk therapy (psychotherapy), they can be most helpful. Personality disorders can be difficult to “cure”, but clients can learn better behavior and self-control, and can learn to be more functional and in harmony with the world in which they move and interact.

See Part 2 in the next article.

**TIP OF THE WEEK:** A study in England in 2005, using personality tests applied to both high-level British executives and criminal psychiatric patients found that three personality disorders were higher among the businessmen (successful psychopaths) than among the criminals (unsuccessful psychopaths). The disorders were histrionic, narcissistic, and obsessive-compulsive. Interesting.