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PERSONALITY DISORDERS

PERSONALITY DISORDERS

What is a Personality?

- ✘ Personality is a relatively stable and enduring set of characteristic cognitive, behavioral and emotional traits.
- ✘ Over time, a person will interact with others in a reasonably predictable way.
- ✘ Personality changes with experience, maturity, and external demands in a way that promotes adaptation to the environment.
- ✘ It is affected by genetic and psychosocial factors.

Life isn't about
finding yourself

Life is about
**CREATING
YOURSELF**

WHAT IS A PERSONALITY DISORDER?

- ✘ A personality disorder is an extreme set of characteristics that goes beyond the range found in most people.

It could be defined as:

- ✘ • An enduring pattern of inner experiences and behavior that deviates markedly from the expectations of the individual's culture.
- ✘ • It is pervasive and inflexible.
- ✘ • It has an onset in adolescence or early adulthood.
- ✘ • It is stable over time.
- ✘ • It leads to distress or impairment of functioning.
- ✘ • It cannot be diagnosed before the age of 18 years.

WHAT IS A PERSONALITY DISORDER?

- ✘ The main difference from other psychiatric disorders is that personality disorders present with patterns of maladaptive behavior, while in other disorders the maladaptive behavior accompanies characteristic symptoms and signs.



PERSONALITY DISORDERS

Etiology

- × 1. Biological Factors:
- × 2. Social Factors:
- × 3. Psychological Factors:

PERSONALITY DISORDERS

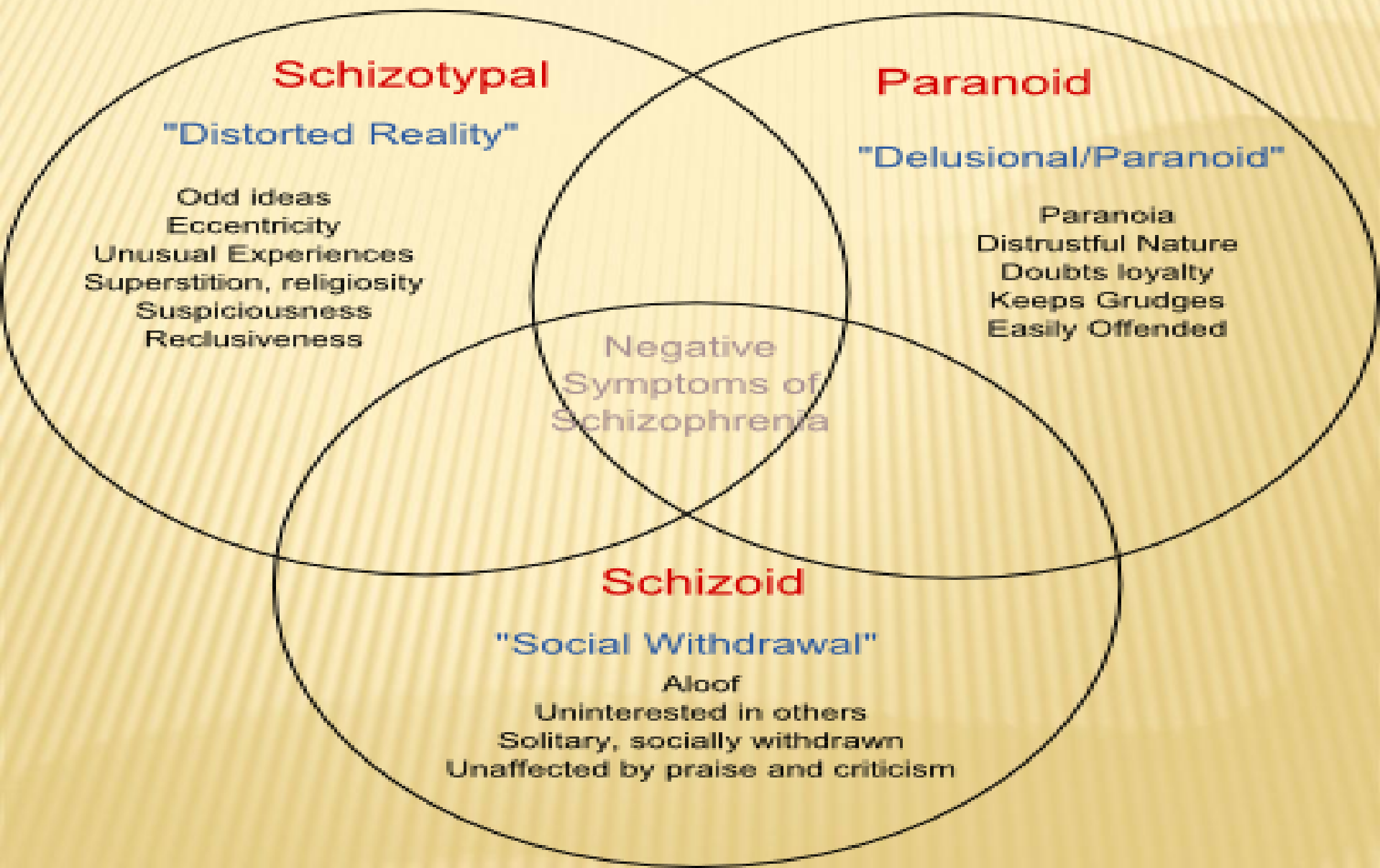


Types:

The following are the classical types of Personality Disorders.

- ✘ 1. Schizoid Personality Disorder
- ✘ 2. Paranoid Personality Disorder
- ✘ 3. Antisocial Personality Disorder
- ✘ 4. Histrionic Personality Disorder
- ✘ 5. Obsessive-Compulsive Personality Disorder

Cluster A Personality Disorders



1. SCHIZOID PERSONALITY DISORDER

- ✗ • Marked preference to do things alone (socially withdrawn).
 - ✗ • Constricted emotions.
 - ✗ • Humorless.
 - ✗ • Aloof, distant and cold.
 - ✗ • Touchy, sensitive to feeling of rejection.
 - ✗ • Deficient motivation.
 - ✗ • He lacks interest and hobbies.
 - ✗ • No apparent desire to pursue relationships.
 - ✗ • He prefers jobs that do not involve dealing with people.
 - ✗ • He works below his potentials.
 - ✗ • He may show considerable creativity.
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- ✗ N.B. No relation between Schizoid Personality Disorder and
 - ✗ Schizophrenia.



2. PARANOID PERSONALITY DISORDER:

- ✗ • Grandiose feelings.
- ✗ • He externalizes blame for his difficulties, e.g., he sees himself as the target of abuse or persecution.
- ✗ • He feels insecure
- ✗ • He overestimates minor events.
- ✗ • He searches intensively to confirm suspicions in others.
- ✗ • He cannot relax.
- ✗ • He has little or no sense of humor.
- ✗ • He is envious and pathologically jealous.
- ✗ • He is critical to those whom he sees as weaker, needy or defective.
- ✗ • Multiple problems with authority figures.
- ✗ • Anger and hostility are the main affects.
- ✗ • He will only rely on himself.

3. ANTISOCIAL PERSONALITY DISORDER:

- ✗ • It usually has an onset during childhood.
- ✗ Before the age 18 years, it is known as conduct disorder.
- ✗ • Constant lack of conformity to major societal & religious rules.
- ✗ • Criminal versatility.
- ✗ • Promiscuity.
- ✗ • Poor impulse control.
- ✗ • Avoids responsibility for actions.
- ✗ • Abusive and manipulative of others.
- ✗ • Abuse of substance is a common association.
- ✗ • Requires constant stimulation.
- ✗ • Shallow emotions with lack of care for the feelings of others.

- ✗ N.B. Likely to abuse relation with doctor to obtain benefits and avoid responsibility.

4. HISTRIONIC PERSONALITY DISORDER:

- ✗ • More prevalent in females.
- ✗ • Immature personality, emotionally unstable, and tends to emotionally overreact.
- ✗ • she craves and works to be constantly the centre of attraction.
- ✗ • Dramatization of situations and emotions.
- ✗ • Sexually provocative and seductive.
- ✗ • Highly suggestible and dependent.
- ✗ • Egocentric.
- ✗ • Over dress and over use of accessories and make-up.



5. OBSESSIVE-COMPULSIVE PERSONALITY DISORDER:

- ✗ Over concern with details.
- ✗ Perfectionist.
- ✗ Rigid and inflexible, insists that things be done in his own way.
- ✗ humorless with lack of spontaneity.
- ✗ Indecisiveness and hesitancy.
- ✗ Few leisure activities, cannot relax.
- ✗ Over conscientious.
- ✗ hoards money, objects, etc....
- ✗ emotional constriction.

- ✗ N.B. It has to be differentiated from Obsessive-Compulsive Disorder in which there are clear obsessions and compulsions.

WHY RECOGNIZE PERSONALITY DISORDERS?

- ✘ In the psychiatric setting
- ✘ In the medical setting

WHY RECOGNIZE PERSONALITY DISORDERS?

- ✘ In the psychiatric setting:
 - ✘ • They are considered axis II disorders and can present concurrently with any other psychiatric disorders.
 - ✘ • Their presence affects markedly the prognosis, compliance to treatment and choice of therapy.
 - ✘ • They are egosyntonic in the majority of cases, i.e.. the patient does not think of them as maladaptive or bad. they
- ✘ are either discovered during treatment, or the family
- ✘ complains of them.

WHY RECOGNIZE PERSONALITY DISORDERS?

- ✘ In the medical setting:
 - ✘ • Different types of personality disorders react differently to their illness, doctor and treatment plans.
 - ✘ • For example, the Obsessive Personality Disorder would
 - ✘ question about every detail in his treatment plan.
 - ✘ The Histrionic would dramatize complaints.
 - ✘ The Paranoid questions the doctor's fees and attitudes.

TREATMENT OF PERSONALITY DISORDERS

- ✘ - The aim of treatment is to improve the social adaptation and vocational functioning of the patient, as well as to reduce the suffering of his surrounding family members.

TREATMENT OF PERSONALITY DISORDERS



- ✘ **Psychotherapy:**
- ✘ - The modality and type is chosen according to the individual patient.
- ✘ Techniques vary from cognitive behavioral, brief dynamic and extended deeper forms.
- ✘ - Group therapy can be extremely helpful in certain types of personality disorders, e.g. Schizoid Personality Disorder.
- ✘ - Individual psychotherapy is more helpful in certain cases, e.g. a well motivated Paranoid personality disorder.



TREATMENT OF PERSONALITY DISORDERS

✘ Medication:

- ✘ - For concurrent axis I disorders, e.g. depression, anxiety, etc.
- ✘ - For certain behaviors that need to be controlled, e.g. violence in the Antisocial Personality Disorder can be managed by mood stabilizers (antiepileptics or lithium).
- ✘ - SSRIs are helpful in Obsessive-Compulsive Personality Disorder.

HEALING THOUGHTS



WE CAN NEVER
KNOW THE MANY
TRAILS AND
WINDING TURNS
OF LIFE; WE
CAN ONLY OPEN
OUR HEARTS TO
THE MIRACLES
OF THIS
MOMENT.

Flavia

THANK YOU



Never stop *believing* in Yourself